

Brownie Points

By

Ellen Shriner

My 83-year-old father has been baking brownies for his favorite nurse. I imagine him stirring up a Betty Crocker mix and stacking the chocolatey squares on double paper plates. He will take the plastic-wrapped package to the nephrology clinic where he is treated for kidney failure. The brownies seem like a thoughtful gift. But to me, the gift of brownies is unsettling.

* * *

One night in 1978, the paramedics brought an elderly man by ambulance to the urban emergency room where I worked. Propped up on the stretcher, the man wore maroon silk pajamas. He had oxygen tubing in his nose, but no other obvious signs of distress. A white bakery box rested in his lap, and a dark suit with wide lapels hung on a wooden hanger from the IV pole. The paramedics looked sheepish as they rolled him into the ER. My job was to type up patient charts. I took a clipboard and went to get his information.

Though the man looked frail, he had lively black eyes. When I finished my questions, he gestured toward the bakery box on the stainless steel table, “Baklava for the doctors and nurses. You, too,” he said, his Greek accent strong on the word ‘baklava.’ I was touched. As a 24-year-old clerk, I was more accustomed to patients cursing at me. In the nurse’s station I found Gina, the nurse who’d checked him in.

“Gus—the guy in 13—brought this. What’s the deal?” I asked.

“Isn’t he a sweetie? Basically, Gus doesn’t have any family. Sometimes he gets lonesome and worried and that makes him short of breath. He calls the rescue squad and they bring him in. They aren’t going to refuse to transport somebody having difficulty breathing, especially somebody in his 80s, like Gus. He visits for a while and then usually after an hour or so, he feels

better and we send him home. He doesn't want us to get mad at him for coming, so he brings us treats. She helped herself to a piece of baklava, "Mmmm, this is good. Have some."

I was surprised and pleased by Gina's explanation. The ER was chronically understaffed, so noncritical patients had lengthy waits. The staff was crabby with the "regulars," resented their frequent appearances, and wrote them off as hypochondriacs. Even when a regular was truly ill, the staff was rushed and only marginally sympathetic, because there were a dozen more people needing help out in the waiting room.

We rarely had a triage nurse, so I was the first point of contact for most patients. I offered basic first aid and a bit of sympathy, but most patients had to wait. I didn't have much control over how quickly a patient got treated. If I were particularly concerned, I used my limited influence and pestered the nurses and doctors to see him or her sooner. When patients were verbally abusive with me, however, I retreated into bureaucratic indifference and let them wait their turn.

Gus returned every few months. To the nurses and clerks, he was just a sweet old codger. We were too young to wonder about his life—when he'd come to the U.S. and what work he'd done. We were too busy to find out whether he was careful of his appearance out of Old-World formality or because he was a ladies' man. We liked him and felt sorry for him, so we protected him from residents who wanted to send him on his way too fast.

* * *

During the autumn when Dad was 80, he had a cardiac stent placed to open a clogged artery and he was given a blood thinner. Over the course of several months, he gradually grew weaker. Before getting the stent, he had walked two miles a day and golfed regularly, so this persistent exhaustion was puzzling, but his cardiologist brushed him off. By Christmas, he was only able to walk short distances.

Shortly after New Year's, Dad saw the family doctor who'd taken care of him for 20 years. His doctor immediately guessed that Dad was severely anemic. He admitted Dad for a transfusion of several pints of blood. Subsequently, intestinal bleeding was identified—a common side effect of the blood thinner that the cardiologist had prescribed.

After that experience, Dad no longer trusted the health care system to do right by him. He began experiencing anemia again—this time because of kidney failure. The treatment consisted of weekly shots to combat the anemia. Often patients are expected to do the injections themselves, but his nephrology nurse offered and Dad agreed. He could have figured out how to do the shots—he'd been a paramedic for years. However, he wanted the nurse to take a personal interest in his care. After the episode with the blood thinner, he believed that his health would be better served if a medical person laid eyes, hands, and blood pressure cuff on him regularly.

The shots cost hundreds of dollars apiece and Medicare had strict guidelines about how many shots are necessary. During the course of his treatment, his nurse requested two additional shots despite the cost, because she thought he needed them. To express his appreciation for her personalized care, Dad began making brownies for her.

* * *

Today, I know that Gus helped the ER staff as much as we helped him. Gus's gift was that he brought out our best selves—perhaps the self I meant to be when I started in the ER—someone more humane, less likely to be impersonal and protect herself behind the screen of routine procedures. Dad's appreciation for his nurse is also a gift. Because of his gesture, the nurse feels good about doing more than is absolutely necessary.

The parallel between baklava and brownies is troublesome. If only Dad were Gus—occasionally anxious and short of breath—then charm and brownies might be sufficient to get him the help he needs. But there aren't enough brownies in the world for all the care Dad will

require as his health continues to deteriorate. He will become a “regular.” I wish I could spare him what is coming, not just the infirmity and loss of function that kidney disease will impose, but the indifference he is likely to encounter in the health care system.

No doubt, some people will be thoughtful and caring like his nephrology clinic nurse or like Gina, the nurse I knew in ER. Perhaps some of the medical personnel he is sure to need—specialists, dialysis technicians, ER staff—will appreciate Dad’s intelligence and natural dignity.

But he’s sure to encounter medical staff who are too jaded to be compassionate. Other staff will see a sick old man and be too busy or too young to wonder about who else Dad is. They’ll never learn that he reads voraciously or that he still prepares income taxes for free, a job he volunteered to do after he retired from being a fire chief. At best, they will think of Dad as a sweet old codger.

I wish a simple gift of brownies could protect him from the doctors, nurses—and young clerks—who do not have the wisdom to see how hard it is to be old, sick, and dependent on the goodwill of medical personnel. But brownie points only go so far.