Is the health system in your community truly focused on what the patient wants? Are you sure?

Mr. South has patiently cared for his aging wife as her dementia has advanced. She often wakes him at 3 a.m., dressed with her coat on, to tell him, “We have to go get the kids.” He has learned not to argue and suggests a cup of cocoa first. With her attention diverted and the comfort of a warm drink, she becomes content to sleep until morning light.

One recent Saturday afternoon, Mrs. South was not ill, but her cough from chronic obstructive pulmonary disease (COPD) was a bit worse. Mr. South thought it would help his wife rest if he could obtain a cough remedy, so he called their doctor’s office – a decision he would later regret.

Their family physician was away, and the Saturday clinic was closing. The doctor on call thought it would be best if someone checked her over before offering treatment, so he referred them to the after-hours urgent care clinic.

When they arrived a half hour before the urgent care clinic closed, the staff was concerned that lab and X-ray would not be available and suggested it would be best to take Mrs. South to the local emergency department.

The emergency department staff determined that Mrs. South was having an early exacerbation of her COPD. As a cautious approach, they advised that she should be watched in the hospital overnight.

After admission, evening began, and an exhausted Mr. South left his wife at the hospital and returned home. The noisy, strange environment was frightening, and her dementia became the paramount problem for all involved. The nursing staff was challenged to care for Mrs. South, who without a minute of sleep had the boundless energy of paranoid dementia.

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About the Author
Dr. Petersen is a family physician with Family Care Network in Whatcom County, Wash. Author disclosure: no relevant financial affiliations disclosed. Patient names have been changed to protect confidentiality.