

during a clinical trial I volunteered for, my sole purpose being to find out whether my self-diagnosis was correct. The relief at finally having a name for my experiences was indescribable. Now, after several years of psychotherapy with a psychiatrist whose compassion, wisdom (and yes, boundaries) somewhat restored my faith in the profession, I am almost symptom-free.

If there was meaning in my experience it was in forcing me to confront what I am and am not willing to compromise, as a human being and a healthcare provider. When I looked at colleagues with many years of psychiatric practice under their belts I saw people who were demoralized and emotionally disengaged; compassion fatigue and burnout were widespread. These senior colleagues could listen, prescribe, provide advice and continuity of care but very few had maintained (or perhaps even achieved?) the sophisticated balance of compassion and self-protection that allows someone to inhabit another's world with genuine human connection. I was alarmed by the path I was on and confident that I needed to step away from this environment—perhaps temporarily, perhaps permanently—to re-evaluate my personal and professional goals and priorities.

Deciding to take a break from clinical training was a difficult step. I didn't know of anyone who had done this and I hadn't realized the extent to which my identity was based on being a physician. Letting go of this made me feel strangely vulnerable. There was no career guidance for physicians considering a change of direction. Although it was a time of great uncertainty, as I regained perspective I realized that the gulf between the person I was (and wanted to be), and the person I would have to become in order to survive the profession, was simply too wide. I knew that further training might help but I couldn't stay in an environment that was so emotionally destructive. I was unwilling to compromise my humanity and compassion for expediency, professional advancement or fear of leaving the profession.

I left the residency program and applied for a position as a medical writer with a start-up medical communications company, glad to have found a job that made use of my medical knowledge but not my

emotions. I've now worked for this company for more than twelve years and recently enrolled in a bioethics Masters program here in the United States, where I've lived for 11 years. My goal is to move towards a career that makes use of the knowledge and skills I learned as a clinician, the writing skills I've developed in my current job and my interest in clinical ethics.

I left psychiatric training deeply saddened that I hadn't found a way to survive it but confident it was the right decision. Given the demands of the job and its toll on individual practitioners, effective psychiatric training needs to anticipate and screen for emotional difficulties in a non-judgmental atmosphere of acceptance and support, and implement programs to address them. Instead of viewing personal struggles as weaknesses, it might be more productive to see them as indicators of empathy and moral strength that, if harnessed effectively, can strengthen the individual and the profession.



## Black Horseman Lane: A Reflection

Janet Pniewski

I felt a sinking feeling in the pit of my stomach upon getting the news this particular patient, let's call him Stan, had burned through yet another nurse case manager and it would now be my responsibility to take charge of his care. As the medical director read aloud his patient profile, "Sixty-eight year old frail appearing Caucasian male with a terminal diagnosis of . . ." I was already formulating excuses in my head as to why I would not be able to accept this charge. However, when she finished, I dutifully replied, "Ok, I'll give it my best shot." At the time, I was well aware that this assignment would test my resolve and commitment to providing the same high quality compassionate

---

\*Names changed to protect privacy.

care to every patient, but what I did not realize was how much I would grow personally and professionally in the process.

Stan was well known in the organization for being “non-compliant” and “difficult.” Through his past actions he earned the label of racist and misogynist, having zero tolerance for people whom he perceived as different from him in any way. He was profoundly disrespectful toward women and was known to abuse his animals. Having been raised in a liberal household in New Jersey, surrounded by civil rights activists, animal activists and feminists, I was genetically programmed to abhor social injustice and raised to serve as an advocate for the disenfranchised and vulnerable. Since childhood, I’ve experienced visceral reactions to acts of injustice or cruelty of any kind. The very idea of someone like Stan was appalling.

I found myself assigned to Stan’s case by default. He fired his first nurse because she was African American and painted her as dishonest and incompetent. He fired his second nurse because he was male and therefore must be gay. He fired his social worker because she was overweight, which certainly meant she was lazy. He fired the chaplain because he was not Catholic and thus unworthy of having any meaningful spiritual discourse. He would not accept the recommendations of our medical director because she was a woman. His family had given up on him a long time ago. His wife left him shortly after his youngest child had gone off to college, and all four of his children were estranged. Stan’s disease was progressing, despite therapy, and he was becoming too weak to care for himself at home without hospice support. His oncologist pleaded with us to give it one more try, even though we were running out of staff. These people that Stan had dismissed so unpleasantly were my colleagues and friends. The first nurse Stan dismissed served as my ever patient and knowledgeable preceptor when I was new to hospice and fumbling my way through unfamiliar protocols. The second nurse Stan rejected was a dedicated colleague and devoted friend, supporting me through several life challenges. I had witnessed our chaplain, judged as unworthy by Stan, tirelessly provide comfort to patients, family members and staff members in the

darkest of hours. I knew them all as well-meaning, competent and compassionate team members and Stan’s disrespect for them offended me.

Apparently, Stan was offended as well. His oncologist revealed to us that Stan was angered by his referral to hospice. He felt abandoned. I was Stan’s last hope; however, he didn’t see it that way. Neither Stan nor I was enthusiastic about our impending partnership.

Stan was an engineer by trade, and apparently very successful in business. He lived on a sprawling plantation located at the end of his private road, which he named Black Horseman Lane. As I turned down the drive, aware of his reputation as a bigot, I contemplated how Stan might have arrived at this name. With the assistance of my smartphone, I was able to ascertain that there was, indeed, a Black Horseman of the Apocalypse, which was associated with famine. Delving further, into Wikipedia, my interpretation was that the Black Horseman’s famine decimated the grain crop, sparing the olive groves and grapevines, driving up the price of grain but leaving oil and wine supplies unaffected, though out of reach of the ordinary worker. This selective scarcity resulted from injustice and the deliberate production of luxury crops for the wealthy over grain. This Black Horseman may not have had the racial connotation that I imagined, but alas, Stan was an extreme right-wing capitalist who believed in social hierarchy on the basis of natural law, leaving vulnerable populations to fend for themselves in times of famine! I had whipped myself up into a frenzy of utter disgust for this man, based on his reputation and my own overactive imagination fueled by my unfortunate access to Wikipedia. Now I was certain that I would not be able to care for him.

I arrived in front of the house, safe, for the moment, within the confines of my vehicle. With a deep sense of dread, I slowly opened the car door and made my way to the door. I was immediately offended by the black lawn jockey and saddened by the pitiful, emaciated dog that greeted me in the driveway. I knocked repeatedly on the door and a momentary wave of relief washed over me with the thought that he may not be home. The sick feeling of dread returned as I remembered the instructions left

by the social worker to use the lockbox. Stan spent most of his day in bed asleep and made it quite clear that answering the door “to let the vultures in” was not a priority. I begrudgingly used the key to let myself in through the carport door. In stark contrast to the bright sunshine of a beautiful crisp autumn day, the house was dark and musty with every curtain drawn closed. The décor looked like a hunting lodge exploded inside of a monastery. Animal heads hung next to crucifixes on every wall. I looked for family photos, but none could be found. I followed the sound of a blaring television, a Catholic mass broadcast, which later, Stan advised was left on 24 hours a day. Hidden away in a back room like a dirty secret, I found Stan.

The smell of urine and cigarette smoke was overpowering. I lowered the volume on the television. Stan was lying in bed sleeping, extremely ashen and frail or was he dead? I gently placed my hand on his shoulder and whispered, “Stan, I’m sorry to wake you.” He opened his eyes briefly. “Who are you?” he said, “one of those god damned vultures . . . you’re too skinny . . . you look like a god damned clothes hanger.” I extended my hand and said, “My name is Janet. I’m a hospice nurse.” He ignored my outstretched hand, threw off his covers and proceeded, stark naked to the bathroom. “Stan, would you like your bathrobe? I wouldn’t want you to catch a chill,” I said. Stan replied with “I’m sure you’ve seen plenty of dicks . . . probably up close and personal if you know what I mean girly.” With every fiber of my being, I wanted to run out of that house screaming. It took every ounce of self-control I could muster to remain in that room with him and retain my composure. That was my first meeting with Stan.

My first few visits to Stan’s house were extremely difficult for me. I had to really psyche myself up, channeling my inner Mother Theresa. Ideologically, we were worlds apart and Stan was easy to dislike. After a few visits, I became accustomed to his insults and somehow no longer took them personally. This was clearly not about me. Stan was in a lot of pain, both physically and emotionally. My nursing education and my upbringing emphasized that each person deserves to be respected and cared for as an individual, despite who they may be, and that

each person is inherently valuable. As a nurse, as well as a human being, I knew I could not turn my back on Stan. He needed a hand.

First, with much discussion amongst the interdisciplinary team, but with Stan at the helm, we got his pain under control. I took the initiative, with Stan’s permission, to call his children and offer an update. I became the liaison between Stan and his children, and although Stan had no relationship with them, he appeared eager to hear how they were doing. His children were appreciative of our presence, finding it comforting and relieving their guilt. It became clear that Stan, too, was comforted by our presence and did not want to die alone. However wonky, we had made a connection.

As Stan became sicker, and closer to death, he softened even more. I found myself visiting daily, not to fulfill any skilled nursing need, just to offer my presence. I spent many hours at his bedside listening to stories from his childhood, which was less than ideal. He reminisced about “the good times” when he and his wife were “courting” and his regrets over his failed marriage, which he attributed to his “attachment to the bottle.” He recounted the birth of each of his children with a glimmer in his eye that I had not seen before. He told me the story of the emaciated dog, “Walter” who had greeted me in the driveway. Walter had also been diagnosed with cancer and Stan did not have the heart to put him down. “One of us having a death sentence was enough,” he said. He asked me if I would see to it that Walter got the care he needed. I agreed. Oddly enough, we talked about the black lawn jockey. Stan told me the story of Jocko Graves, “The Faithful Groomsman” and made me promise to tie a green ribbon on Jocko the day he died. We talked about what his death might look like and I promised I would not let him be in pain. He made me promise that I would let him be in “some pain” because after all “to be a good Catholic you have to be in pain.”

Stan also revealed that he used to be quite an outdoorsman. I told him that I gathered as much, with all those heads hanging on the wall. He revealed to me that while he hunted with his grandfather when he was younger, later in life, he enjoyed shooting animals only with a camera. He had me dig out his photos, which he regretted never displaying

or sharing. “Who would I show them to . . . Walter already saw them . . . he was with me,” he said. I admired a beautiful photo of a big strapping buck rubbing his antlers on a huge maple tree with fiery red leaves. “That was one of my best days ever in the woods,” he said. “I want you to have it, please.” I thanked him. He talked about how he loved the cold winter air on his face when poised in his deer stand and yearned to be out in the sunshine, but was afraid to leave the house over the past several months in his weakened state. On one of the last days that he was able to talk, he thanked me for hanging in there with him, saying “you’re not just a nurse . . . you’re an angel” and chuckling, ended his sentence with “god damned clothes hanger.”

The day Stan died was a beautiful, sunny and cold December day. I stayed at his bedside and held his hand all morning. He appeared peaceful as Walter lay at his side with his head rested on Stan’s lap. Around noon he started Cheyne–Stokes breathing and I knew he was getting close. After about an hour, heaviness started to build in the room. Stan needed some additional help moving on. Intuitively, I pulled back the heavy curtains and threw the window wide open. Bright sunshine came streaming in along with a brisk winter breeze. About a minute later, Stan took his last breath and he was gone. I had a good cry before telephoning each of his children and the oncologist. Loading Walter in my car, I drove down Black Horseman Lane for the last time.

---

My experience with Stan illuminated the importance of personal knowing and mindful reflection in my nursing practice. Personal knowing requires that I be in touch with my authentic self, so that I may live my life with deliberate intent; my actions become harmonious with my deepest intentions. My deepest intentions are directed toward the relief of suffering and fostering connectedness. I may not have been able to offer a cure for Stan’s cancer, however, I could offer the opportunity for him to make a meaningful connection and possibly relieve some of his suffering.

Mindful reflection requires an attunement to the present moment, release of judgment and an orientation that is curious, open and accepting.

Facilitating authentic and reflective experiences in my interactions with Stan interrupted habitual impulses and reactions and created space for a healing relationship. Through this process, our interactions became less automatic and more creative . . . less reactive and more responsive . . . less impulsive and more relevant. Through mindful reflection and personal knowing, I was able to make sense of the awful feeling in the pit of my stomach and make a conscious choice about the kind of nurse that I wanted to be for Stan. Through this process my actions became more genuine, authentic and in harmony with what I always would choose to be: compassionate and caring.

My experience on Black Horseman Lane and with mindful reflection has had a profound impact both personally and professionally. Reflecting on my experience with Stan has made me more conscious of my own motives, fears, needs, feelings, perceptions, attitudes, and habits. As I weave mindfulness in to my everyday practice, I become less reactive and more able to respond appropriately to people and situations that may have been more challenging in the past. As I grow more attuned to myself and others, I have become a more effective communicator, enjoy healthier relationships and have more of a sense of fulfillment with work and with life.



## These Things I Believe

A. M. Shuham

I am a health care professional who has worked in the field for two decades. I have been part of small miracles and heartbreaking events, which kept me up at night. Although I do not

---

*\*This case has been de-identified by removing or changing all names, ages, geographical identifiers and any other information that could compromise patient or family confidentiality.*

Copyright of Narrative Inquiry in Bioethics is the property of Johns Hopkins University Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.