

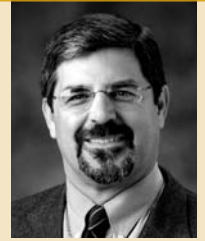
**Editor's Note:**

The following story is part of a collection of essays written by Joseph Failla, MD '82, titled *Lessons of the Night: Patients Who Have Taught Me to Live the Hippocratic Oath*.

In his introduction to the essays, Failla states: "The Hippocratic Oath is not simply a static list of rules of conduct for physicians. In my interpretation, it is a challenge to practice medicine in a noble fashion. It describes the specific strengths of character that will not only be weapons in the fight against disease, but which also will inspire the patient to feel that the doctor cares deeply about him or her."

Failla was formerly head of hand surgery at Henry Ford Hospital in Detroit, Michigan. In January 2005, he entered private practice.

—S. A. UNGER



Failla

Beautiful Ellie

THE STORY OF HER *fall* AND *rise*

BY JOSEPH FAILLA, MD '82

All orthopaedic surgeons learn the maxim "Man enters and leaves life by the hips," meaning that a hip fracture in an elderly patient can often be fatal.

When I was a resident, one of the patients I met was an 83-year-old woman who had been hospitalized for two months due to a broken hip.

Reading her chart prior to meeting her, I learned that she lived alone and had been trapped for 24 hours in her basement, where she had fallen and hurt herself. Eventually, she found the strength to drag herself up the flight of basement steps and into her kitchen to call 911.

As I perused these and other details surrounding her admission, I found myself admiring her strength and courage.

Other early notes in her chart painted the picture of a vigorous woman enjoying life: "Activity level prior to injury was independent, walks in neighborhood, bingo, cooking, gardening, travels with friends."

After surgery, however, the chart portrayed a patient in precipitous decline. This "independent, active" woman who was expected to recover fully had instead become a lost soul—despairing, unwilling to speak, and going from bed to chair only with much assistance and encouragement. The daily note for weeks had said nothing but "vital signs stable, no change, awaiting placement." A wonderfully active life appeared to be slipping away, with lonely days in a nursing home slated for the future.

The fracture was a simple one, through a part of the hip that heals well. It was fixed beautifully with a strong screw and plate. A recent X-ray showed healing that was so complete I could not discern where the fracture had been. The operation was a success, but the patient could not walk.

The nurse who briefed me about the patient before introducing us said, "She has not moved in weeks. The last team tried to get her to do physical therapy, but she refused. Now, she not only won't talk, but she has to be convinced to eat. We try to get her into the chair, but she fights us. Thank goodness she's so light we can pick her up fairly easily. Otherwise, she'd just lay there all day."

"Does she have any family?" I asked. "Why are they trying to place her in a nursing home?"

"Apparently she had been an independent gal who's lived on her own," the nurse explained. "She has no family around. She has one friend who sees her a few times a week, but even she can't get through to her."

"Is there anything else wrong with her?" I asked. "I mean, is she senile? Did she hit her head when she fell?"

"Apparently not," the nurse said. "The guys on the rotation before you did a complete workup on her. The neurologist checked her and everything's fine. The psychiatrist said she's depressed, but we all knew that. Wouldn't you be, if you couldn't take your daily walk, see your friends and drive around town? They made sure her electrolytes were okay, did a blood gas and she's as oxygenated as you or me. They even did a CT scan of her head and found nothing wrong. She's healthy, has a healed hip, but just lies there. We don't know what else to do."

"Let's go meet her," I said.

We walked into the room of four patients. It was sarcastically called the "Rose Room" since there was a lingering smell of wet bed, despite the diligence of the nurses in changing the sheets.

Ellie's bed was in a corner, near a window. She lay partially on her right side, staring outside at the night. I introduced myself and asked how she was feeling, but she didn't answer. I asked if I could examine her hip and she nodded.

Her hip flexed smoothly as I moved it through a complete range of motion. She had no apparent pain. Her surgical scar was thin, well-healed and faded. With much help from the nurse, I sat her up at the side of the bed and pressed the electronic "raise bed" button so her feet could dangle.

"Not so high," she said in a weak voice.

The nurse looked at me and then at her, saying, "Ellie, say some more."

"I've got nothing to say," she replied, ending the statement with a sigh.

I tested her reflexes, and her knee and ankle jerks were fine. I noticed long, slender calves and thighs and a flat stomach. In testing her reflexes and holding her foot, I also noticed a deep scratch on the inside of her leg near her ankle. She had long, thickened toe nails that curved upward and ended sharply, which were responsible for the deep scrape on her leg.

As I held her foot in my hand, she said, "Don't let it go; grab the other one."

I asked the nurse what the patient meant, but she did not know. I held both of her feet and massaged them gently at the arch to see if they hurt, but all I heard was, "Don't let them go."

Looking at her, I saw a tired woman with salt-and-pepper hair



THIS *'independent, active'* WOMAN WHO WAS EXPECTED TO RECOVER FULLY HAD INSTEAD BECOME A *lost soul*—DESPAIRING, UNWILLING TO SPEAK, AND GOING FROM BED TO CHAIR ONLY WITH MUCH ASSISTANCE AND ENCOURAGEMENT.



that was wiry and stood straight up in a stove-pipe shape.

“A very bad hair day,” I whispered to the nurse.

Her gown draped loosely around her neck, exposing slender, prominent collar bones. Thin but muscular arms exited the sleeves. Her complexion was pink, her cheekbones high, and her teeth perfect, despite yellowing from poor brushing. Her eyes were riveting—a deep, crystal-clear blue that rendered the sum of all of her injured features still elegant. They shone brightly through the devastation of her femininity to reveal that she was a beautiful woman.

We caught each other’s stare and then she closed her eyes.

Sighing, she pushed out the words, “You are a bad one,” and briefly opened her eyes again to look at me.

The nurse and I helped her lie back down and then we walked out into the hall.

“I guess she likes you,” the nurse gently teased. “She liked the foot rub.”

I laughed and said, “Yes, but in all seriousness, we have a big problem here. What do you think is wrong with this woman?”

“I don’t know,” she said. “If I did, I would have done something about it a long time ago.”

She was a great nurse and I pressed her for an answer.

“Just help me think about this. Forget about medicine for a second and tell me what is missing in this woman’s life.”

“Well, there’s . . .”

“Not the obvious stuff,” I quickly added. “I’m sure she misses her home, doing things for herself, seeing her friends. I know all that, but a lot of other women with bad hips recover and get out of here. Tell me why she can’t.”

“I don’t know what you’re getting at,” the nurse responded. “What’s your theory?”

“I think the problem might be that she’s beautiful,” I said, voicing my intuition.

“What?” the nurse replied incredulously.

“She’s beautiful,” I repeated, more sure of my theory having put it into words.

By then, my thoughts had begun to race.

“Listen. If I took you, rolled you in the mud, put you in a hospital gown, scratched your leg with sharp toenails and you knew you had the breath of a cow, how would you feel about yourself? Especially you. You always look great. You probably get nuts if you see one hair is out of place when you look in the mirror. This lady must feel all day as if she has a piece of spinach between her front teeth.”

“So, you’re saying that if we clean her up it’ll solve all of her problems?” the nurse prodded.

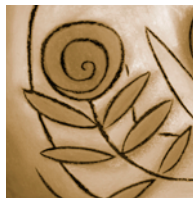
“No,” I replied. “I’m not talking about just cleaning her up. I’m talking about a total-body makeover. We’re going to shine her up, physically and mentally. We’ll only know if we’ve succeeded if she gets up out of bed one day to walk to the bathroom just to check her makeup. A patient who cares about her makeup is a patient who is medically doing well. She will be beautiful again. Do you see my point?”

“You’re nuts if you think it’ll get her walking,” the nurse declared, “but I guess you may be right about making her feel better. Where do we start?”

“The toenails,” I said. “What’s with her toenails, by the way? Why haven’t they been cut?”

“They’re so thick that we can’t cut them,” the nurse explained. “We’ve asked the intern to cut them. He called the podiatrist, who came by and trimmed them, but they’ve grown back.”

“The nails will be gone—there will be roses in the Rose Room,”



NO,” I REPLIED. “I’M NOT TALKING ABOUT JUST CLEANING HER UP. I’M TALKING ABOUT A *total-body makeover*. WE’RE GOING TO SHINE HER UP, PHYSICALLY AND MENTALLY. WE’LL ONLY KNOW IF WE’VE SUCCEEDED IF SHE GETS UP OUT OF BED ONE DAY TO WALK TO THE BATHROOM JUST TO *check her makeup*.”

MY INTERACTIONS WITH ELLIE CONFIRMED IN ME THAT
THE *healing power* INHERENT IN HELPING
PEOPLE FEEL GOOD ABOUT THEMSELVES SHOULD NOT BE
UNDERESTIMATED IN *treating disease.*



I exclaimed, heading down the hall and straight to the operating room, where I borrowed a heavy bone cutter that resembled a large nail clipper, and a rongeur, which is designed to bite away chunks of bone. If this instrument could cut bone, I calculated, it could also cut those nails.

Returning to Ellie's bedside, I trimmed the length and thickness of each of her nails, rounding them at the corners one by one with an emery board. Gradually, each nail emerged pink as I removed the outer, yellow layers.

She seemed to appreciate the pedicure.

The next morning, the nurses marveled at the difference in Ellie's nails and meticulously painted bright red polish on each one. On rounds that morning, I held up a foot for her to see and she murmured, "Don't let it drop."

That same morning, we helped her into a wheelchair, and I took her to the dental clinic for a cleaning.

Once this was completed we stopped in to see the barber in the basement. He warned us that he was not very good at women's hair, but agreed to wash and cut Ellie's hair for the normal \$6 fee.

When we returned to the floor, the nurses placed Ellie in a shower chair and washed her using a free sample of a Clinique body gel we found. Following her shower, they gave her a blow dry, curl and mousse treatment. The perfumed aroma of the hair spray made the Rose Room smell wonderful.

The nurses then made up her face with lip balm, red lipstick, eye shadow, blush and mascara. Applying the mascara was difficult because she kept blinking and asking us to leave her alone.

Despite her mild protests, the nurses then dressed her in her favorite outfit, which her friend had brought from her apartment. The hospital gown was replaced by a silk teal blouse and a tan cotton skirt. The nurses then applied fingernail polish that matched her toenail polish.

Throughout the entire process, Ellie kept declaring, "You're all very smart, but please leave me alone"—until we held a mirror up to her.

The beautiful woman who had been hidden beneath layers of personal neglect and despair had begun to re-emerge. She realized

this herself, and tears welled up in her blue eyes. Still holding the mirror, she touched her hair softly and kept looking at herself.

I brought to her bedside a vase of yellow tulips that a recently discharged patient had left. Setting the flowers down before her, I said, "We're going on a date."

I wheeled her down to the coffee shop, where she ate part of a tuna sandwich and drank some coffee.

"Where to now, Casanova?" she asked.

"Let's go dancing," I answered.

"Oh, sure dear," she said with a laugh.

Our next stop was in physical therapy, where nobody recognized her. With the help of the therapists, she stood up briefly, and I took hold of her waist and hand.

"This is the first step to the tango," I said.

"Let's do the lessons tomorrow," she said with a playful firmness.

In the weeks that followed, Ellie began to walk with the assistance of a walker, and then a cane. Eventually she walked out of the hospital.

The physical and mental transformation that led to her successful discharge did not happen because I perceived Ellie to be a beautiful woman. My observations and subsequent actions were merely a catalyst to help her regain the ability to perceive that about herself.

My interactions with Ellie confirmed in me that the healing power inherent in helping people feel good about themselves should not be underestimated in treating disease.

Personal cleanliness is a vital element in recovery from any disease or injury. When the body's defenses mobilize, they create an internal fire, the byproducts of which are sweating, muscle aches, fatigue and a generally grimy feeling. Add to this the inability to adequately attend to personal hygiene and a patient is at a disadvantage.

If you can help patients to wash away the dust of battle, put on fresh clothes and feel good about themselves, you are helping them to gain a more solid footing upon which to wage a fair fight with disease or injury.

Fortunately, what we were able to do for Ellie gave her the strength and courage to once again pull herself up from the basement. **BP**

