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The Existential Dilemma of Coronary Artery Disease: Nurse as Agent of Change in the Emerging Field of Behavioral Cardiology

Patricia Baum, RN, BSN

Cardiology Research, Lahey Clinic, Burlington, MA

To Be or Not To Be

Shakespeare wrote those words for Hamlet no doubt with lengthy consideration for content and delivery. If all the world is a stage, then there is an act being played out every day in every hospital when health care professionals deliver the concept of “aggressive risk factor management” to persons with coronary artery disease (CAD). In essence the abridged version may be interpreted as, “Do you want to be or not be? And the corollary, “You must make these changes in your life or you *won't* be.”

In a perfect world, and in a more therapeutic fashion this scene should be a dialogue. But health care professionals often lack the time, inclination, and empathic compassionate connection to the person, so this vital teaching becomes a monologue—a lecture, if you will. A case of classic Shakespearean “mistaken identity” occurs when the wholly integrated person who entered the hospital and who had a sense of who he is in the world, now becomes an accidental passive audience—that is, a patient.

The Evidence for the Existential Phenomenon as Experienced by Persons with CAD

1. “But my wife smokes. I would almost have to move out of the house to have even a chance to stop.” (Person with CAD after stent placement, circa 2010.)
2. “Stress! Are you kidding? His job is killing him! But we have three daughters in college!” (Wife of person with CAD, circa 2009.)
3. “I have been praying for a miracle to undo all my bad habits; guess it’s too late.” (Overheard from person with CAD on her way into the catheterization lab minutes before receiving a stent, circa 2010.)
4. “The first time I got chest pain I renewed my health club membership.” (Person with CAD after myocardial infarction, circa 2009.)
5. “I know my slothlike ways may be taking me straight to the big final void.” (Person with CAD on the evening of receiving his fourth stent, circa 2010.)

The Nurse and the New Discipline of Behavioral Cardiology

So, is anyone listening to the person with CAD? Yes. The Nurse. And the emerging field of behavioral cardiology. They are ready to explore methods of delivering this age-old script of “risk factor modification.” The nurse and behavioral cardiology are prepared to diagnose the internal struggle people face when they discover the way they live their lives may be in direct conflict with their cardiovascular health. Aye, there’s the rub, and the beginning of what may be quite an existential crisis questioning the very meaning and purpose of life. And the alternative.