In the summer of 2012, the St. Joseph’s Hospital Internal Medicine Department started its outpatient interview and coaching project. The goal of the project was to assess the degree to which lay volunteers could make a positive difference in patient care. First, as volunteers, we would educate ourselves on disease management. From there, we would meet with patients once a week to understand their diseases and educate them on improving their eating habits, exercise routines, and lifestyle choices. We wanted to know our patients, who were strangers to us, personally.

The patient assigned to me was a sweet elderly lady. I began by asking her to complete a physical and mental health status form and consent to participate. My patient answered positively to questions about her mental state, feelings, and social engagement but negatively to questions about her physical health and energy.

I then interviewed her about her health, asking her to complete a physical and mental health status form and consent to participate. My patient answered positively to questions about her mental state, feelings, and social engagement but negatively to questions about her physical health and energy. She chatted without much hesitation. I also discussed and gave her information on COPD and diabetes. At the end of the meeting, we set her first weekly goal: to eat whole fruits rather than drink processed fruit juices.

At the next meeting, I asked her about the foods he had eaten over the past few weeks, carefully recorded her answers, and told her what she should and shouldn’t eat. She had already started eating more whole fruits and cut back on drinking juices, so I gave her two complex goals. I told her to keep a food diary in which she would record the type and quantity of food she ate throughout the day—everything from toffee candy to steak. I hoped this would help her reflect on the food she was eating and make better choices. For the second goal, I asked her to move around as much as possible, whether it was climbing stairs or walking around the grocery store.

In the following weeks, I gave her more information to read on weight control and healthy eating. I advised her on food quality and quantity based on a food pyramid published in the American Diabetic Association’s Food For Life. I told her to continue keeping the food diary, to follow the chart I created on healthy food options, and to post her printed goals on the refrigerator. I hoped that every time she felt tempted to open the door, she would read the goals and make a healthy decision.

Unfortunately, my patient had limited success with my goals. It was hard for her to comply with my advice to the degree I wanted. She could not exercise much and didn’t always eat the food I recommended. I noticed small beneficial changes in her diet based on my counselling, but it wasn’t enough. Her physical challenges were too great and my demands too strong for her to make a lasting change. As anyone knows, following a perfect diet is tough. Temptations, mood, and social expectations have to be kept in balance to prevent people from slipping into old habits. Finally, I simply decided to let her do as much as she could.

At the time of our sixth meeting, my patient developed a COPD flare. I was taken aback by her appearance. She had an oxygen tube running under her nose and took heavy tiring breaths. She seemed severely sleep deprived and had difficulty talking; we didn’t spend much time together during our session. I comforted her and said how I admired her courage and patience with me. I showed her a COPD wellness book and asked her how the past week had been. Despite the pain she was in, she started sharing humorous stories about her caretaker. My patient was laughing and joking, and I laughed with her.

That was my last meeting with her. She was hospitalized afterwards, so I was unable to give her an overview of everything we had discussed in the past few weeks, a few last minute tips, and a final goodbye.

I realized that no matter how hard health care professionals try to convince patients to outsmart their diseases by controlling their habits, the professionals still fight a losing battle. My patient was doing her best to take precautions, eat well, and stay healthy but with little to no improvement in her disease. If anything, her condition probably worsened.

Health management plans often fail for victims of chronic illness because they lack access to the necessary social and economic resources. Many have limited means to shop for groceries and exercise, which can be expensive and continued on page 2
time consuming. Others lack transportation or cannot walk but short distances. The threat of disease worsening prevents people from participating in physical activities for extended periods of time, and some feel unsafe leaving the security of their homes. People confronting these obstacles can become easily discouraged and depressed.

This opportunity has made me aware of the frustration and joy of clinical care today. The frustration is promoting health despite economic and social constraints. The joy is helping people develop awareness about what they can change. I wish my patient luck in her journey to battle her diseases. I hope she took away as much as I did from our brief time together.