HEALING ARTS

Text and Context

“A Summer Tragedy”: A Geriatric Case Study

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TEXT

EXCERPTS FROM A SUMMER TRAGEDY¹ BY ARNA BONTEMPS

Old Jeff Patton, the black share farmer, fumbled with his bow tie. His fingers trembled and the high, stiff collar pinched his throat. A fellow loses his hand for such vanities after thirty or forty years of simple life. Once a year, or maybe twice if there's a wedding among his kinfolks, he may spruce up, but generally fancy clothes do nothing but adorn the wall of the big room and feed the moths. That had been Jeff Patton's experience. He had not worn his stiff-bosomed shirt more than a dozen times in all his married life. His swallow-tailed coat lay on the bed beside him, freshly brushed and pressed, but it was as full of holes as the overalls in which he worked on weekdays....

She had a wasted, dead-life appearance. Her body, as scrawny and gnarled as a string bean, seemed less than nothing in the ocean of frayed and faded petticoats that surrounded her. These hung an inch or two above the tops of her heavy unlaced shoes and showed little grotesque piles where the stockings had fallen down from her negligible legs....

Jennie sat on the side of the bed and old Jeff Patton got down on one knee while she tied the bowknot. It was a slow and painful ordeal for each of them in this position. Jeff's bones cracked, his knee ached, and it was only after a half dozen attempts that Jennie worked a semblance of a bow into the tie....

His memory had not been much good recently. He frequently talked to himself. And, although he had kept it a secret, he knew that his courage had left him. He was terrified by the least unfamiliar sound at night. He was reluctant to venture far from home in the daytime. And that habit of trembling when he felt fearful was now far beyond his control. Sometimes he became afraid and trembled without knowing what had frightened him. The feeling would just come over him like a chill....

Jeff thought of the handicaps, the near impossibility of making another crop with his leg bothering him more and more each week. Then there was always the chance that he

would have another stroke, like the one that had made him lame. Another one might kill him. The least it could do would be to leave him helpless. Jeff gasped—Lord Jesus! He could not bear to think of being helpless, like a baby on Jennie's hands. Frail, blind Jennie....

Jeff ran the car onto the clay slope, pointed it directly toward the stream, and put his foot heavily on the accelerator. The little car leaped furiously down the steep incline toward the water. The movement was nearly as swift and direct as a fall. The two old black folks, sitting quietly side by side, showed no excitement. In another instant the car hit the water and dropped immediately out of sight.

CONTEXT

Good writers are students of the human condition. They create literature by telling realistic stories about conflict and catastrophe, life and death. The practice of medicine requires physicians to become students of these same themes as they bear witness, first hand, to these same events. In addition to interpreting a patient's story in much the same way a reader engages a book, physicians become participants in their patient's drama. Unlike the writer, who may complete relatively few literary works in a lifetime, the clinician may be deeply involved in several life-changing events each day and with real-time urgency.

Medical educators and practicing physicians can exploit this overlap by teaching and studying literature from a clinical point of view. This affords the student an opportunity to observe illustrations of disease and disability and develop a broadened perspective regarding human suffering. Certain works may provide a chance to identify moral-ethical dilemmas that occur in routine medical practice and discuss them in a non-threatening, hypothetical environment.² Some may even offer an opportunity to hone diagnostic skills by identifying medical syndromes portrayed by characters in the story.

"A Summer Tragedy," written by Arna Bontemps in the early 1930s, is an excellent example of literary fiction that tells a thought-provoking story when read for pleasure and provides

powerful lessons for students of medicine when read as a clinician. Bontemps was African-American, the son of a brick mason and a schoolteacher, educated in California and New York. He lived his professional years in the south as a teacher, writer, and later, as the librarian at Fisk University in Nashville, Tennessee. Despite his lack of a background in medicine and at a time when medical care was quite primitive, he rendered a remarkably contemporary image of a poor, isolated, elderly couple with accumulating disabilities and growing fears about their future.

The story opens on a Sunday afternoon in a sharecropper's shack where Jeff Patton and his wife Jenny are preparing to consummate their solemn decision to end their lives by driving their T-Model Ford into the river. Their reasons for arriving at this decision, revealed as the story unfolds and primarily from Jeff's point of view, illustrate an overwhelming lack of satisfactory options to address both physical and non-physical concerns.

The litany of medical problems Bontemps illustrates in this story is familiar to all clinicians who care for aging patients. The cause of Jenny's blindness isn't apparent in the story, but visual loss is known to be a common geriatric concern. The description of her physical habitus might be construed as the equivalent of the modern frailty syndrome. Jeff's problem list is equally recognizable. He has crippling arthritis. He has suffered at least one paralytic stroke. He describes memory loss, talking to himself, fear of unfamiliar sounds at night, reluctance to venture far from home and a tremulousness which overtakes him without warning. Taken together, these could be characterized as cognitive changes resulting from the cumulative effects of cerebrovascular disease.

One of the most poignant aspects of medical practice is watching elderly couples help each other to and from a clinic visit. Often, their disabilities are almost complementary and create a state of fragile interdependence. This, too, is graphically demonstrated in "A Summer Tragedy". Each character compensates for the other's limitations, but only with difficulty. The delicate balance that they establish to maintain function and quality of life is tenuous at best.

Studies of patients who are critically ill or have requested assistance with suicide have identified a consistent thread of non-physical concerns, some of which include loss of dignity and control, poorly managed symptoms, and becoming a burden to others.^{3,4} Jeff and Jenny's non-physical concerns are remarkably modern. They have outlived their five children, their ability to work their farm, and very nearly their capacity to care for themselves and one another. Their status quo is not sustainable. The slightest change in Jeff or Jenny's condition will upset the equilibrium they have achieved. Another stroke might end Jeff's life and leave Jenny unable to care for herself. Perhaps worse, should a stroke fail to kill him, it might leave him to be a burden on his feeble wife.

Jeff and Jenny maintain an air of solemn dignity from the beginning to the end of this story. They dress for the

occasion in moth-eaten clothes reserved only for grand events. Within the story, we are privy to memories that highlight their simple life, their community, their work ethic and their devotion to each other. While the fully imagined final image is both violent and frightening, it is skillfully delivered as one of reconciliation and acceptance as the two of them sit side-by-side as their car approaches the water.

Patients now have unprecedented access to drugs and procedures that may preserve function and enhance quality of life. Palliative care is widely available and hospice care has become mainstream for patients who wish to pursue this option at the end of life. Despite these reassuring advances in medicine, the presumption in our modern context is that the fears of the elderly and chronically ill may be the result of high technology health care delivered impersonally in institutional settings. Yet Bontemps' identified these same fears in Jeff and Jenny Patton at a time when critical care units, ventilators, broad-spectrum antibiotics, and artificial nutrition were nonexistent. This couple weighed their options and made their fateful decision without the benefit of a physician, chaplain, social worker or ethics committee. Their story, told from a perspective almost a century old, mirrors modern-day concerns. The fear of becoming a burden, the reality of experiencing uncontrolled symptoms, and the inability to live and die with dignity may conspire to create a situation that causes some elders and chronically ill patients to view suicide as their best solution. "A Summer Tragedy" poignantly illustrates that these hopes and fears of the frail and elderly are timeless and are not unique to our enlightened era.

DISCUSSION QUESTIONS

1. How might you discuss the topic of planned suicide with an elder in your own practice?
2. How might a geriatric interdisciplinary care team help write a different ending to Bontemps' story?
3. How might medical technology be applied to allay the fears of vulnerable patients?

REFERENCES

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