The Story of Dr Jay

It was my first biopsy as an attending. A transplant patient’s new kidney still wasn’t making enough urine. CT guided, anterior approach, piece of cake. “Wow, you look young. How many of these have you done?” “I don’t know,” I replied, “around 20.” (It was 18. I rounded up.)

“That’s not a lot. I was hoping to hear ‘hundreds,’” said the patient on the gurney. “I am a podiatrist, and I tell my residents to never tell the patients how many procedures you have done unless it’s over 100. What are we doing for sedation? Fentanyl? Versed?”

“We are using lidocaine and positive visualization; I don’t have an anesthesia nurse and you don’t need it. Now close your eyes and imagine you’re on a beach …”

After the biopsy, I learned that Dr Jay was a successful podiatrist in the Philadelphia suburbs and a Temple University board member. Although he took excellent care of his patients, he admittedly had neglected himself. Before the transplant, he had been overweight with diabetes and heart disease. These factors, in addition to the urinary reflux he developed after a urologic procedure while serving in Vietnam, had all contributed to his end-stage kidney disease.

Dr Jay’s journey to a kidney transplant was an amazing story.

Dr Jay was receiving hemodialysis 3 days a week via a tunneled dialysis catheter because his fistulas never matured. Yet Dr Jay continued to work. One day, while he was prepping for surgery, his patient noticed his catheter and asked him what it was for. After finding out, she immediately offered to donate. Dr Jay was stunned. He had not even thought about asking his wife or other family members to donate, but here a patient had offered her kidney. She was grateful for the care he had given her.

Dr Jay had a difficult road to get to a transplant. He underwent bariatric surgery, achieved a safe weight for transplant, and ultimately participated in our paired donor program, because he and his patient-donor were not a match.

It was my job to keep that new kidney functioning. We developed a unique patient-doctor relationship. Dr Jay always called me on my cell phone, and I became his primary care physician as well as his nephrologist. He was prone to recurrent urinary tract infections. He came in every week. I would examine his urine for bacteria and leukocytes and rotate his antibiotics accordingly. Tuesdays were Dr Jay’s only days off, but I did not have clinic on Tuesdays. I remember my administrator turning bright red when she found out I was sneaking Dr Jay in before the other patients. I bent the rules partly because he was a doctor, and partly because this was how I would treat my own father.

At the end of each visit, Dr Jay would look at me and say, “No pressure, kid, but my life is your hands.”

Eventually, Dr Jay’s urinary tract infections were under control and he didn’t need to see me every Tuesday. What I didn’t know was with his Tuesdays now free, Dr Jay had started volunteering at his old hemodialysis unit. He met with patients at a nearby diner, especially those who were new to dialysis, and discussed with them the benefits of transplantation. He understood something very fundamental: fellow patients could have more influence than any doctor because they have lived through the same experience.

I only discovered that Dr Jay was volunteering because he told me he was being honored as the National Kidney Foundation “Man of the Year” at the Delaware Valley Kidney Ball. At the ball, I met not only Dr Jay’s family, but also his guest of honor, his donor. He even invited his donor pair and thanked them for saving his life.

Dr Jay had several good years. Over time, he developed heart failure and recurrent pleural effusions (a complication of replacing a pacemaker). Eventually, his new kidney began to fail. Throughout all of this, Dr Jay continued to manage his podiatry practice. One day, while he was making rounds, a hospital door closed on his leg. Dr Jay developed a massive hematoma and required multiple surgeries. His recovery was complicated by recurrent Clostridium difficile infections and a broken hip. Dr Jay grew steadily more ill.

“One day during a visit, Dr Jay said, “I don’t want to go back to hemodialysis.”

“That’s ok,” I said, “I really don’t think it would improve your life … but you need to talk to your family about this.”

He talked with his rabbi and started planning his funeral. Dr Jay’s decision to forego dialysis was made more difficult because he had recently been blessed with his first grandchild. Even though I had limited medical options to offer, I realized there were other things I could do. Dr Jay and I wrote a narrative medicine piece together and shared our story across Temple University. Afterwards, medical students and residents would always ask me about Dr Jay and be excited to see him when he was admitted. Dr Jay and I were invited to the Temple Diamonds Gala in honor of transplant patients. He entertained everyone at the table with tales of old Philadelphia and how he was connected to each of us through either school, service, or health care.
After a fitful trial of peritoneal dialysis, Dr Jay eventually withdrew to home hospice. In his last weeks, Dr Jay finally let his family care for him. He was my patient for 9 years.

It has been a year since Dr Jay passed, and I think about him often. I not only cared for Dr Jay, I cared about Dr Jay. I came to understand why his patient donated. With her gift, Dr Jay not only helped more patients like her, but also gave his support and experience to his fellow kidney patients. In my office, the picture of us in our tuxedos at the Kidney Ball still stands tall. When anyone asks, I begin with, “Let me tell you the story of Dr Jay …”

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