



## It's just me

### *Patients, patience, and parents*

Ann Loewen MD

*The joys of parents are secret, and so are their griefs and fears.*

Francis Bacon, *Essays*

Some years ago, my younger daughter dialed 911, just to see what would happen. When the 911 operator called back, I was so flabbergasted I could barely stammer out an explanation. I was ashamed that my child could do such a thing. When I hung up, I realized I was shaking. I felt utterly alone and unsupported. I wondered how I could think of myself as an adequate parent. Was I actually competent to be a parent at all?

A few months later, a young man was brought in code red to our emergency room with severe injuries. As his condition deteriorated I felt increasingly overwhelmed and unequal to the task. It was a beautiful Friday afternoon, and there were absolutely no other physicians around to enlist for help. When the whole stabilization-and-transfer process was finished, I realized I was shaking. I wondered how I could think of myself as an adequate doctor and reflected on whether or not I was actually competent to be a physician at all.

### Dueling capacities

Over the time that I have spent in these dual capacities, I have been struck by the similarities between the demands of parenting and those of general practice. I would be hard pressed to say which job is more difficult. Fortunately, what I learn from one pursuit often seems to serve me well in the other. In fact, the combined careers might be more than the sum of the parts, which, of course, does not immediately lessen the stress of those jaw-clenching occasions when I agonize about which role has the higher priority or how to navigate the often uncharted territories in both pursuits.

### Charting the waters

I offer these observations and experiences in the same spirit of humility that has so often visited me during my years as a parent-physician.

**1. If you don't love what you are doing, the external rewards are never going to be enough.** From my

observations, it seems that those who appear the most conflicted as parents and as physicians are the ones who believe that everything they do can—must—be compensated. But so many tasks—nights spent sleepless with sick children, the extra mile getting a patient's referral expedited, the demands of redirecting an adolescent's scrambled emotions, the time spent explaining (again) the correct use of a metered dose inhaler—defy direct recompense. Whether remuneration is anticipated in the form of school marks in the 95th percentile or an improved financial bottom line, one is very likely to be disappointed in the outcome if the reward isn't substantially linked to the fulfilment felt for a job well done.

**2. You can't go it alone.** Like the village that needs to have a hand in raising a child, so the whole healing community participates in mending the sick and injured. I later learned that my caregiver Leslie's daughter was, in fact, the first in our midst to make the impulsive and unnecessary emergency phone call. After our analysis, debriefing, and commiseration, Leslie and I were eventually able to have a good laugh about it all. And although I longed to have another physician at my side with my car accident patient, the nurses, paramedics, and receiving emergency medical officer at the

other end of the long-distance line all did their best to help and guide me. Assistance and support are almost always there, if you ask for them.

**3. Every day, I gain at least as much knowledge as I am able to share.** I completed medical school and residency before having children, but what did I know about breastfeeding, infants with colic, recurrent otitis media, separation anxiety, injury prevention, developmental stages—for that matter, diaper rashes—before being a parent? Nothing, really. Sometimes I think there should be annual continuing medical education credits just for being a parent. Because having been through my own adolescent's frontal lobe growth spurt, I am better able to help the next parents in line at the evening urgent care clinic who are concerned about their depressed teenage son having the car and want me to take away his car keys.

The combined  
careers might be  
more than the sum  
of the parts

By the same token, patients have taught me exactly how atypical chest pain can be and which of the 101 side effects listed are really hard to live with. All I have to do is listen to the conversations around the dinner table and in the family van, in the clinic and the emergency room, and I am enlightened and offered answers to questions that never came up during training or in parenting books.



**4. Nobody told me it was going to be like this ...** Not my own parents (or I wasn't listening). Not my medical school professors (maybe during residency some of the practising family physicians dropped a few hints, but those, too, fell on deaf ears) ... **and if they had ...** I wonder if I might have at least considered another path. I have observed the lives of those who are doctors but not parents and the lives of parents who are not doctors. Then there are all those people who are neither parents nor doctors. I find it staggering how different a life's tangent can be based on just those parameters, even given similar starting points. In the end, though, having heaved a sigh as my child finally ceases her inquiries about the existence of the tooth fairy and moves into sleep, and having heaved a sigh (along with everyone else in the room) as a patient's arrhythmia finally

converts, I cannot actually fathom what else would, in fact, be so worth doing with my life.

**5. Guidance sometimes comes from unexpected sources.** There are 2 affirmations, of sorts, I recite when I feel the tidal forces of chaos and irritability threatening to overtake the person I am trying to be. One happens to be the second law of thermodynamics: All systems tend toward entropy. Or in another, telling, version: The entropy of the universe tends to a maximum. The other is the part of I Corinthians commonly associated with wedding services: Love is patient and kind.

I try to remind myself that the energy I expend contending with disorder—whether associated with injury and disease, creative play, emotional meltdowns, or any disorganizing process over which I have only partial control—needs to be replenished after a long day of doctoring or parenting or, often, both. And if the ultimate generator of that energy is not love, or if the manifestations of my efforts cannot be perceived as expressions of kindness and patience, then why bother? I walk the daily tightrope above that charging stream of frustration, fear of failure, and selfishness; sometimes free-falling into the current, dragging myself out again, apologies extended. It's a tricky balance. Without a clear and worthy target on which to fix the gaze, it would be an impossible one.

**6. Learn to hear between the lines.** Parents and family physicians must be communicators; there is no choice in the matter. What we hear isn't the same as what's being said, of course. We prick our ears in the direction of the sound and also toward the meaning behind it.

Patients ask: "Is everything okay, Doctor?" By which they actually want to know "What do you mean?" or "Are you sure?" or "Am I going to die?"

When I am on call, my children ask their grandmother: "When is Mommy going to be back?" Which can mean "Is Mommy okay?" or "Why does she have to go away?" or "Will she ever be back?" or "Does she still love us?"

I listen. I interpret. I hope for understanding. "I'm only one person," I tell my children—and myself. Still, I'll keep trying to do my best. 🌿

*Dr Loewen is the mother of 2 teenagers and practises rural medicine in southern Manitoba.*

#### Competing interests

*None declared*

This story was collected as part of the History and Narrative: Stories in Family Medicine project, an ongoing project of the College of Family Physicians of Canada. Please send your stories by e-mail to Stephanie Fredo at [sf@cfpc.ca](mailto:sf@cfpc.ca) or by mail to History and Narrative: Stories in Family Medicine, College of Family Physicians of Canada, c/o Research Department, 2630 Skymark Ave, Mississauga, ON L4W 5A4.