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Inheritance

January 11, 2002

Standing beside her hospital bed, I slowly reached for the small warm hands that have gently brushed my face in love for years and tapped my back in support at each of my individual triumphs—high school graduation, college graduation, my dissertation defense, and the job that brought me home again to North Carolina. I smiled to myself as I remembered the numerous times these fingers playfully pointed at me in a side-to-side motion accompanied by uplifted eyebrows and a slight frown indicating disappointment at the stupid things that frequently came out of my mouth.

My mother has beautiful strong hands—slender fingers with long natural nails, manicured and polished—a ring containing her children’s birthstones on her left hand, and a thin silver watch on her wrist.

But today is different. Today the hands I hold are frail with short nails and chipped polish. The watch and ring are missing. Things have changed. My mother lay dead in a hospital bed. The complications of diabetes, high blood pressure, undiagnosed liver problems, and kidney failure had murdered her and robbed me of the love of my life. As I placed her hands on her chest, sadness and anger welled up inside me, and I left the room in silence, as her guardians, my sister, brother and sister-in-law remained.

In our grief, each of us struggled to move on with our lives. Throughout the following months, I was haunted by long-lost memories of disease and illness run amok in my family and the lessons I failed to understand. My mother was not the first in our family to suffer from the complications of diabetes and high blood pressure. Diabetes and hypertension had become the norm. The two were so much ingrained within the fabric of our lives that they became invisible to our conscious minds. But my grief drove one fact clearly to the forefront of my mind—nearly every adult member of my family over 35 has diabetes or hypertension or both, including my sister, brother, father, aunts, and uncles.

I had to know. Did I have diabetes? Did I have hypertension? Were my persistent infections, dry skin, gum disease, blurring vision, and weight gain significant? Would my next 20 years be filled with kidney dialysis, heart disease, stroke, and gangrene? Would my experience be different from every other adult in my family? I had to know.

Diagnoses

SEPTEMBER 13, 2002. I went to the Mallard Creek Family Practice to see May Land, my family doctor, for my annual physical. I told her I had been under enormous stress in trying to deal with the death of my mother due to complications of diabetes, hypertension, and kidney failure. As the executrix of her estate, I felt pressured to handle everything perfectly to prevent dissension in my family. I was depressed but felt there might be something else wrong with me. With water retention in my legs, excessive thirst, and constant fatigue, I just did not feel well. On some level I knew I was diabetic. What I sought was confirmation.

“Can you give me a test to determine whether or not I am diabetic?” I asked.

“Let’s just do a routine physical with pap smear,” Dr. Land said. “You haven’t had a pap smear in over two years. Let’s get that done today. Okay?”

Annoyed, I repeated that I was interested in finding out if I had diabetes. I confided I had not had a sexual relationship in years and seriously doubted my problems stemmed from my vaginal area. Dr. Land stated I would have to have a three-hour glucose test. “The test is very expensive,” she said. “We couldn’t do it today because you are required to fast before taking it. You would need to abstain from eating or drinking anything for 24 hours before the test.”

“I can do that. Can we schedule it for this week? We can do the physical today except for the pap smear. I will do that later because I need to know as soon as possible if I have diabetes.”

Sighing, Dr. Land agreed, proceeded with the physical, reiterated the importance of a pap smear and told me to arrange for the glucose test at the checkout window.

The next day I arrived at the doctor’s office before 8:00 a.m. A nurse took and recorded my blood pressure and tested my blood sugar. My blood pressure was moderately high at 130/76 and blood sugar 135. The nurse stated that if normal my blood sugar should not be higher than 110. She instructed me to sit in the waiting area until it was time to record the second series of numbers. As I sat quietly, I watched other patients and used the time to grade papers and prepare lecture notes.

After an hour, my blood sugar was tested again. It had risen to 257. I knew from the frown on the nurse’s face that this was bad news. Alone and once again in the waiting room, I prayed for my glucose level to drop. After another hour passed, the nurse tested my blood glucose again and it had dropped slightly to 240. I was happy to hear this until the nurse said it should be 140 or below. Dejected, I agonized that I indeed was what I dreaded more than anything—diabetic.

Grading papers and reading did not distract me from this fear. All I could see was my mother's face pleading with me to take care of myself. I cried, brokenhearted. How could I let this happen? Several doctors had warned me of this eventuality if I did not get my weight under control. I knew the havoc diabetes had wreaked with my family. I had witnessed the long suffering of my beloved mother and still had not heeded her warnings to make health my priority. Instead I spent a great deal of time and energy rationalizing that I led a healthy lifestyle. I exercised—not *regularly*, but I did exercise. I ate healthy foods—most of the time.

No, I did not. I did not exercise regularly. I did not exercise semi-regularly. Every blue moon is a more accurate characterization of how often I exercised. Ate healthy foods? Only if eating fast foods nearly every day, two to three times a day and steak and fried potatoes every Friday counted as healthy. For the first time, I was honest with myself. I had *not* done what I needed to do to achieve and maintain good health.

The final hour passed and my blood sugar was tested again. It had dropped 20 points to 220—only 20 points lower than the previous reading. Dr. May Land confirmed what I now knew.

“You have diabetes and your blood pressure is too high,” she said. “With the diabetes you need to be concerned with your blood pressure level, too.”

“Am I hypertensive?”

“Your blood pressure is higher than it should be,” she said. “We need to keep an eye on it.”

The family curse had befallen me.

Dr. Land handed me three prescriptions—Glucotrol, Glucophage, and Diovan. She explained that the first two drugs were designed to control my diabetes while the third was an anti-hypertension drug. In addition, I was given a prescription for a Glucometer to test my blood sugar at least three times a day every day. And I was instructed to attend a diabetes education class in downtown Charlotte, which I found ironic because I thought

there was nothing a class could teach me that I had not already learned firsthand.

Then, hesitantly, Dr. Land mentioned that I might want to consider gastric bypass surgery. "A few of my patients have had great success with the procedure, and you may be a good candidate," she said. "Dr. Bozeman of Concord, North Carolina, comes highly recommended." She instructed me to see if her assistant could arrange a consultation for me to learn more about the procedure. The office assistant said Dr. Rode Bozeman had a waiting list and I would probably not be able to get an appointment for six months. She suggested I try to get his attention through his Web site. At the checkout window, I paid my \$15 co-payment and noted the \$287 balance owed.

I headed to the drugstore to fill my prescriptions. Even with health insurance I was out-of-pocket \$123.32 for a month's supply of drugs. I sat in my car for nearly 20 minutes crying before I felt strong enough and alert enough to drive myself home. I was mentally exhausted, fearful, and angry. How could I possibly endure years of coping with diabetes and hypertension? How could someone who hated taking aspirin deal with taking three medications a day! I had always suffered through the common cold because of my fear of medications and now I was told that my survival depended on taking these medications on a regular basis. Damn, damn, *damn*! I feared the long-term consequences that I instinctively knew would occur if I took these drugs for years. My mother had taken similar medications for more than 15 years and, even though no doctor had said so, I believed that the long-term use of them aided in the failure of her kidneys and liver. Would this happen to me, too?

I have read many books and academic journal articles on the subject of diabetes, and knew that Americans died of complications of diabetes and hypertension at alarming rates, and African Americans died at even more alarming rates. Nevertheless, I was afraid at the thought of going to a diabetes education class and meeting

more people with diabetes. I did not want to meet another African American with diabetes and hear about another African American starting kidney dialysis.

Getting a Consultation

To get a consultation with Dr. Rode Bozeman, one must first visit his Web site and fill out a patient information form via the Internet. The site discusses the process for getting a meeting with the surgeon, requirements for surgery, how laparoscopic gastric bypass is performed, and the risks and benefits of the surgery. The patient information form is comprehensive, requesting personal identification information such as insurance, employment, gender, and race. The patient is required to disclose weight information and detail all diets partaken and exercise programs attempted. Questions address counseling experiences, medications taken, and the history of obesity and other serious illnesses in one's family. The majority of the questions ask the patient to evaluate his or her current health situation by asking whether he or she has experienced a variety of ailments or diseases such as shortness of breath, diabetes, sleep apnea, lung disease, asthma, thyroid disease, high blood pressure, heart disease, high cholesterol, incontinence, gall bladder disease, and kidney disease.

It took me a couple of days to complete the form because I had to look up addresses and medical information from a variety of sources. I keep health-related paperwork, especially lab reports, receipts from office visits, and notices from my health insurance company. Admittedly, my files are not well-organized. Nevertheless, this practice of never throwing anything away paid off, making it easier to complete the patient information form to get a consultation.

As I waited for word from Dr. Bozeman's office, my sister Marlene, a registered nurse at Frye Regional Medical Center in Hickory, North Carolina, sent me information on their surgical

weight loss program. The packet contained a small booklet entitled “The Facts about Weight Loss Surgery,” published by Ethicon Endo-Surgery, Inc., a Johnson & Johnson Company, and a video on the surgical procedure with patients discussing how it saved their lives. This was the first instructive information I read. It explained the differences between the various types of surgical weight-loss procedures and, as every other document, Web site, or book I referred to, touted the gastric bypass or “Roux-En-Y” as being the most effective. All the information I obtained about gastric bypass was from hospitals and surgeons specializing in this technique. I avoided nonmedical or nongovernment-sponsored health Web sites. The more useful and trustworthy sites included www.weight-losssurgeryinfo.com, the American Society for Bariatric Surgery’s Web site at www.asbs.org, and the National Institutes of Health Web site www.nih.gov.

DISCUSSION QUESTIONS

1. How much do you know about your family’s medical history? How relevant is this history in making decisions about your health care?
2. Do you feel comfortable talking about death and dying? Why or why not? How do Americans and other cultures view death and the process of dying?
3. How do you find out about various treatment options? Has a doctor ever suggested a treatment that surprised you? If so, what and why?
4. Have you ever been scared into changing your behavior? Explain what happened.
5. What racial differences exist in the diagnoses and lived experiences of individuals with chronic illnesses? If such differences exist, should we talk about them? If so, how?

SUGGESTED READINGS

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