

## When the rooster crows

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### Close to home

While working as a small-town general practitioner in northern Ontario, I was asked to call on an 80-year-old man, living—and dying—at home. The doctor I was replacing thought the man had, perhaps, 2 weeks to live at the most. Trying to get directions to his semirural home, I was told it was the first house past the cemetery; the house with the decorative ceramics in the yard—two deer, a donkey, a black jockey, flocks of ducks and geese. I missed it on my first pass and had to ask at the local café (cappuccino bar, non-smoking, vegetarian restaurant—an unlikely hit in this former mining town now almost depopulated). This time I found the house.

Coming inside I was greeted by a large dog and three cats. One of the cats, Rocko, was devoted to the patient, a lovely man named Luc. Rocko lay purring beside Luc in his hospital bed, which was set up downstairs; Luc's gnarled hands stroked the cat's head. I had a nice visit with the family as I assessed Luc's pain and called in his prescription. The next day he had a little more pain. It was the weekend, and in the evening I was asked to make another housecall; I bumped him up to morphine. His favourite loyal cat, Rocko, was still there as I chatted with the man and his wife about their children and their travels.

Later that night, the home-care nurse called me when I was out for dinner, saying that Luc needed more medication. I gave a phone order. The family had my home number. At 3:20 AM they called me. "Dr Roedde, Luc—he has passed, about a half hour ago." I called the funeral home, arranged for the death certificate and removal of the body,

and drove back to the house on the empty roads as rosy fingers of cloud-swirled dawn lit up the surface of the lake and reflected back to the sky. When I arrived, the family was gathered, mourning quietly, around the body. Rocko the cat still lay there, nestled into Luc's arm, looking worried. The dog had been depressed all day and would not eat; the family had fed slivers of meat directly into his mouth. The rooster had crowed at 2:50 AM, just as the patient had died. The family said that every day Luc would ask, "Has the rooster crowed yet?" Yes Luc, it has.

### A world away

I was part of a team evaluating a national health program in Bangladesh, which involved visits to the field to see health facilities providing all levels of care: referral hospitals, cottage hospitals, health centres, village clinics, and home-based care. The day before, we had discovered good emergency obstetric care at one referral hospital. They had an obstetrician-gynecologist, a pediatrician, anesthesia, and cesarean section capability.

Now we were visiting small clinics; we had been driving by Jeep since very early in the morning. We had just arrived at one little clinic when a rural Bangladeshi woman came in asking if the female paramedic could come to help the traditional birth attendant with a difficult delivery at her neighbour's home. We sent one part of the team on to the next clinic, and we were dropped off to walk through the rice paddies along a footpath to a small hut. Inside this home—essentially

one room—on a wooden bed, with a rooster perched on a shelf above it, was an 18-year-old girl in her first pregnancy. She had been in labour for 18 hours with no progress; she was still just fingertip dilated, and now had a headache, swollen ankles, and blurred vision. Her blood pressure was high. At village level, no analgesia was available; there was nothing for her elevated blood pressure or to stop convulsions. We could not hear a fetal heartbeat, the paramedic or myself, straining to listen through the cries of the young woman, the worried murmurs of the other women in the room, and the rooster.

We all had our role: the young woman writhing in pain; the rooster crowing; the traditional birth attendant who had recognized the need for backup and had sent the neighbour for help; the female paramedic who decided to transfer the young woman; the worried women in the family. Two referral hospitals were available, each 4 hours away by road and ferry if we provided a vehicle. We sent a message by runner to the next health centre for our Jeep to return, and prepared the patient for a rickshaw wagon ride along the rice paddy path to meet the Jeep on the main road. We crowded in, making room for the patient, the paramedic, the patient's mother, the traditional birth attendant, and baskets of food and clothing. We opted for the hospital we had seen the day before, as we knew it had good resources.

We arrived 4 hours later and sent a message to the obstetrics team who came to help us out of the Jeep. The female obstetrician-gynecologist could hear a fetal heartbeat. She sedated the woman and gave her oxygen, analgesics, and antihypertensives.

We went back to finish our visits to the other clinics, 8 hours delayed. The visits were shortened but the villagers had been waiting so long for us that we could not disappoint them. At each stop we explained why we had been delayed. Finally, very late in the day, as a purple dusk was setting, we returned to the city centre. We met the rest of

the team on the shore of a holy lake by a temple with wide pavilions. Bangladeshi families strolled peacefully along the shoreline. The mayor and chief medical officer came to meet us, telling us that the patient we had brought in had delivered a healthy baby boy. The family was giving out sweets, celebrating. Later we heard the story in the capital. Saving these two lives had inspired the community and had shown them another way to view doctors in a country where only one third of women have even one prenatal visit, 90% deliver at home, and doctors and hospitals are not seen as places that would care for women in labour. ❁

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