Linda Brodsky Memorial Journal

My Nani

Manasa Pagadala

"I wish you both wouldn't leave. It's always nice when you're both here."

My grandma's voice caught as she regarded both me and my sister from her sitting chair, a chair with polished maple arms that felt like it had been in our family's home since before I was born. Her crooked fingers merely cupped the ends of the arms, with barely any grip after the severe arthritis she had developed in the past five years. My sister and I responded with the usual reassurances. "Don't worry, Nani. I promise I'll be back after I get through this rotation." "I'll be here for your shoulder surgery." "Spring break is only three months away anyway." It had become routine at this point.

"But who else is going to walk me to the bathroom in the middle of the night? Who's going to rub amrutanjan on my shoulders before I go to bed?" My grandma's words choked as she looked back and forth between us, almost as if she expected an answer. But my sister and I didn't have any, and merely soothed her with hugs and reassuring words as we departed back to our respective homes in cities where we both attended medical school. Anytime I left home, I thought about the answer to my grandmother's rhetorical but heart-sinking questions. After we left, she would maintain contact through phone calls but would mostly sit by herself in the basement of my parents' house, interacting mostly with the 8 am-2 pm caregiver and the rest of the hours by herself. This was the culture I spent my whole life in. Independence, one-bedroom apartments jumping from college to medical school, red, white, and blue. It wasn't lonely, it was private. And privacy was good, wasn't it? My grandma spoke broken English with a caretaker who barely understood her most days of the week. Then, she would watch Indian movies in a basement where she could hear the hustle and bustle of my parents working from home upstairs, busy trying to get through their 8-5 jobs. And finally, she would eat leftovers from an Indian restaurant while talking to her relatives on the phone. The American Dream, right?

But it's not the Indian dream. Indian culture's main facets are built on community and family. Living with one's parents while

middle aged was normal. Caregivers were an everyday part of life, regardless of age, not a privilege that would rack up a nightmare of a bill without Medicare. Life was about gossiping with neighbors, "kitty parties," social functions, and keeping the windows open even if critters snuck in. And my grandma was no longer living in this world. But with all the privileges of a shiny American visa, my family expected her to adapt; "adapt to this culture because that's what everyone else is doing to have a better life." For a while, my grandma's experience felt purely anecdotal, but it wasn't until I adopted a different lens that I started to see the critical role of the physician in this story.

iPad with survey? Check. Haiku app to peek at patient's information? Check; I love this app. I smoothed my hands over my surgery scrubs before I knocked and entered the room. It was time to do the usual spiel. "Hi, my name is Manasa and we are currently doing a study to better understand the relationship between patients getting knee/hip replacements and their caregivers. Both of you would fill out surveys to better understand the burden of caregiving and how well supported both of you feel along with other information. Are you interested in participating?" And surprisingly, considering it was a survey to be completed at 5 AM right before knee/hip surgery, many patients were amenable. Smiling, post-retirement, "poster children of Northwestern Medicine" energy was how I could best describe half the patients I saw. Mostly what I learned from them was that they were well supported, happy couples who had full confidence in the system and support post-recovery. But not everyone was like that. I interacted with people from all walks of race, gender, and cultural identity who entered the pre-operative area. And everyone's story was different. A woman with no caregiver who bitterly admitted that they had no one to pick them up. A full family trying to stop their toddler from tugging at their grandpa's IV. A newlywed couple supporting the wife's mom through surgery. Not only did I talk to all of them but through the study, I was able to hear the things that they couldn't even express directly to their own family members. I assessed each person's support systems and burden of caregiving, to the point where I noticed trends across gender, race, and cultural identity. Each person of each identity had different needs and to answer their questions about how their home should function to foster recovery, I understood the value of cultural competence and self-awareness to provide the most equitable care. This research study was a diorama of how familial and social factors are the biggest determinants of recovery and a physician who

does not seek to study this art will be completely antagonistic to making a difference. Various levels of support are needed for various identity groups, and understanding so forms holistic care.

For each elderly patient that I saw without a caregiver, I initially thought about my grandma, but my mind then turned to their grandchild. How, even as a medical student and a grandchild, it took a lifetime of Indian cultural- and self-awareness to truly help my grandma with her needs. The dedication it required outside of work was intense. But it was worth it. Because I had learned the importance of cultural competence just taking care of someone I loved and admired. And if I could apply a fraction of that same care to those who entered the hospital, maybe individual needs could be met, and their caregivers could feel rest-assured that their loved one was in good hands.