

STAFF

UCH Insider Central

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UCH Insider covers clinical, business
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The object is to provide a credible,
accurate source for news in and
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This Hospital Life

Finding the Person behind the Patient

In the hallways, waiting rooms, units, and exam rooms of this or any other hospital are people who find themselves in situations they never planned for or anticipated. They are dealing, in ways big and small, with the most fundamental of issues: their health.

In one sense, they can be defined in terms of systems – circulatory, digestive, neurologic, and so on – that they are trying to preserve or maintain or that are failing. In this narrow sense, their lives are reducible to numbers on a lab report, images on a screen, beeps from pumps and monitors, tell-tale changes in a bit of tissue.



Visitors examine a piece by Natalie Kutner at the opening of her exhibition at the Fulginiti Pavilion for Bioethics and Humanities. All exhibit photos courtesy David Weil.

But take away the systems, which give us necessary ways to classify patients in clinical

terms, and we find something entirely different. The blood may course in predictable rhythms along definable paths, but the lives of patients, however rigid their upbringings or beliefs may be, resist such governance. They move toward territories that, to borrow from Melville, can't be found on any map because true places never are.

Faraway places. Evidence of this can be found in the artistic work of Natalie Kutner, on display through Aug. 13 in the exhibit "Women and Children First" at the Fulginiti Pavilion for Bioethics and Humanities on the Anschutz Medical Campus. Her art bears testament to the spiritual reservoirs that fuel creativity and shows that patients can never be defined purely by the calculus of their clinical conditions.

I won't offer interpretations of the work, other than to say that Kutner transformed many objects of everyday domestic life into challenging pieces that stimulate curiosity and encourage reflection. The best introduction is to visit the gallery; if you can't make it, there are images in the [exhibit brochure](#) and on the [Center for Bioethics and Humanities](#) website. In the future, some of the pieces will become a permanent part of the Fulginiti's collection, says [Tess Jones](#), PhD, associate director of the Center for Bioethics and Humanities and director of the Arts and Humanities in Healthcare Program at the University of Colorado Anschutz Medical Campus.

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One way to sum up the work is in a comment daughter Jean Kutner says she heard from many people who viewed it. “They told me, ‘Wow, your mother was really complicated,’” Jean said. Her mother resisted explaining her work, and so does Jean, but she adds – and it’s impossible to disagree – that Natalie’s “technical range was impressive.” The work makes use of bronze, wood, fabric, embroidery, and synthetic hair – not to mention aluminum pans, cake molds, and many other items from around the house and the playground.



Jean Kutner, MD, MSPH (left), speaks to a visitor at the exhibition of her mother's work.

The name Kutner will be familiar to many at the hospital and university. Jean is chief medical officer for the hospital and a practicing internist and palliative care specialist. She also continues to live a role many of us are thrust into unwillingly: a person who has lost a parent. Natalie died last year at age 77 after battling Parkinson’s disease.

Winding roads. A brief look at the bare details of Natalie Kutner’s life reveals the layers that lie beneath the skin and bones of any patient. She was born in Brooklyn in 1937, developed early on a deep interest in fine art, but bowed to societal and parental pressure and graduated from college with a degree in sociology. She met Fred Kutner as a teenager, married him at 20, and was his partner as he finished his residency in vascular surgery. Together they had three children – Jean in the middle – and moved from Rochester, N.Y., ultimately to Southern California, where Fred had a successful career.

As did Natalie, who made her own mark as a medical social worker. She took time out to raise the three kids, but returned to social work full-time after they were grown, becoming a director at a local hospital, Jean said.

Natalie might have been “pushed into her career,” Jean added, but she never lost her passion for art. “She was always drawing, doing ceramics,” Jean remembers. “I grew up with a potter’s wheel and a gas-fired kiln.” Later in life, the proverbial empty-nester with Fred, Natalie returned to her art, tapping into the creativity that remained vital as she followed a long alternate path.

Deteriorating health proved to be the one barrier to her art that Natalie could not overcome, and her experience as a patient offers a glimpse into the complexity of health care. Her eyesight began to fail, and she eventually had cataract and corneal transplant surgery, performed by UCH ophthalmologist [Richard Davidson](#), MD. Even more devastatingly, she was diagnosed with Parkinson’s disease in 2008. She received care from UCH neurologist [Maureen Leehey](#), MD, and later, Leehey’s colleague [Benzi Kluger](#), MD, who saw Natalie in the [Supportive and Palliative Care Clinic](#) of the Neurology Department’s Center for Movement Disorders and Neurorestoration.



Tess Jones, PhD, of the Center for Bioethics and Humanities at CU, speaks to attendees on the opening night of the exhibit.

Disease journey. Davidson and Kluger, neither of whom was aware of Natalie’s artistic prowess at the time they treated her, had markedly different encounters with their patient. Davidson remembers Natalie as “incredibly kind, grateful, and appreciative” for the partial restoration of her sight. “The thing that struck me was that she was frustrated but that she never took it out on her physicians.”

Kluger, who treated Natalie in the last six months of her life and worked with Fred to set up home hospice for her, felt her frustration keenly. She was badly debilitated by the Parkinson’s and suffering from dementia that led to bouts of paranoia. “She was stubborn and opinionated,” Kluger remembers. “Clearly, she had a fire inside her.”

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Both physicians got a look at Natalie’s art at her service, and they say it changed their view of her.

“It showed the full extent of what an amazing person she was,” Kluger said. “I saw she was a person with a rich history and it made me appreciate at a deeper level her difficulties and the sources of strength that patients draw on to get through tough times.”

When Fred Kutner showed portfolios of Natalie’s work, Davidson said, “I was blown away by their quality and uniqueness and by the magnitude of the sculptures.” He also admitted to feeling some regret. “We see so many patients. We didn’t talk about what she did before in her life. I never got to see the full picture.”

Finding the stories. [Julia Kavanagh](#), MD, met Natalie in 2005 after she and Fred moved to Colorado – and before the serious health problems set in. Kavanagh, an internist with the WISH Clinic at UCH, continued to treat Natalie through the remainder of her life. During the first clinic visit, Kavanagh remembers a woman who was quiet, both verbally and physically. Kavanagh drew Natalie out with questions about her hobbies and interests, discovering that her patient was an artist and had been for most of her adult life.

That Kavanagh got those details was no accident. Aside from a natural curiosity about people, she said she learned the importance of getting patients’ social histories from her father, who was also a physician. She remembers him reading books about Judaism and other religions as a way to get to know his patients better. The late Ken Weiner, MD, with whom Kavanagh was a resident at CU, was also a powerful influence, she said.

“I’d read Ken’s notes and see that he really took the time to know the person who was his patient,” Kavanagh said. “That impressed me.”

Kavanagh, who has a strong interest in modern and contemporary art, first saw Natalie’s work during a home visit near the end of Natalie’s life. She was impressed by the strong emotion and thought behind it – and added that it provided another reminder that there is an art, as well as a science, to medicine.

“The lady I met in 2005 was outwardly conservative and quiet, but passionate about cutting-edge modern art,” Kavanagh said. “The passion came from inside of her.” Knowing those details helped Kavanagh care for Natalie and for her other patients, she noted.

“I use it a lot to know how patients are doing in their lives,” she said. The technique underscores for her the intrinsic value of every patient’s life, she said, and deepens her empathy for the suffering illness can cause.



Untitled (House) makes use of wood, fabric, and “Tinker Toys.”

Parkinson’s, which Kavanagh described as a “miserable disease,” robbed Natalie of the things she valued most – not only her art, but the ability to exercise and travel and to have the relationships with her husband and family that she wanted. “I saw the frustration,” said Kavanagh, who realized the best approach to caring for Natalie was simply to offer support and understanding for the difficulty of her situation.

For Jean Kutner, there is some solace in finding that her mother continues to teach. As a daughter, the artwork recalls for her Natalie’s powerful internal vision, drive, creativity, and sense of humor. As a physician, Jean has also gained insight from her mother’s example.

“Her work and her life are potent reminders that when we meet people as physicians for the first time, there are so many parts of their lives we know nothing about,” Jean said. “Engaging with them gives us a window into who they are.”

–Tyler Smith. Smith is editor of the UCH Insider.

To comment on this story, contact him at tyler.smith@uchealth.org or insider-feedback@uchealth.org.

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