

present to myself would be to visit her on my birthday in December. She insisted on giving me a glass of orange juice, apologizing profusely for not having a present for me. Her husband and daughter were there and I lingered for a while.

For 2 months, Mrs Masson had been complaining of an atypical, vague burning sensation when she urinated. All the test results and examination findings had been normal, and her symptoms appeared to be improving without treatment. The week before the fateful call, she was doing very well, with rock-solid vital signs—“better than my own,” I had told her—and the examination was most reassuring.

And now, before me, was a woman I hardly recognized. Not only did she have “double hemiparesis” but her facial features had completely changed. She now had the look that all patients, regardless of their pathologies, have when they are hours away from death. I asked her if she recognized me. Although her voice was unrecognizable, she said yes. When I asked her if she was comfortable, she said that she was. As I left the room, the nurse turned to me and said, “She answers yes to all of our questions.”

One of the notes in the file left me stunned: “Talked with family. Patient has had urinary symptoms for 2 months that have not been treated by the family physician. Urosepsis, secondary AF, and embolic stroke.”

Still in shock, it was not until the next day that I questioned my judgment. Was I a bad resident? Had I done a poor job of assessing her condition? I pictured a heated discussion with the family—even a lawsuit. I pictured my supervisor criticizing my lack of attention. Without being able to say exactly why, I felt helpless in the face of her rapidly deteriorating condition.

When I returned to the office on the Friday after my on call, there was a note saying that Mrs Masson

was in palliative care. With a knot in my stomach, I picked up the phone to call her daughter. I was not sure whether I was afraid of reprisals or whether I felt inappropriate sympathy for this gentle old lady with whom I had shared a glass of juice. As it turned out, her daughter’s voice was warm, almost overly so. She was very happy with her mother’s care and relieved that her mother was no longer suffering. I was puzzled, yet I was beginning to understand the value of the relationship of care that I had created with the patient and her family over the months. They trusted me. There was nothing I needed to criticize myself for. I had not overlooked anything.

The following Monday, there was a note saying that Mrs Masson had died. Without quite knowing why, I thought of the resident who would have been called to certify her death. Had she been disappointed to see the family around the deathbed, as I would have been? Was she disappointed that she would have to sympathize with them? Would she have preferred to hurry back to her warm bed? And here was another lesson for me: it is easier to keep a distance. It takes time to transform one’s sensitivity into professional empathy.

Just before I wrote this, I called Mrs Masson’s husband. He was calm and glad to hear from me. He asked me to be his home physician and to fill the void left by his spouse. And then he started to talk about the weather. I now understood that Mrs Masson and her family had already grieved, after her first stroke. I understood something that my medical training had not enabled me to grasp: people can become serene when faced with death. How lucky I was to have treated this woman. Thank you for these lessons, Mrs Masson. And thanks for the orange juice! 🍂

Dr L’Écuyer is a resident in Saint-Jérôme, Que.



Best French story
by a family physician

The connection

Stéphanie Perron MD CCFP

February 1, 2011

Dear Matthieu,
I am writing this letter to you because I am very touched by your situation. Even physicians who have practised palliative care for 10 years feel sadness when one of their patients begins to deteriorate. This is especially

Cet article se trouve aussi en français à la page 70.

true when the patient has amyotrophic lateral sclerosis and is only 34 years of age. We are taught that we should feel empathy, not sympathy, and yet we are only human and sometimes feel a deeper connection with our patients.

I met you 7 months ago at your home. You asked me if we could call each other *tu*, because you found the more formal *vous* awkward. In your wheelchair, your legs were not working the way you needed them to and your left hand was very weak. Your 2 big dogs wanted to welcome me but because I thought they might be heavier than me, I asked your friend Jessica to let them out the back door while I came in the front door. I found myself standing in front of a charming young man, with bright green eyes and a friendly smile. You are only a few years younger than me. You have a tattoo on your right arm. You have the body of an athlete.

When you were diagnosed with amyotrophic lateral sclerosis in October 2009, you had never heard of it. You expressed little—in fact no—interest in reading about all of the possible complications of ALS. But your friend Jessica did read all about them. I learned that Jessica is your former partner and that you live with her. She has a new partner—one of your friends—who also lives with you. She is now your roommate and caregiver. I was intrigued by the fact that you all lived under the same roof. Each of us has secrets.

We talked about your symptoms. I examined you. We talked about how you were feeling and, right from that first meeting, I was moved by your tears and the many things that you have had to grieve: your job, your independence, your dream of having children. After visiting with you that day, I went back to the medical centre with tears in my eyes. Is there injustice in the world? Yes, of course, there is injustice in the world, but why? No one has the answer to this question. Why are innocent people killed by reckless drivers? Why do tsunamis exist? There are simply no logical answers to these existential questions.

We will need an entire home care team to care for you and to care for us. Everyone is fully aware of your situation: the nurse, the social worker, the nutritionist, the occupational therapist, and the family support worker.

I visit you once a month. Every time I visit, there is a feeling of nonchalant youth in the air. Perhaps it's the smell of tobacco and marijuana or maybe it's the music. At any rate, your home feels different from any other home I visit. Jessica has a remarkable ability to speak plainly—to tell me things that you might not dare to tell me. She has a great sense of humour. She has stopped working so that she can look after you, 24 hours a day. She takes you to your neurology appointments. She cooks for you. She is by your side. In spite of being only 30 years of age, she never complains that it's too much. I would like to give her a medal for courage and dedication. She is like so many other caregivers who accomplish great things, yet, all too often, go unnoticed.

After a few weeks, you start to choke on liquids. We talk about the risk of aspiration pneumonia, about how you feel about intubation, about cardiopulmonary resuscitation, and gastrostomy. The neurologist also talks about these things with you. And you always say: I will deal with that when the time comes.

Two months ago, you stopped being able to write. You want me to fill out your disability tax credit forms. You cannot fill out the applicant's section. It says: "to be completed by the applicant or his or her legal representative." I come into your room and we look at the form together. You can't write anymore; you need to appoint a legal representative who can write for you. Suddenly you tell me that you want your brother, Hugo, to be your legal representative. And I respond that it would be a

good idea to do this soon—within the next few weeks—that it would be a good idea to see a notary so that you can appoint a legal representative. And maybe to talk about a will and other legal issues at the same time.

That evening, when I am back at the medical centre, I think about how the role of the family physician is changing. Here I am, counseling a 34-year-old man to write his will within the next few weeks. One of the great things about a family physician is the connection that he or she creates with the patient in the process of delivering care. Without this connection, I would not have access to the information with which I am being entrusted. Without this connection, I would not know the person in front of me in all of his uniqueness. Without this connection, I would not be able to care for you with this level of respect. Without this connection, I would not know how to talk to you about a will.

Two weeks later, you see a notary. The next week, you are hospitalized for aspiration pneumonia. Your decision is clear: you don't want to be resuscitated or intubated. And you don't want gastrostomy. Three weeks pass.

Yesterday, you were admitted to the palliative care unit. The hospital staff—physicians, nurses, orderlies—have gone into action. I see them experiencing what I experienced 7 months ago. Like me, they are deeply sad. There is a connection that unites us in all of our humanity. They feel a deep sense of injustice. There is a connection that unites us in all of our humanity. Like me, they need to make sense of life. There is a connection that unites us in all of our humanity. And we share an admiration for Jessica and your family and friends for their unconditional love for you. We, your care staff, love you. This is a connection that unites us in all of our humanity.

Family medicine is the medicine of connections. Connections over treatment, over science, over the huge questions of life. This connection is what has enabled me to live with you, to learn with you, and to love life with you.

The word that the Incas used to describe the greatest force in the universe is *Namasté*:

In my heart, there is a place where you dwell;
In your heart, there is a place where I dwell;
These two places occupy one and the same space,
In this space, time does not exist.

Thank you for allowing me to make this connection.

Dr S. Perron

Dr Perron has been a family physician and a palliative care physician at CSSS de l'Énergie in Shawinigan, Que, since 2009, delivering care to patients at home and in the Palliative Care Unit. She is also a consultant in palliative care at Centre hospitalier régional de Trois-Rivières.