



ELSEVIER

EDITOR'S MESSAGE

A face like stone

My grandmother Claire was the quintessential Yankee stoic: unflappable, enduring, and never wearing her heart on her sleeve. She would have made a great poker player, because although dynamic, she rarely revealed her feelings through an unconscious facial expression. For this reason, there was a grim symmetry to the disease that killed her. It slowly turned her to stone. Her face became a mask.

As a third-year medical student, I went to visit her at the nursing home. Her condition was quite advanced by that time and she had been unable to tolerate any of the medications. She was severely contractured and spent most of her time bent almost in half, her head twisted to one side and her face nearly in her lap. I sincerely hope that she had stopped being aware of her environment at that point, and this was probably the case, so it was for my own sake that I put my hands on her shoulders and almost absentmindedly started to glide her fascia across the stiffened muscles.

To my mother's great astonishment, Claire sat up in her wheelchair, unwound her neck, and leaned back to push into my hands. In my ignorance, I assumed that this was one of several varied positions she used, and shrugged, "It probably comes and goes." "No," my mother insisted, "It doesn't. She never moves like that."

I do not know what it was I did, what broke loose, what mobilized, and much as I wish I could complete this narrative in some kind of Oliver Sacks-like osteopathic resurrection story, I have never been able to replicate it, not even with her. A year later, I delivered her eulogy and avoided mentioning her illness at all.

I did not get to be her hero. I did not get to save her. The most I can say is I did not do any worse than any of the other helpless medical professionals with whom she came in contact.

Patients with Parkinson disease do not give you feedback, good or bad. They do not smile their thanks,

and they cannot grimace when you hurt them. They may speak, but when they do, it is in a voice which is ever growing softer, ever approaching a whisper until their voices finally freeze in their throats.

This does not mean that there is no longer a person behind the mask. It does not mean that they do not feel, that they do not suffer, even if they can no longer show us. My touch did not heal my grandmother, it did not resolve her dysfunctions, somatic or otherwise, but I do believe that when we lay our hands, we are connecting to our patients on a level that goes beyond the biology and beyond the frozen faces. I believe our good intentions communicate what words and medications cannot; we deliver a palpatory *Namaste*, in which the divine in us salutes the divine in them.

I also believe that my grandmother, could she speak, would have agreed with me, although she was too much of a Yankee stoic to admit it.

In this edition of the *Osteopathic Family Physician*, we will read about several important topics, including original research from Dr Sheldon Yao and his coauthors, who discuss their own experiences in laying hands on patients with Parkinson disease. We of the editorial team hope you are inspired to find a connection with any of your "unsavable" patients, and that you remember the importance of touch even in the patients who seem most aloof, who wear the heaviest masks. It may be the clearest communication the patient experiences and the most honest.

Please enjoy this issue of the *Osteopathic Family Physician*. The divine in me salutes the divine in you. *Namaste*.

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