

Reflections In Family Practice

The Last Call

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It was a hazy, harried Memorial Day the last time I called on Foster Clarke. An invitation to his home was issued by the State Medical Examiners' Office and tugged me away from the congested emergency department, my unfinished hospital rounds, and a woman in labor. But I didn't begrudge the interruption; as a rural county coroner, such occasions often provide my only glimpse under the covers of Clarendon County. This morning's call held special interest because I knew the Clarkes, had welcomed their office visits for more than a year, and was troubled by the news.

My very first impression of Foster darted quickly to mind: red low-cut tennis shoes and a seasoned leather binoculars case. The tennis shoes were our common bond; to my reckoning, we owned the only two matching pairs in the county. And inside the binoculars case, strapped proudly over his shoulder, Foster hoarded his prized collection of pills.

He was a drawn-up little man, outfitted in the native regalia of flannel shirts and snap-on suspenders, fluorescent orange hunting caps and long underwear that, for him, never went out of season. His wife, Fanny, was a faithful companion to every visit, though she politely declined the last remaining steps to my examining room. Without her, Foster and I muddled through conversations sabotaged from the start by his previous stroke. Looking back, I never felt satisfied that Foster really had a "cold" rather than, say, "felt cold," no matter how often it recurred as his chief complaint. Maybe a clarification didn't matter; he never rephrased his symptoms, or minded our miscommunication, but readily accepted whatever tests or treatments I recommended. And I hedged my bet by frequently checking his periph-

eral pulses, thyroid hormone levels, and body temperature.

Foster and I settled on a peculiar but comfortable agenda during the course of our many visits. He angled for a return visit, often sooner than I believed was necessary. I fixed upon whittling away at his medicinal cornucopia. Soon our relationship became equated with this simple sleight of hand: "two old bottles out for every new bottle in."

I had never known the Clarkes "healthy." Twenty-three years ago, at the age of 44 years, Foster suffered a stroke that left him permanently weak and numb on the right side of his body. Even more troubling was an associated mixed aphasia: his words were slurred and difficult to interpret, and he struggled to read, name simple objects, and execute the most basic commands. The first heart attack came 3 years ago and, more than anything else, ushered him into the modern era of pharmacotherapy. By the time Foster came to me, he possessed a repertoire of vague and intractable symptoms that included nasal congestion, insomnia, tearfulness, numbness in his extremities, and the now familiar "cold." These complaints — unnerving to any physician under the best of circumstances — often precipitated urgent trips to my office or midnight rides to the emergency department. They were perfunctorily met with harmless remedies and a follow-up appointment. The cycle continued.

With the escalation of somatic complaints, I referred Foster to a neurologist, who thought that an underlying depression was most likely the cause. This news would have been welcome had the antidepressant drug helped; unfortunately, it became the latest treasure in the binoculars case, and the side effects blended into the growing chorus of complaints.

My one successful intervention was the prescription of an antipsychotic drug (thioridazine) for insomnia; it aborted a bizarre and troubling period in their lives that I witnessed once, and

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briefly. Our twilight confrontation in the emergency department is still absolutely clear: Foster sat fitfully picking his gown, caged behind the curtains, hurling wild and garbled threats down the deserted corridors; Fanny's sobs could be heard faintly from the waiting room, where she had collapsed under the strain of his relentless rage. But the drug brought miraculous sleep and a return to the quiet exterior of their lives. Fanny, with her great shock of blackened hair, once more nested among the magazines in the waiting room; Foster, sporting his red tennis shoes and the ubiquitous binoculars case, waded through yet another interview and graciously accepted whatever pill or bit of advice I could muster that day.

The flashing lights of squad cars rippled through my reflections and beckoned me to a cordoned-off trailer. The front door was locked, as it had been for a nephew an hour earlier, and I was ushered around to a forcibly opened rear entrance. Before me lay Fanny's body, curled on its right side in a pool of clotted blood, blocking the narrow hallway. A mustiness clung to the cramped quarters, accented by the sweet aroma of ripened fruit; as I crouched down, these smells gave way to the pungency of body fluids mixing in the carpet. From here I could see, 20 feet away on the living room floor, Foster's frame lying rigid and slumped to the right. He still cradled a 20-gauge shotgun between his knees. Each corpse had accepted a mortal wound from the blast of a single shell.

I glanced around, making mental notes of a third, unused cartridge on the dining room table, breakfast dishes unwashed in the sink, a whole cantaloupe on the countertop, rumpled covers on the master bed. Fanny and Foster were still clad in their pajamas and bathrobes; their watches (as the examiner's report would detail) kept the correct time. The spray of the pellets, the trajectory of the entrance and exit wounds, suggested the likely sequence of events. But why? The answers had fled the scene, leaving the coroner with only flesh and blood on the trailer floor. I briefly searched for an explanation — a medication overdose, a confirming suicide note, recent quarrels confided to a neighbor — but no further clues surfaced.

During the next few days I struggled to reconcile the opposing lives of Foster Clarke to which I would later give testimony. My official inquiry led to the incriminating concerns of family and neighbors and police. Foster was hot-tempered, so they would report, and sensitive about his diminutive size; in healthier times he delighted in provoking his much heftier foes. He would become volatile and violent during a full moon, which coincided with the eve of his death. The police logged frequent visits to the trailer to settle domestic quarrels and remove guns, and Fanny devised a surreptitious signal — a window shade at half-mast — to warn neighbors when she was in peril. And I now recalled that the only beneficial drug for Foster's sleep disorder was an antipsychotic.

On hospital rounds and between meetings, I would step aside with curious colleagues and present my case. Before condemning nods, the brute facts would speak for themselves of ruthless, premeditated murder. In the office a disbelieving staff heard my confession: I know of no motives, saw not a hint of suicidal ideation or instability. Had they ever imagined that such a little man could do so much harm? I scoured my office notes for a single captured quotation of Foster's, a shred of speculation regarding his character, some quickly dashed reference to his passions or pleasures, torments or regrets. How could his family physician overlook (or worse, ignore) so striking a mental illness? Now, with every rehash of the story, each flashback to the trailer floor, I flushed with the realization that I had really never known Foster Clarke.

It was easier for me then — somehow tidier, more expedient — to separate Foster's life from the tragedy of May 26th. Next of kin (nieces and nephews, for together they had no children) sought a safer distance, too. Their "Letter to the Editor" soon appeared in our weekly paper:

As I sit here writing this, a large lump comes into my throat and tears in my eyes. I am talking about Foster and Fanny Clarke. I knew them both years ago, and I saw them recently a few times to talk to in town at a doctor's office and in the stores.

Foster was a kind man and generous to a fault. Fanny was the kind of friend you could talk to about any-

thing and would not gossip about what you shared with her.

The last time we really talked was at our mother-in-law's funeral, and she told then how much she loved Foster. I don't even want to hear bad things about either of them, so please try to remember them before Foster took ill and did as he did. No one will ever know except God, but I am one person who will think only kind thoughts of them both

As family physicians, we carry one of the last, flickering torches for the ideal of continuous care. Yet how often do I learn of a patient's death second-hand through a nurse's predawn pronouncement, or with an ear to the rail of office gossip, or through a hurried glance down the obituary column, or by the belated sense of absence from my appointment schedule? How infrequently do I pen a note of condolence or drop by the funeral home when the family mourns? The dead don't quite count. It's not public policy, I insist, but their affairs have become too unproductive, untimely, and awkward for me to get involved. Even in rural communities, primary providers relinquish the matters of death to the provincial magistrates. The oncologist marshals the final assault, a hospice volunteer sits in solemn vigil, the nurse's aide startles at the breathless form in the night, a mortician plans all the arrangements. Physicians give death a wide berth and so forfeit a last chance to embrace the fullness of a life or to grieve its departing.

When we cannot avoid death, when we are inescapable participants in its final drama, our instinct is to "get answers." Death is too quickly reduced to a failure of crisis intervention. How could this happen to Foster and Fanny, what tell-tale clues were overlooked, where lies my culpability before the law, in the eyes of the family, and in the cold light of conscience? We isolate death and dispense with it, along with its agony, unsettling issues, and incriminations.

Fear of death and gratitude for life are emotions that seldom surface as I plow through my professional chores. Only when death heaves up beneath me, overturns the day, do I realize that it was there all along, an impenetrable mystery of

the soil. For this is my symbolic domain: working the fertile topsoil, remaining close to the stones that dent my blade.

My work as a medical examiner is underpaid, always inconvenient, and rife with the emotional demands that come with visiting death in a family setting. Raised around depression, rearing a 3-year-old daughter of my own, I am often devastated to find victims of suicide and sudden infant death syndrome, helpless to find soothing words for their survivors. And when I conclude the case, after sifting through mounds of forensic evidence, I sense the paydirt eludes me again.

The reward seems to lie in heeding "the last call," in sensing the humanity that brushed narrowly by me. What did I know of the terror and pain (yes, and love, too) in the Clarkes' tangled marriage, of their dreams snapped by paralyzing disease, of the childhood scars that still plagued them? What did I learn from the particularities of their lives or my relationship to them? All of us share in life's sacredness, its utter tragedies, the hidden and varied meanings we find in it, the circumstantial and universal themes that thread through it. But we often ignore its beckoning call until death slams us to a halt.

I am trying to welcome the occasional stone of an unexpected death or coroner's case. The temptation is to plow less deeply or marginalize its mystery to the fence-rows of my career. It is more convenient, more composed, to stand reverently before the endless markers at Gettysburg, at Arlington, before stones heaped high on a village square, in praise of the war-dead. But our vocation requires that death, and our emotional response to it, come up with the common tilling. Together Foster and Fanny lived a life of love, suffering, and violence just beyond earshot; that I could acknowledge only its quaint and beguiling moments was a loss for us all. Perhaps something is salvaged by this remembrance. My original intent was to bear accurate witness to their life and death, to retell the story as I had fortuitously uncovered it. But it would not end, nor does it now. The rest still echoes in the lives of those who knew Foster and Fanny; it has become a staple of my oral repertoire and is kept alive with each retelling.