



Wisconsin  
Chapter

BADGER BEAT



## ACP Badger Beat - December, 2019

Dear Wisconsin Chapter members,

I am excited to share this news with you. The ACP-WI Governor's Council approved a proposal from the Women's Committee to start a series "In the Life of This Wisconsin Doctor". We encourage our chapter members to submit a 500-1500 word narrative about their life or experience, particularly regarding the practice of medicine. The Women's Committee will be reviewing the submitted articles, and the selected pieces will be shared with the membership through communications from the Governor and through a link on our chapter website to the showcase the collection. Please see below for the submission details:

### In the Life of This Wisconsin Doctor

The ACP Wisconsin Chapter recognizes the value of sharing struggles, triumphs, and everyday life as a way to foster a sense of meaning in medical practice and remind us of the reasons we chose Internal Medicine and continue in this profession. To that end, we invite you to submit a written account of a part of your experience as a doctor or other meaningful event. Submissions will be reviewed by designated members of the ACP Wisconsin Chapter for appropriateness and interest to other doctors, revisions will be suggested to the author if needed, and, if appropriate, final pieces will be published in a future Governor's Newsletter or Badger Beat (abbreviated electronic newsletter) and on the ACP-WI Chapter website (open to public) and social media platforms (open to public).

### Criteria for Submissions

Submissions are accepted from any ACP-WI Chapter member at any level of training.

Any narrative about the member's life or experiences will be considered; narratives particularly regarding the practice of medicine, medical training, or patient interactions are particularly desired.

Suggested length is 500-1500 words. Submissions outside this length will be reviewed and may be approved on a case-by-case basis.

We will also consider other submissions related to the practice of medicine, such as poetry or artwork, on a case-by-case basis.

Any patient identities should be masked; we will follow these recommendations from Annals on how to do that: <https://annals.org/aim/pages/authorsinfoonbeingadoctor>.

Please email Delaney Mielke ([delaney@svinicki.com](mailto:delaney@svinicki.com)) with submissions and a cover letter addressing the patient identifiers as above.

Please find attached the inaugural issue of this series, penned by Dr. Sophie Kramer.

## Caring for the Holocaust Survivors By Sophie Kramer, M.D., FACP

"For about five years, I had three Holocaust survivors in my practice.

In my community I am known as a geriatric provider, and a few clans of elderly ladies had adopted me as their caregiver: here a group of Italian heritage, there a clan of African American Great Migrants. A cluster of Jewish widows also decided to entrust their care to me.

Through them I met the first survivor, Irena\*. Her body was bent like a trunk twisted in the wind. Her bones crumbled to dust with the slightest push. I made home visits to her regularly, and in our meetings we had two goals. The first was hers: that I listen to her woes of the indignities of pain and disfigurement due to her advanced osteoporosis. The second was mine: that we strategize how to safely help her endure her days, finding the right equipment and the right people to help her get out of bed, maneuver to the toilet, prepare the little food she ate.

Other than her frail bones she was quite healthy, with sound heart, lungs and kidneys, no cancer or infections assailing her. However, her immobility from recurrent fractures gave us a myriad of problems to solve: poor nutrition, heartburn, constipation, terrible back pain.

My clinical assessment was that her time in the camp as a young teen led to her only real health problem, her disabling osteoporosis. She talked only sparingly about the losses she endured, the family she lost, the bleakness of hope and life dimmed in those years. Now she lived surrounded by original art and stylish furniture, a testimony to the rich life she lived after the war. Her devoted son called and visited regularly. But the trauma of those years in the camp haunted her soul, and in these last years of her life also crippled her body.

Once when I came to see Irena she was disconsolate over a letter she had just received from the German government. As with other concentration camp survivors, she received a regular stipend from Germany. This letter demanded proof that she was still alive in order to continue her payments. This opened gaping wounds for her. While I also felt overwhelmed at this existential anguish, I did what I could to help: I wrote a letter on her behalf, I held her hand, and I acknowledged her pain in having to justify her existence.

During this time, a colleague called asking if I would take on his mother as a patient. Her son explained that she was an Auschwitz survivor; after the war she and her husband met and built a successful life on the East Coast, although he had always known her to be temperamental and anxious. In her old age Edith\* had moved to our midwestern city to be near her son. He hoped she might have some peace in her last years, but Edith's severe pulmonary fibrosis only worsened her underlying anxiety.

We met at her downtown high-rise apartment, the hum of her oxygen canister greeting me. She was seated in her bedroom, which was filled with heavy furniture, thick rugs, and ornately framed paintings that reflected dignity and power. Edith was strong and sure of her choices. What mattered to her was to have control over her remaining life.

Yet she would have times when her breathing became terribly labored. It was hard to know: was the fear constricting her breath, or the agony of filling her damaged lungs causing her fear? Her dining room table was full of bottles of prescription medications, vitamins and supplements, which she took as she wished. I spent months encouraging a rational treatment regimen, which she never agreed to. Yet in a crisis of coughing or trouble breathing she would call demanding prescriptions; I reluctantly agreed, knowing that only half a course of antibiotics would be taken, or prednisone might be gobbled down like candy.

Irena and Edith started Hospice care about the same time. They both died at home. Irena simply wasted away; it was too much effort to move or to eat. Her son came and sat vigil with her as she quietly slipped away. Edith also died at home, finally too weak to fight, her son also nearby, honoring her pain.

The last Holocaust survivor I took care of descended on my office with bright hair and elegant wraps enveloping her tiny frame. Katya\*'s visits were long soliloquies of dramatic symptoms: tremendous chest pains, profound spells of weakness, and thrumming palpitations. She was a patient for whom every diagnostic maneuver became a drama unto itself - the heart tests ordered and deferred, the medications stopped and started for ambiguous reasons. Her daughters suspected emotions were the trigger for her symptoms, and pushed for an SSRI; Katya disdainfully refused. While she declined most of my recommendations, every visit ended with an extraction of my promise not to abandon her. Despite this, I knew that she also sought counsel from a myriad of other healers.

During this time Katya always wanted me to know she was an artist, a dancer, a poet. Her gift to me of her book of published poetry sits prominently on my office shelf. She seemed to have left the camps with less physical damage than Irena, but with a different kind of psychological trauma. I suppose I sensed a survivor's guilt.

For a couple of years Katya disappeared from my practice. When she returned, she was clearly in heart failure, and she was unhappy with the advice from the latest doctors. As I unraveled her course through recent months, it became clear that she and her

daughters knew she was now dying, and were returning to me for care and guidance at the end of life.

Katya did accept hospice care, but still struggled with ambiguity about her wishes in the last months of her life. Being in hospice care allowed her family to make peace with her erratic choices, and allowed her control in her last months. When I visited she was queen of her castle, lying under satin covers in her large bed. When her breath betrayed her, the god Morpheus visited, and with him she could waltz elegantly away.

I recently had the chance to visit the Dachau Concentration Camp Memorial Site in Germany. I thought of these Holocaust survivors as I viewed one of the places where sadism and cruelty ruled. The doctors in the camps either served as bureaucrats moving people through the twisted rules of a place of pain and death, or as active administrators of torture in the name of medical experimentation. I left with a greater appreciation of the trust that these three women brought when they sought my care. Their pain was extreme, and they challenged me to find the best in myself to help them. From Irena, Edith and Katya I learned that while we can't erase history, as patients and doctors together we can strive to heal."

\*Names of patients have been changed

Thank you for taking the time to read this newsletter. I look forward to hearing from you. Please do not hesitate to contact me regarding our Wisconsin ACP Chapter issues. I can be reached at [noeldeep@yahoo.com](mailto:noeldeep@yahoo.com).

Sincerely,  
Noel N. Deep, M.D., FACP  
Governor, ACP Wisconsin Chapter