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Best English story by a family physician

Throw me a line

Pauline Pariser MD CCFP FCFP

His hands were huge: calloused and creased, stained a permanent gray. The way he was gripping the sides of the hospital bed, you’d think he was sliding down an icy mountain pass.

I barely knew him. His wife was more familiar, booking regular appointments for herself and her children. She looked to me as if I were a genie that could grant her 3 wishes: that her husband, Pat, would stop smoking, that he wouldn’t work so hard, that he’d take more holidays. I saw Pat the odd time when his smoking turned an ordinary cold into a high-pitched wheeze. I’d grab the chance to encourage him to consider quitting his 30-year habit or at least to return for a physical. At 55, he was overweight, his blood pressure was mildly elevated, and he had a family history of heart disease.

I remember telling him, “You’re at risk for a heart attack or stroke. Some things like your family history we can’t fix. But we can tackle the other risk factors bit by bit.”

“Doctor, I appreciate what you’re trying to do for me. But see here, I’m set in my ways. Even if I dragged myself from clear across town, the kids need tuition paid and the wife’s fussy about the mortgage. I’m sorry. Best you spend your time with those more deserving,” he answered.

My heart sank when he spoke that way. I felt compelled to meet with him before or after work, to enlist our dietitian, our smoking cessation counselor, whatever it took. But I’d learned waving my good intentions in his face was not enough. At this point I could not motivate him to change.

“If you reconsider, you know where I am,” I had said to him at that last office visit.

Then late Friday afternoon the call came. He’d collapsed at work. Now, here we were in the CCU.

“Twenty-five years as a machinist—same company,” he told me between gasps. “Never missed a day. Sometimes even worked the weekends.”

The monitor continued in the background. Heart rate 120. Blood pressure 150/105.

Q waves evident on the tracing.

“Is the pain letting up at all?” I asked, watching him grimace. He shook his head from side to side. The morphine drip had been increased for the third time in the past half-hour.

“Get this cement truck off my chest,” he told me.

His eyes kept darting around the room, not finding a place to settle. I had the feeling that whatever he was thinking was contributing to his pain.

“Can you tell me what you’re thinking about?” I asked.

“My work. I’m thinking about my work. What if I can’t go back? Who’s going to look after my family? How the heck are they going to manage?”

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"Try not to think about that now," I said without conviction. Pathetic. As if telling a person how to think ever made much difference.

I stood there helpless—concerned that without pain control he would extend his infarct. If only he could transform his internal monologue. Or at the very least distract himself. I wracked my brain for some ideas when suddenly I was inspired to try something with him that I had never done before with anyone.

"Pat, I believe you can lessen your pain. Finding a way to relax can reduce muscle tension and allow your heart to rest and recover. Can you think of something that relaxes you?"

"My work. My work relaxes me."

Disappointed, I tried again. "OK, but try and find something that puts you into a state of deep relaxation, where your body feels light and you have not a care in the world. Is there anything, anything at all, that makes you feel that way? Maybe a hobby?"

"Ice fishing. I really like to go ice fishing."

"Then let's do it. Take me ice fishing with you."

"Right now?"

"Yes. Close your eyes," I said, taking his hand. "First, describe the day," I guided him. "Look up. What do you see? Is the sky a piercing blue?"

He still looked pained.

"Are there billowing clouds up there?" I prodded. "Is a light snow falling and sticking to your eyeglasses? Maybe the frozen lake is shimmering in the sunshine. How about the temperature? Is the air that dry, crispy cold that makes your nose tingle or so frigid you are wearing 2 layers of clothes?"

He described his surroundings and told me what he was wearing—his favourite red toque, his parka with the fur-lined hood, his buckskin mitts.

I asked him to smell the fire from the camp stove and feel the hot coffee warming his insides. He described the banter between him and his buddies. He heard the

whooping from neighbouring huts when a fish was caught, and the sounds of the snowmobiles coming and going throughout the afternoon. He cut the hole in the ice, placed his line in the water, felt the wriggling of the fish and the triumphant slap against the icy ground.

Around me the CCU staff were adjusting IV meds and checking monitors. I thought I heard someone snicker. I carried on.

As he spoke I could hear his voice slow down. I felt his hand loosen its grip on mine. I watched him sink into the bedding.

I turned to glance at his cardiac monitor. His heart rate had come down to 80 beats per minute and his blood pressure had fallen to 130/90.

He opened his eyes. I told him I was going and would not be back until Monday morning. I left him with instructions.

"Whenever you start to worry—about your work, your family, or your future—or start feeling pain, I want you to take yourself ice fishing."


He reassured me. "The way I'm feeling, no problem—you bet I will."

When I returned Monday morning, I checked with his nurse who told me he had been very stable all weekend. I approached his bed. He was sitting up, beaming.

"How are you?" I asked him.

"Doc, I've been ice fishing all weekend. I've been to some of the best fishing holes. Thank you."

"Don't thank me. You were able to do this for yourself."

From that day I have never underestimated the power of the mind—how an ordinary guy was able to have an extraordinary effect on his recovery. Sometimes when I am frustrated by my own limitations or there are just too many tasks to master, I have closed my eyes and taken myself back to the corner of a bustling CCU to hold Pat's hand and go off ice fishing. 

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