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Helping to Heal a Broken Life

Deborah Grassman

Darryl was a tough character; alcohol and drugs had been self-soothing substances that sabotaged his ability to heal the brokenness in his life. This had also led to his getting AIDS. The HIV team asked me to intervene.

"He's going to die in a few weeks if he doesn't get dialysis," the nurse told me. "But he doesn't want it. All he wants is his drugs." She explained that he had been in the Substance Abuse program and failed it several times, and so he was no longer eligible for treatment there.

When Darryl came into the hospice clinic for an admission interview a few days later, he looked sick because his creatinine level was 7.5. He said he was willing to stop his cocaine and start dialysis. He must have seen that I looked surprised because he added, "I've tried and messed up before. But yesterday I went to my cousin's funeral. When I looked into the coffin, I told myself, 'Next time that will be you in there.'" He said it really shook him up.

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Authors' Note: Bay Pines is the fourth busiest out of 153 VA Medical Centers and provides care to more than 94,000 veterans annually. Approximately 4,000 outpatients are seen every day at the medical center and throughout our clinics. This article is an actual story not a compilation. Darryl touched the author's life, so she shared his narrative because she thought he would also touch other people's lives. The author's book, *Peace at Last: Stories of Hope and Healing for Veterans and their Families*, is available through Vandamere Press.

"I'm sure you were shaken before, and you've said you were going to quit hundreds of other times too," I said skeptically. "So, what's different about this time? You haven't convinced me this is going to be any different."

Darryl explained that he had had a dream in which God had told him to reform his life. He also said his mother was weary of drugs, guns, and broken promises. The previous week, she had called the police when she found a stash of drugs and guns in an abandoned car in the yard.

"Good for her!" I told him, watching for his reaction. "That's just what she *should* do to help you."

Darryl also had a son. "Is your drinking and drugging a source of pain and embarrassment for him, too?" I gently asked. Darryl acknowledged it was. "How would your life be different if your son were proud of you instead of embarrassed?" I asked.

Darryl had no difficulty painting a vision of a changed relationship with his son and the new meaning this would provide. He also wanted to reach out to his cousin's young sons. With their father dead, they needed guidance. I realized this could be another potential source for him to discover meaning in his life.

"If I decide to accept you for our hospice program, we'll have a big investment in you. What assurance do we have you won't betray us the way you have betrayed yourself and your family through the years?" I said. "Convince me this time is different."

Darryl could provide no assurance, which was a sign he was

becoming more honest, with less flighting into denial and illusions. He seemed sincere, and there was an important difference in his current situation – he had been doubly humbled by God and by death. He would need both to expand into the spiritual dimension so his life could be transformed.

The next day, I met with the general medicine and HIV teams, along with Darryl and his mother. His mother remained skeptical and guarded, but she was also prayerful and hopeful. I commended her endurance, her continued support of her son even after he'd proven untrustworthy, and her wisdom in calling the police. She cried with the validation of her suffering.

"At my age, I can't keep it up much longer, though. I'm hoping this is the answer to my prayers," she said.

Because Darryl could die in the next few weeks if he didn't receive dialysis and because he was no longer eligible to receive treatment for his drug abuse, we admitted him to the hospice unit so we could provide an emotionally safe environment with imposed protection from drugs. Recalling Darryl's determination to not be in a coffin, I placed him in a room with an imminently dying patient, hoping it would provide reinforcement for his motivation to avoid drugs. The patient, Mr. Brown, had a similar history to Darryl's. Released from prison for terminal care, Mr. Brown had appeared to be imminently dying for weeks. With no family in the area, the team speculated that he was waiting for someone – some friend or minister or family member – to come so he could die.

On Darryl's first night, Mr. Brown struggled. Darryl came to his bedside and comforted him, holding his hand and praying. The next morning, the team gathered at Darryl's bedside for a quality-of-life meeting. Darryl told us what had happened with Mr. Brown; we smiled at each other. Though Darryl had been put there to gain benefit from Mr. Brown's death, Mr. Brown had also benefitted from Darryl.

Just then, Mr. Brown's breathing slowed. The team rolled our chairs from Darryl's bedside to form a circle around Mr. Brown. We invited Darryl to join us, affirming how his care had helped Mr. Brown. "We think he was waiting for someone who understood and accepted him. You were that 'family' for him, Darryl," I said. At that moment, Mr. Brown took his last breath.

I recruited Darryl into further work, telling him I would continue to give him roommates who needed his care. I also explained boundary setting, and encouraged him to speak his needs and let us know if the responsibility was beyond his ability or his needs.

Darryl was learning new coping skills distinct from his past fight, flight, or freeze addiction reactions. He realized it was going to be a difficult change. "Fightin' is all I knows," he explained. "It's what I learned on the street growing up. It's what the army taught me so I could save my life. I have to be 'da man' (with macho gesture) or I die." Suspicion and lack of trust in others were necessary for survival. Stoic walls had, indeed, probably saved his life.

Darryl then added another source of his suffering. Darryl's drug contact, "Easy Money," had recruited him into storing drugs. Darryl had kept the stash in the couch cushions. Not realizing the stash the couch contained, his wife bought a new couch, giving the old one away. Darryl got irate — an action which recently precipitated divorce. "T's never hurt so much," he told the team. "Help hold me up, cuz I knows I can't."

Sometimes Darryl still acted anxious and suspicious. It was difficult to know if his behaviors were related to drug withdrawal, personal coping mechanisms for dealing with death, or ingestion of more drugs. I asked for an order for a drug screen. Darryl felt betrayed.

"I tole yous I'm not gonna use drugs no mo'. Why won't yous believe me?"

"Look Darryl," I said sitting down before him, staring him squarely in the eye, and placing my hand on his shoulder. "I want to believe you. You want me to believe you. The drug test will help that happen." His history, I reminded him, made it impossible for us to fully trust him, or for him to even trust himself. If his drug screen came back negative, that would increase our willingness to stick with him. If it came back positive for drugs, then we'd have to discharge him home.

I expected resistance or at least an argument. But Darryl relaxed, even gave a half-smile. "Yeah. I gets that. The drug test is gonna show yous that yous can trust me."

"There's nothing that would please me more Darryl," I said sincerely, acutely aware he would be doomed to a despairing death if the drug screen came back positive. Thankfully, the results of the drug screen proved negative. Darryl gloated his victory. I enjoyed that, too.

A few weeks later, at a Memorial Day bereavement program in which people were sharing their stories of loss, Darryl took the microphone and explained he had AIDS from drug abuse. He told the crowd that more than anything, he needed to learn how to trust, "and it starts with surrounding myself with people I's can trust. I've decided to stop fightin' yous folks and let yous help me." The crowd responded with applause. He confirmed his intention by adding, "This is the first time I've ever *voluntarily* told anyone I have AIDS."

Darryl had learned the value of revealing himself to trustworthy people and being accepted so

that he could stop fighting and instead ask for help. He was doing the *work* of healing — building a trustworthy world where he could feel safe enough to come out from behind walls that had kept him a "fightin' man."

During subsequent quality of life meetings, Darryl often prayed. His prayers were simple, humble, and sincere. His mother was usually present. At one meeting, he rose from his bed, got on his knees before his mother, and asked for forgiveness. It was a powerful moment for Darryl; it began his process of replacing manipulation with reckoning. For his mother, it symbolized the culmination of years of fervent prayer for her wayward son. For the team, it was the marvel of being privileged witnesses. I never felt as proud of anyone as I did at that moment with Darryl.

Darryl was discharged home, returning to the medical center for dialysis three times each week. Though it was difficult, he remained clean and sober. He cared for his mother. He had gotten actively involved with his cousin's children. He visited the hospice unit for the weekly breakfast provided by the chaplain, physician, and volunteers, where he shared his success story. He credited his transformation to the power of God.

"You offer hope to your son and cousin's sons," I told Darryl. "If they ever get in trouble or get mixed up in drugs, they'll remember it's never too late to make a different decision and turn their lives around."

"Yeah. You's right. They's already tole me they's proud of me."

Two years later, his body weakened with complications, Darryl returned to the unit for hospice care. His mother tended him tenderly and gratefully. "He'll be going home soon," she told me. "We're going to have a big home-going ceremony for him next week," she explained.

"Home-going ceremony?" I queried.

Reader's Forum

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She laughed at my lack of understanding. "In our culture, *this* world ain't our home."

"Ah. I've got ya," I laughed with understanding. "It's been a long way back home for Darryl," I noted.

"You got that right," his mother responded. "But his home-going is going to be so different because of what happened in these last two years," she smiled.

I could only nod with satisfaction. Darryl had worked hard these past two years. He had role-modeled the humility, courage, and honesty I needed to seek in my own life. He had become the hero in his life the way I wanted to become in my own. ■
