



# Reflections

## Gratitude

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As we often see with patients, disclosing a fear can be as daunting as bearing the burden of the fear itself. So it was that one memorable Saturday evening some years ago, having returned home from a birthday dinner for my now late mother-in-law, I abruptly switched off the television mid program and paused at length, struggling for words to express my fear to a quizzical spouse and stepson ensconced with me in our comfortable den.

Announcing, voice aquiver, that (despite appearing to be in good health) I feared I might be seriously ill—with amyotrophic lateral sclerosis, no less—I described the recent creeping subtle stiffness in my left hand, knowing a patient my age had presented with similar symptoms and was suspected of having that disease. (She did indeed, and died within an all-too-common 3 years of diagnosis.)

My family immediately offered reassurance and support. I monitored the progression of symptoms and, shortly after my confession, proceeded to do exactly what we discourage patients from doing. I took a time-saving and distance-expedient bypass of my family physician and I referred myself to a friendly general neurologist, Dr Vern MacMillan, at nearby Toronto General Hospital. I chatted awkwardly with him, seated on a shuttle bus from the Toronto Western Hospital to his office for the consultation. This was followed by history-taking and detailed neurologic examination (remembered to this day—finger-tapping was indeed slow and quickly fatiguing) and by his speculation about Parkinson disease (PD). For confirmation, he referred me to his esteemed colleague, Dr Anthony Lang.

Immediately after hearing Dr MacMillan's opinion, I hurried from his office to my car. Homeward bound, I excitedly telephoned my wife from a pay phone (no cell phone yet) and, in the same adrenalized moment, locked myself out of the idling vehicle. Her instinctive response was, "Parkinson's? We'll take it!" which, of course, echoed my own relief.


Well, "taking it" has been quite the voyage, at times frustrating, invigorating, tiring, humanizing, depressing, discouraging, and rewarding. It has led to self-knowledge and has certainly demanded re-examination of life's priorities. A 2-year period of monitoring symptoms, accompanied by lifestyle changes, was followed by the introduction of amantadine. One year later ropinirole and domperidone were added to the regimen and another 2 years later, carefully titrated levodopa was added. This is a common pyramid regimen for patients in their 50s with idiopathic PD, notwithstanding its attendant side effects (mainly leg edema and my nightly technicolour adventure movie). Dr Lang has given me as much leeway in drug and dose selection as I can prudently handle. How is that for patient-centred care?

But what of this frustration, invigoration, fatigue, humanization, anxiety, discouragement, reward, and

self-knowledge? Over the same period, my life has become otherwise computerized, rehospitalized, and probably more other-ized than I realize. It has been my great fortune to continue to teach, treat patients, and play sports, despite irksome bradykinesia, occasional tremors or dyskinesias, and infrequent eventful disclosures as I gradually "come out of my closet."

A veteran colleague, while graciously congratulating me on a family physician of the year award (from the University of Toronto and deeply treasured), wisely commented that middle-aged male physicians like me should not be so taken aback by such a turn in their lives, given that many in the world (women in particular) have long been frequent and expected bearers of great suffering. She's right—who, after all, is guaranteed 3-score-and-10 or a clean bill of health into one's sixth decade? Life is messy but you slog on. Life really must be taken one unpredictable day at a time, viscerally and spiritually, and you make many small adjustments, if only to survive. The passions of this retired ballplayer (for whom singing now presents the challenge of tonality and skiing the ultimate challenge of balance) for top-level spectator sports, classical and choral music, and a good golf game, thrive as ever.

I now am emotionally closer to a long-deceased grandfather who had late-onset PD, and also to his niece, still alive today. A misplaced concern that led to delaying disclosure to my fretting mother was met with immeasurable support from both parents, family, and friends. And to be honest, other family lows and highs, from the grief of a baby lost at term to the excitement of a wedding and the expectations of a budding journalism career, occupy much of my headspace. Dr Lang and his team motivate me to lecture, to speak to small groups, and to keep abreast of the latest research. The resource-rich Parkinson Society Canada is nothing short of a polished gem. You and your patients might want to memorize the website ([www.parkinson.ca](http://www.parkinson.ca)) and phone number (800 565-3000). The generous and unqualified encouragement and accommodation from my patients and from my colleagues have been sustaining. Parkinson disease is the second most common, and most treatable, neurodegenerative condition, and, so far for me, it is only modestly disabling.

Somewhere I hear a reassuring spouse blurt, "We'll take it!" and a golfing buddy advise, as he tees up his ball and points his driver earthward, "Sniff the fresh outdoor air. It's better than being on the other side of the grass!" Just being here and alive is surely that. 

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