

Close-ups

A Patient's Perspective

Faith in Subtraction: Deprescribing in Older Patient Facilitates Needed Surgery

I lay on the floor praying. I'd slipped at home and couldn't get up. Finally, the ambulance arrived. Three weeks later, I was home, but with a broken shoulder from my fall. Everyday things like brushing my hair, cutting my food, getting dressed, and getting in and out of bed were major challenges, and the pain was constant. The doctors told me I wouldn't survive shoulder surgery; I was too sick, had too many illnesses, required too many pills. I lay in bed at night, too sore to sleep and I prayed. I went to Martina, my family doctor, and told her I wanted the surgery. I didn't want my chances of recovery to be defined by a list of illnesses, not when I had so many things to do. So, we started moving forward. The heart doctor said, "Well, your heart is not as bad as I thought. I think you could manage the operation." The lung tests came back—inhalers weren't helping me, it turned out. I was short of breath, but my lungs were actually working fine. My doctor decided it was safe to stop my inhalers. I worked on my diet, despite having to cook with only one arm. My diabetes improved. I went from 32 pills a day to three. At 77 years old, I could still die on the table, but my surgeon said, "We can do this." Five hours of surgery and five months later, I can brush my hair and cut up a melon for my breakfast.—S.R.



Commentary

I never believed that S.R. would manage the surgery to repair a four-part proximal fracture to her humerus. Her list of health problems was just too long for a right shoulder arthroplasty—diabetes, chronic obstructive pulmonary disease, atrial fibrillation, heart failure, overweight, thyroid problems, neuropathy, and many more. Initially, I had 'blind faith' in the system's rules and recommendations and accepted the opinions of my subspecialist colleagues at face value. But, S.R.'s determination was stronger. She came to me believing that I could find a way to help her get better. Her faith in me was humbling. I am grateful that each

of the subspecialist physicians we consulted kept an open mind and listened to her concerns. Gradually, her list of 'diagnoses' dwindled. Now, every time S.R. raises her arm in greeting, I am reminded to keep my faith in my patients and their abilities.

Martina Kelly, MBBCh, MA

Resources

Deprescribing Guidelines. <https://deprescribing.org/>

Tatum PE III, Talebreza S, Ross JS. Geriatric assessment: an office-based approach. *Am Fam Physician*. 2018;97(12):776-784. ■

The editors of *AFP* welcome submissions for Close-ups. Guidelines for contributing to this feature can be found in the Authors' Guide at <https://www.aafp.org/afp/authors>.

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