One Shot

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“They wanted me to promise them I would never do it again,” she said incredulously, “like that would mean anything.”

Ava was describing one of the many consult team visits that had become the metronomic markers for her days in 824B. The team, like nearly every medical provider she had ever interacted with, was asking for her verbal commitment to never inject heroin again. To Ava, asking her to guarantee this felt akin to requesting a diabetic’s assurance that her blood sugar would never again be elevated.

“I want more than anything to never use again. But don’t they know anything about addiction?”

Ava was hospitalized with fungal endocarditis, a condition that carries a particularly poor prognosis. As is often the case with the care offered to injection drug users, the approach to her treatment was heavily influenced by what was euphemistically referred to as her “poor social situation” in the many notes filling her medical record. She had already been told that she had only “one shot” at a new heart valve. Newly sober after a recent relapse, the notion terrified her. Having struggled with addiction for more than half of her 30 years, she knew enough to recognize that the absolutism of one chance was naive at best.

It had taken a full day to convince Ava to be admitted when her blood cultures first turned positive. A veteran of admissions for complications related to addiction, she wept at having to face the medical system’s judgment again. As her attending on the most recent hospitalization, I had heard the litany of comments she routinely endured. From the subtle shake of a head to the overt how-can-you-do-this-to-yourself refrain, she experienced near constant scolding. “She is *actually* really nice,” one consultant whispered to me after lecturing Ava about her drug use. As if niceness and addiction were irreconcilable characteristics.

When I walked into her room the morning after this admission, she was sitting cross-legged in bed, her slight frame draped in the star-patterned gown usually found on pediatric patients. The central line taped to her neck was evidence of the ordeal she had endured the evening before when the overnight resident struggled to get vascular access. As I sat on the edge of her bed, she recounted a recent conversation with her parents and brother.

“I tried to tell my brother about needing surgery and he screamed at me that I did this to myself.”

It had been 5 years since she had seen her family members. Aside from her sister, also in recovery, their main message had been that she was the sole protagonist and the one to blame. Like many families who have lived the agony of watching a loved one engulfed in the disease of addiction, they took the all-or-nothing “tough love” approach. This confrontational strategy for dealing with addiction has been advocated for several decades, despite the fact that not a single clinical trial has demonstrated its efficacy, and a number have shown its harm.¹ While no clinician would suggest the use of such an approach to other diseases that result from a complex mix of genetics, environment, and exposure, this tactic has become commonplace with addiction.

Over time, evidence has emerged that a far more effective treatment paradigm is one with an empathic and supportive style, the same approach that would be offered to any individual living with a challenging disease.¹ As one woman in recovery commented, “I took drugs compulsively because I hated myself, because I felt as if no one—not even my family—would love me if they knew me... How could being ‘confronted’ about my bad behavior help me with that? Why would being humiliated, once I’d given up the only thing that allowed me to feel safe emotionally, make me better? My problem wasn’t that I needed to be cut down to size; it was that I felt I didn’t measure up.”²

Sitting with Ava, her face a map of the pain, isolation, and shame she shouldered, I tried to offer up ways I could help mend the fractured relationship with her family. “What if I called them? I could answer their questions and try to help them understand more about the disease of addiction.”

She shook her head. “I already asked them if they would be willing to talk to you and they said no. They think you’re just going to blame it all on them.”

After a few moments of silence we went back to focusing on what I could help with. We talked about the expected

course of antifungals and the role of surgery. We discussed the best next steps in her addiction treatment and formulated a plan for an intensive outpatient program and pharmacotherapy with buprenorphine.

As I left, she called after me. "I'm not totally alone. I have you on my team."

I paused in the doorway, feeling undeserving of such gratitude, but also struck by the wistful awareness of an approach whose value I had not always recognized.

When we first confronted my father, I was in the sixth grade. With no experience or guidance, my small family had accepted the tough love mantra. And so we laid down the gauntlet—stop drinking or else you can't see us. The next day I answered the ringing phone and heard my dad's pleading voice on the other end. *How can you do this to me? Don't you love me? Don't you want to see me?* I hardly remember how I responded, only the gut-sink feeling of terror and guilt.

The ensuing months and years rolled out in a predictable cycle of visits followed by the inevitable discovery that he was drinking, which ignited anger, hurt, and shame on both sides and always ended in months of no contact. As the years and forgotten birthdays and missed holidays rolled into an ever larger heap of sadness, it became easier and easier to blame dad for his "choice." And as a child, it truly felt like he had chosen alcohol over me.

When he died 3,000 miles away from hepatorenal syndrome, I learned the news the following morning in a voicemail. Almost as immediate as the grief was my anger that he hadn't chosen to include me at the end.

Now as a physician caring predominantly for patients with addiction, I frequently find myself feeling grateful. No longer in the dependent position of family member and child, I can offer the support and comfort that define the role of physician. I have had the opportunity to learn from major advances in neurobiology and to practice at a time when we now know that addiction is a complex and chronic, but treatable, disease. And I have had the privilege of knowing and caring for courageous men and women who are enduring, living with, and recovering from the debilitating disease of addiction.

It is hard to look back on the sadness of my father's fatal struggle with addiction, and harder still not to blame my younger self for not knowing how or what to do to help. But while I can't change the past, I can try to follow the suggestion of author Anne Lamott: "*What you needed you invented, and then gave away, so there would be some of it in your world.*"

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