

Nanima

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“You are leaving?” she asked. “When will you come again?”

“Soon,” I said. “I’ll be back soon, Nanima.”

In my heart, I knew it wouldn’t be soon. In truth, I could only bear to visit her once every few months — seeing her in a nursing home for the past 3 years had been too painful for me, especially since I’d been the one who put her there.

Nanima was my maternal grandmother. Widowed at 24 when she was pregnant with my aunt, she was small in stature but a force to be reckoned with and one of the most resilient women I’ve ever known. But by 94 years old, she had early signs of dementia and such significant osteoporosis that she was half my size.

Throughout my life, Nanima had helped my parents feed, nurture, and educate me. In 1973, when I was a 5-month-old with relentless abdominal pain, my mom, a new immigrant, called her mother for help. Nanima came from India and quickly recognized that it was the bananas in my diet causing the distress.

Nanima had a saying for everything. One memorable one: “Work while you work, play while you play. That is the way to be happy and gay.” Although she had left school in Mumbai after eighth grade because of World War II, she read stories to me and my siblings in English, taught us nursery rhymes, and quizzed us on our multiplication tables. When I was in college, I studied Gujarati, the native Indian language of my ancestors, and wrote letters in

Gujarati to Nanima. When I became a mother, she stayed with me when my parents traveled, and my kids received her wisdom and love. I cooked with her each night and learned techniques that only wise, experienced Indian cooks knew. From my earliest years, Nanima had always been my teacher.

Nanima used to split her time between my aunt’s home and my mom’s. But when my aunt died unexpectedly, Nanima, at 74, began living solely with my parents. Nanima and my mom had always had a contentious relationship, and living together was not easy. By the time Nanima was 91, my mother was in her 70s, experiencing the challenges of aging herself.

Three years ago, while my parents were on their annual trip to India, my brother, who was staying with Nanima, called to say that she was delirious. I drove to my parents’ house at 4 a.m. and brought Nanima to the hospital, where she was treated for a serious infection. My mother had been struggling with ensuring Nanima’s safety for years. Though she had significant kyphosis, the fiercely independent Nanima resisted consistent use of a cane or walker and once fell in the middle of the night. She eventually gave in to using the chair lift my mom had installed, but only when she became truly scared of falling. She had proudly worn the white sari of a widow every day since she was 24 but once inadvertently turned on the stove by somehow getting the sari wrapped around one of the knobs

— and didn’t realize that it was on. Since my mother, a psychiatrist, traveled frequently, she had cameras installed and nurse’s aides at home, but Nanima had fired eight of them, believing that none were good enough. Because my mom could not ensure Nanima’s safety at home, she had begun exploring nursing home options.

To be honest, ending life in a nursing home is not something I would wish on anyone. As a medical student, I had accompanied my father, a geriatrician, on his nursing home rounds. I saw row after row of debilitated patients, sitting in wheelchairs, lining the hallways. Some smiled and tried to communicate; most stared off into the distance. I wondered what their stories were. Did they have family? How had they ended up here?

As an intern and resident, I had cared for many nursing home patients when they came to the hospital. Some couldn’t even talk. Some were combative. Some were sweet but confused. Most were alone. I learned to tune out their common chants and pleas, even when they shouted, “Get me outta here!” “I wanna go home!” “Nurse! Nurse!” “Help me! Help me!”

As an infectious disease fellow, I had studied ways to better diagnose, manage, and prevent infections in nursing home residents. And as an infectious disease specialist, I was putting that knowledge to work.^{1,2}

So I had grown up pitying people who end up in nursing homes and judging the families who put them there. As an Indian

American, I was raised to value caring for our elders, no matter what sacrifices we had to make. Certainly, I never thought I would be faced with making such a decision for any of my relatives.

But I had to face the fact that my parents could no longer give Nanima the care she required, and I was in no position to do so either. She needed somewhere safe to live. After much anguished deliberation with my parents and siblings, I arranged for her to be transferred to a nursing home when she was stable enough for discharge. My mother was relieved, but I have struggled with this decision ever since.

Nanima's nursing home had a section for immigrants from India. I often comforted myself that sharing daily Indian meals with other Indian patients provided Nanima with social interaction and companionship. In fact, I saw her counseling other residents and feeding a woman who'd had a stroke — it seemed that now, in her final years, she was able to be a caretaker once again. But whenever I visited her, she reminded me that she wasn't happy there.

On her 94th birthday, January 18, 2020, I arrived with kesar pista (saffron pistachio) ice cream and fed her the entire container. We reminisced, speaking in Gujarati.

As I left, she said, "I do not have too much time. When I call you, you must come immediately."

She called the next day. "Come right now. They are going to give me the injection" — that was how she envisioned the nursing home staff euthanizing her, a delusional idea that obsessed her.

On March 4, Nanima had a hemorrhagic stroke and became unresponsive. My whole family raced to the New York City emergency department where she was taken. My brother got there first, since he works at that hospital. "There are sick people everywhere," he said. In the midst of all our turmoil, a pandemic was about to hit. I realized that Covid-19 had found its way to New York and was bound to take it over.

Nursing home residents in Washington state had died just weeks before.³ I could see our window of opportunity with Nanima narrowing. On March 10, she was back at the nursing home, and the very next day, Governor Andrew Cuomo shut the doors to all visitors.

A staff member used FaceTime to contact my mom weekly so she could talk to Nanima. My mom sent us screen shots of a smiling Nanima.

All residents in the nursing facility were screened for Covid. On Mother's Day, we found out that Nanima, along with more than 50 others, had tested positive. She remained asymptomatic.^{4,5} I called her.

"Hi, Nanima, it's Manisha."

"From your voice, I knew it was you right away."

Nanima persevered and survived, as always. But on the morning of June 26, she remained in a deep sleep, probably from another stroke. Covid-19 had kept us out of the nursing home since March.

My mom called me. "What should we do?"

"Ask if we can see her," I said.

An exception was finally made. I walked into her room to find her lying there peacefully, breathing deeply, unresponsive. Another patient and friend of Nanima's stopped by to share her sorrow over losing a friend. Her favorite nurse told me that she kept a photo of Nanima with her at all times. Nanima had made her mark once again.

We were allowed to visit her twice — once as the pandemic began in New York and once again as it subsided. When she died peacefully on July 11, 2020, after a lifetime of persistence, I was grateful for the guiding force she had been in my life. And I finally made peace with the decision I had made for Nanima and my family.

Disclosure forms provided by the author are available at NEJM.org.

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