

Dennis McCullough
Eulogy by Laurie Harding, MS, RN
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Norwich Congregational Church, Norwich, VT

Early Years

The fact that Dennis McCullough actually made it through medical school is a minor miracle. Not only was it the age of the Vietnam and we were all distracted but in addition, Pam tells me that she and Dennis fell in love in his second year and they spent hours just staring at each other when he should have been studying. But he managed to graduate from Harvard Medical School and went onto to do an internship in Seattle and the rest of his residency in Canada. He came to the UV in 1975 and joined a private family practice. One of his accomplishments of that time was the development of the birthing center at APD. One of the OB nurses made the following comment this week about Dennis during those early years:

“Dennis was a very humble and gentle person. He made those in his presence feel very comfortable. Most of all, I will always remember how well he listened. His quiet ways afforded him the opportunity to notice very small but often critical details that those of us moving full steam ahead could often miss. My image of Dennis will always be him sitting in the rocking chair in the birthing room of a patient at APD. I was rushing around checking fetal monitor, preparing for the delivery and Dennis was sitting there rocking in the chair. I will admit to being very nervous and wanting him to check the cervix and move this birth alone. Dennis just watched the patient, not the monitor and finally said, ‘I think she's ready to have this baby.’ Sure enough, the patient was now fully dilated and we had a healthy baby 10 minutes later. He had a sixth sense that he developed from listening to his patients.”

Later he became the Clinical Director of the Family Practice Program in Madison, Wisconsin, then it was off to Caribou with Project Hope and back to Dartmouth Medical School & APD.

Finally he became the Medical Director at Kendal at Hanover. Along the way, Dennis has touched hearts and minds because of his ability to listen and understand the magic of a patient-physician relationship. During each of these professional experiences, Dennis developed more passion for the concept of Slow Medicine. In 2008 he published his book, *My Mother, Your Mother*.

My sister read Dennis' book and said, “McCullough's book is one of the most important books I have read over the past 5 years. It significantly influenced my ideas about death and dying and continues to guide me as I navigate the health care system. In my mind, first there was Dennis McCullough and then there was Atul Gawande. They both bring to the forefront what traditional medicine has so long put on the back burner - the art of slowing things down, building relationships, speaking the truth, nurturing hope when there is hope to be found, minimizing the aggressive use of testing, procedures and medicines where

possible and, most importantly, staying in tune with what really matters to their sick or dying patients.”

ALH and Peter

Dennis was the first person my husband Peter Mason and I met in the Upper Valley (UV). In fact we wouldn't be here if it wasn't for Dennis. We met him at Landers restaurant back in the winter of 1981 when he was recruiting Peter to join him in developing a FP residency at Dartmouth. He arrived late and tearful because he had just been involved in still birth delivery . For Peter, that was the clincher. He would be pleased to work with someone who clearly cared so much about his patients.

So we came to the UV. Peter and Dennis and many of you in this room walked what was a very rocky road for family medicine back in the 80's. Dennis bore the scars of the battles he fought to train a new generation of family physicians at Dartmouth.

18 years passed and I started to work for VNH and then was elected to the NH House. All along the way, Dennis and I checked in with each other for a cup of coffee or lunch to compare notes about our recent experiences in addressing the concerns of frail elders who were trying to age in community from a practical as well as a policy perspective. We were constantly frustrated in caring for individuals who were struggling to stay at home because they did not qualify for services, services were not available or because they were having trouble communicating with the health care system.

At one point, Dennis told the Dartmouth Medical School Magazine: “American medicine is best at managing acute crises and supplying specialized elective procedures, such as joint replacements, organ transplants, eye surgeries, cosmetic changes—all of them modern technological wonders. As for the more ordinary and common management and support of elders and families dealing with the chronic problems of aging and slow-moving diseases, our medical-care system has not done so well.” We needed something else.

UVCNP

That something else for Dennis was the UVCNP, which we agreed to pursue together. Back in 2011 Dennis was invited by a former patient to apply for some funding for a “project of his choice” to address some of his most major concerns about the well being of frail elders in the community.

At that time we discovered three parish nurses in our region at the Lyme Congregational Church, the Church of Christ at Dartmouth College, and the New London Baptist Church who were providing care to their congregations. The care these nurses were providing was focused on care management, health education, advocacy, medication reconciliation, advanced care planning and problem solving. The nurses were isolated from each other and relished the opportunity to talk with colleagues and to start working on job, program descriptions and models for start up funding for communities and parishes who wanted their own nurse.

Dennis loved this model of care because it was a throwback to a better time when the community and town nurses knew not only the individual patients but their families, and care was driven by need and not by reimbursement. Nurses spent time listening carefully to their clients in order to identify the true source of their emotional, spiritual and physical pain. They were not driven by productivity expectations.

Dennis and I started to talk to communities who had a core group of volunteers committed to supporting their friends and neighbors in their desire to live out their days in their own homes. Those communities wanted a nurse in addition to their volunteer corps. We met with community leaders in town halls, libraries, recreation halls and church basements to discuss next steps in how to get a nurse.

Over the next four years, we supported communities as they developed community nurse programs which mirrored the parish nurses in the way they did their work. At the time of Dennis' death we had added five nurses and four communities (Hartland, Lebanon, Thetford, and Eastman in Grantham) with two more communities in the pipeline (Bradford, VT and Sharon, VT). Seven of eight nurses are all right here this evening to honor Dennis.

Dennis never tired of meeting with the nurses. They never tired of meeting with him because he always had a thoughtful comment, a sage bit of advice, an important clinical insight or a really good analogy. They say:

“He always encouraged us to go the extra distance for our clients. He loved to remind people that although ‘60 is the new 40, 89 is the new 88.’ Understanding relationships was a priority for him. Meeting him and listening to him made me proud of what we do. How his love and care for others was manifested made him a true humanist!”

He was constantly intrigued with the nurses' perceptions as they counseled people towards a higher level of care, discussed advanced directives, worked with interdisciplinary teams, and collaborated with other community services. He appreciated and encouraged their creativity with techniques to prevent falls and promote wellness and encouraged their efforts to reach out to selectmen and the clergy in their communities to engage others to assist them in caring for those who were isolated, infirmed or indigent.

Dennis loved Community and Parish nursing because it seemed to exemplify the finest characteristics of slow medicine.

Community and Parish nursing is shaped by common sense and kindness, grounded in traditional medicine yet receptive to alternative therapies. Slow Medicine was the foundation for Community and Parish Nursing in Dennis' mind where a "less is more" approach improves the quality of patients' extended late lives without bankrupting their families financially or emotionally. As he said, “Expensive state-of-the-art medical interventions do not necessarily deliver superior outcomes. Gentle, personal care often yields better results, not only for elders in late life, but for the families who love them.”

We were moving the program along. We had developed a website and a promotional slide deck, and were consulting experts about outcome measures and working with our colleagues in acute care, home care, Hospice and primary care to let them know that Community Nursing was here, growing and could help. And we were continuing to address

Dennis' long term concerns related to sustainable funding for the communities and establishing a system of community nursing care for our region that supported and complimented all that happens in more traditional health care facilities.

Bar Harbor

We had started to accept more and more invitations to speak at a variety of conferences including the 26th annual geriatrics conference in Bar Harbor, Maine last week. We had three nurses with us and were joined by Frank Macht from the Chaplaincy program at DH. We were scheduled to do a break out session on Spirituality: Implications for Nursing Practice on Friday, June 3. Our spouses and families joined us for a lovely dinner on the water on Thursday evening. There were 13 of us. Dennis died the next morning, suddenly, with Pam by his side.

Dennis had completed an audio version of his book earlier this spring. He had just spent three weeks in Seattle with Pam, his daughter Kate, her husband Scott, their 2-year-old Marcus and now 6-week-old Calvin Dennis. Pam had just had a manuscript accepted for publication and his garden was in. Dennis had always been clear about not wanting to be in a position where his intellect or functional health was going to be compromised. But he is gone way too soon, leaving the rest of us challenged with trying to carry on where he left off, applying his values and beliefs .

Dennis was the first person to whom we said "hello" and we were the last people to whom he said "good bye".

We spent the day with Pam last Friday as we drove back to the Upper Valley, she told us that it was a privilege to be married to Dennis McCullough.

Pam, Kate, Scott, Marcus and Calvin: thank you for sharing Dennis with all of us, especially me.

It was a privilege for all of us to know him as a friend and colleague.