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Stories in Family Medicine Récits en médecine familiale

Stories in Family Medicine

These stories were collected as part of the Family Medicine in Canada: History and Narrative in Medicine Program, a project of the College of Family Physicians of Canada (CFPC), supported by donations to the Research and Education Foundation by Associated Medical Services (AMS). The program collects stories and historical narrative about family medicine in Canada for a publicly available online database. The AMS—Mimi Divinsky Awards honour the 3 best stories submitted to the database each year. Information about the AMS—Mimi Divinsky Awards is available under "Honours and Awards" on the CFPC website, www.cfpc.ca. The Stories in Family Medicine database is available at www.cfpc.ca/Stories.

Récits en médecine familiale

Ces récits ont été présentés dans le contexte du programme Histoire et narration en médecine familiale, un projet que poursuit le Collège des médecins de famille du Canada (CMFC), grâce à un don versé à la Fondation pour la recherche et l'éducation par Associated Medical Services Inc. (AMS). Le programme recueille des récits et des narrations historiques au sujet de la médecine familiale au Canada qui sont inclus dans une base de données en ligne accessible au public. Les Prix AMS—Mimi Divinsky sont décernés aux rédacteurs des trois meilleurs récits présentés chaque année. Pour en savoir plus sur les Prix AMS—Mimi Divinsky, rendez-vous à la section du Prix et bourses dans le site Web du CMFC à l'adresse www.cfpc.ca. La base de données sur les récits en médecine familiale se trouve à www.cfpc.ca/Recits.



*Best English story
by a family physician*

Only life

Ruoh-Yeng Chang MD CCFP

She was 20 years old with a new palliative diagnosis of cancer. The wedding was called off because she didn't want him to be a widower. Classes were dropped. Trips were cancelled. Life moved from the movie theatre and her apartment to the 10-room acute palliative care ward. The word *unfair* seemed completely inadequate to describe the situation but there it was.

In palliative care we often become intimately involved with the patients and their family. We hold hands, pass tissues, field the big questions, and answer the small. We spend hours talking about pain control options and symptom management. We strive for every patient to have a "good death"; painless, comfortable, cared for.

My first encounter with her was bewildering. I was a medical student, bright eyed and full of beneficence. Prepared to answer all manner of concerns after reading her chart, I politely interrupted a conversation to see how she was doing.

"Fine," was all she said.

"Pain?"

"I don't need anything today."

I didn't believe her, but the words were final and dismissive. Miffed, I withdrew.

Days went by. Other patients grew dear to me. With them, I would talk, sometimes for hours. But her? She gave me 1, 2 minutes a day. Wan, clearly weakening, she was nevertheless "fine."

I felt like I was doing something wrong. Maybe she didn't like me? I tried being more cheerful. No change. I tried more solemn, caring, brusque ... No change. I was baffled.

Then the pain got worse. She wasn't fine. One wince and I pounced, ready to finally help.

Where did it hurt? How bad? How long? Getting better? Worse? More morphine? Intramuscular? Did she need a port? How about a Tylenol?

She didn't answer my questions at all, just stood there. At first confusion reigned. Then something in me caught on. "I'll get you a morphine pill." The words came out gently, gentler than I had ever spoken to her. No more questions. No more worries.

Just dealing with that wince. I knew that she hated shots. She hated anything to do with being sick. I knew that she had refused intravenous lines and wouldn't want a port. I knew she wanted me to fix it and go.

Stiff nod.

She stood perfectly still in her jeans and sweater. Her family continued to talk. Although they were worried, they didn't approach us.

She didn't look at me. Just waited patiently for the medication. Once the morphine kicked in she relaxed

La version en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de janvier 2015 à la page e60.

and rejoined her family as if nothing had happened. Not a word to me.

I learned to circle surreptitiously. I learned that morphine questions were for when other people weren't paying attention. I learned to quietly pick up bags of vomit without a word. Most important—I learned that Life was the only thing allowed in that room.

Street clothes instead of gowns. Movies and music instead of tears. People streamed in and out. Normal chairs around the bed, not hospital issue. Piles of cushions and blankets in front of the TV we had to put on the ground because there was no shelf strong enough.

Doctors and nurses didn't belong. We were reminders of death and illness.

We expect patients to answer questions, to ask them and interact with us on a daily basis. From her I learned to watch and listen to the quiet cues. To use all my education and intelligence but keep the process to myself. We were satellites. Available at the push of a button but otherwise invisible.

Only life in that room. Only love and laughter. Only videos and photos. Only living. Even when all she could do was lie in bed they surrounded her with chatter. She would sleep while her friends rocked out and wake to the same. Every waking moment of her life was on her own terms.

One day I stopped at the door for an end of the day check. The gang was curled up in front of the TV.

"Good movie." She was laughing and gestured for me to sit by her sister. I took off my white coat and slumped into the pillows.

Honestly I remember nothing of the show. I was so worried about her. I watched her like a hawk, in awe of her brave face and terrified of what she kept inside.

Now I only remember the green grapes. We ate them steadily. Every once in a while she would lean to the right and vomit into a lined McDonald's bag. She did this without blinking. Without blinking, we pretended not to see.

Death came peacefully. The only contents of that room were her loved ones and a sunbeam. She went to sleep and never woke up.

She inspired me. She didn't live like she was dying. She died as if she were living.

More than that, she taught me so much. She made me realize that sometimes I am more effective to my patients in the background. That the life I work so hard to make better can involve me the least. She taught me to be silent and stealthy. She taught me to let people, even dying people, just live.

Living is what happens when medicine works. Our work can be like the air, vital but invisible. Missed if not present, but hardly ever thought about. She taught me never to forget how crucial the movies, the grapes, and the laughter are to our patients.

She taught me to bring only life into our rooms. 🌿

Dr Chang is a family physician in Chilliwack, BC.

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Best story by a resident

Lessons in teaching

Amandev Aulakh MSc MD CCFP

The Contact Precautions sign halted us with bold lettering as we approached the patient's room. Almost automatically, our hands reached for the hand sanitizer as they had done so many times. I dutifully laced up the thin translucent yellow gown behind my neck and, as I pulled on the rubber gloves, I looked over to the medical student.

"Do you have any questions?"

She shook her head and as she adjusted her gloves, I was aware of the creeping sensation of apprehension in the pit of my stomach. It was not the first time that I had led an end-of-life discussion. It was not even the first time that the medical student had been part of

such a discussion. However, it was the first time that she was going to lead this conversation.

I could still vividly remember my first experience speaking with a patient's family on my own as a medical student. We were in a small windowless room in the intensive care unit that resembled a closet. I sat on one side with family members lining the opposite wall. Their somber faces looked at me, their tired eyes seeking answers to questions, and I felt like they could sense my inexperience despite my white coat and stethoscope. Beads of sweat trickled slowly down my back as I started to speak, my voice shaky and uncertain. I remember longing to have someone there with me, to fill in the spaces when it became harder to articulate that there was no way to reverse their loved one's condition.

This experience stayed at the back of my mind as we entered the cool, dark room. My eyes took a moment to

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