



Best story by a resident

## 43 minutes

Jody Ching MD

While on general hospital call one evening, I was asked to lay eyes on an elderly lady who was in particularly bad shape. She had just been transferred to the palliative ward, and the nurses felt that she was nearing her final hours.

The door was open and, being curious, I peeped into the room before actually knocking. Although I only took a momentary glance, I can remember almost every detail of the scene as though it happened moments ago. The sun had set and a single lamp in the corner next to the window was casting a soft, deceptively comforting glow over the small room. The frail body of an elderly woman was draped diagonally across a home-style single bed, barely heavy enough to make an indent in the hard mattress below.

I knocked gently on the door and entered, introducing myself as the resident who had come to check in on her. She did not acknowledge me, and had I not walked directly through her line of vision, I doubt that she would have been aware of my presence at all. I approached her bed and pursed my lips in pity—never before had I seen someone so thin and lightweight *look so heavy*. It seemed as though an invisible weight was holding her down, making it impossible for her to even consider the immense effort necessary to lift a single finger. It was quite eerie to see someone lying there, too weak to move, yet wide-eyed and strangely alert.

I put my stethoscope down on the bedside table. This was one of the first times that had I seen someone so close to death, and I marveled at the fragility of the life that lay before me. The simple task of breathing seemed to be thoroughly exhausting; it seemed as though the moment she stopped drawing a breath inward, her chest would collapse and shove all of her hard-earned air back out again. It reminded me of the motion of waves lapping the shore—a sharp rush of inward air, swept away before it could ever truly be appreciated. Her mouth gaped open to allow for easier air passage, but the attempt was clearly in vain. It simply left her lips, gums, and tongue bone-dry. Even her salivary glands were too exhausted to continue fighting.

I pulled a chair up next to the bed and gently took her tiny, frail hand in mine, moving it as little as possible for fear that I would break something or cause some sort of pain. Her skin was soft and thin like tissue paper, intricately folded over the delicate bones that lay beneath.

I did not dare squeeze. I did not dare stroke. I just sat there, motionless, her hand in mine.

Before long I began to notice a lack of consistency in what should have been a very rhythmic breathing rate. A few proper cycles would be followed by 5 to 10 seconds of silence before a new breath was drawn. Though I knew the science and theory of apneic spells, I could not stop my heart from pounding with each pause in her respiratory efforts. My imagination quickly began to play tricks on me, and I was almost certain that the pulse in her neck was fading to the point where I was sure it would not continue.

What would I do if she died at that moment, her hand in mine? Would I feel her go? Would her skin get cold right away? Should I record the time? Should I pick up my stethoscope and officially pronounce her death? What would her family say? Would they be resentful that I was there, instead of them?

Oh my, her family. I suddenly felt horrified. Not at the thought of spending time with this woman during her last moments, but rather at the thought of her having to spend *her* last moments with *me*. I did not know her. I had not been a part of her life; I had never met her relatives, or *her* for that matter. I did not even know if she wanted anyone there with her in that moment. Maybe she just wanted to die in peace, without some scared, guilt-ridden stranger quivering at her every pause.

Then, as if to jolt me out of my paranoid delusions, her hand twitched in mine. I snapped back to her face and found her looking directly at me, though nothing else in her posture had changed. She gazed at me through warm, powder-blue eyes that I knew had captured a thousand memories. Her face was soft and kind, and its features had been traced over three-quarters of a century. My heart rate slowed and steadied as I realized just how long *her* heart had been pumping before I had come along.


Years.

Decades.

There had been *billions* of beats before me; beats through elementary school and through those hard teenage years. Beats through Christmases and weddings, babies and grandbabies, new friends and old jokes. What an *honour* it would be for me to be there, with her, at the moment that faithful muscle decided to stop. It was not something to be feared, but something that would inevitably come—and after years of pokes and prods and treatments from doctors, she knew it as well as I: that time was near. These moments were *her* parting gifts to *me*.

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Looking back, I can see that it was a privilege that very few doctors take the time to truly experience. There was no chaos, no guilt, and no tragic sense of responsibility that clouded my thoughts or marred the purity of the situation. We both knew that her body could not be fixed—it was broken beyond repair. Her spirit, how-

ever, remained intact and could be tended to until the moment it left its prison. To this day I still marvel at the vast expanse that lies outside the realm of physical medicine, and will always remember the 43 minutes I spent holding a stranger's hand in her final hour of life. 

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Meilleur récit rédigé en français par un médecin de famille

## La glycine

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On me l'avait bien dit, je l'avais bien lu et je m'en étais méfié. La glycine avait pourtant fini par être plus futée que moi et avait envahi de façon irréversible les traverses de ma tonnelle. Oh! bien sûr, au début, j'ai résisté—taille extrême, conduite guidée, mais le végétal est rusé, agile et croît à une telle vitesse que toute résistance devient rapidement futile. Après plusieurs années, il n'est plus possible de savoir aujourd'hui, si ce n'est pas la glycine qui soutient la tonnelle plutôt que l'inverse. Comment avais-je pu penser qu'il en serait autrement pour moi que pour les autres jardiniers? Que contrairement à eux, j'évitais ce piège annoncé? Certains experts estiment que seules les pergolas en béton ou en pierre conviennent comme support à la glycine .... Quel dommage! Ce n'est alors plus la plante qui est en valeur, mais bien davantage la structure.

Cette histoire commence en 1995, dans la petite ville où j'ai établi ma pratique. Depuis quelques mois, circule au centre-ville un homme d'environ 40 ans aux bras et au visage couverts d'énormes plaques cramoisies et surélevées. Sarcome de Kaposi. Diagnostic inmanquable. Stigmates criants de son VIH avancé. Il semble prendre plaisir à les exhiber. Le premier cas de Kaposi que je vois. Il me fait peur. Il est si maigre, si repoussant. Pourquoi avoir choisi notre ville? Il ne peut qu'être venu de Montréal. Il dérange, je vois les gens qui se retournent derrière lui. Pourquoi ne reste-t-il pas chez lui? Mais il marche d'un pas assuré, la tête haute, le regard fier, insensible aux jugements. Je dois avouer que malgré mon dégoût, il force mon admiration à s'exposer ainsi. Pas une semaine ne se passe sans que je ne le

croise, il était d'ailleurs impossible à manquer. Je ne crois pas que lui ne m'ait jamais remarqué jusqu'au jour où il est entré dans mon bureau pour la première fois. Il s'appelait Sylvain.

J'ai lutté fort pour cacher mon malaise et même ma répulsion. C'est d'ailleurs lui qui s'efforça de me mettre à l'aise. Que de chaleur, d'ouverture, d'humour, d'intelligence. En trente minutes, il m'avait fait oublier le visage tuméfié et repoussant pour ne plus voir qu'un homme magnifique, attachant et plein de bonté. Son histoire était triste. Luttant depuis plusieurs années contre la maladie, il avait accepté que le terme soit proche et était déménagé de Montréal pour se rapprocher de sa famille. Séparé depuis deux ans de son conjoint, il vivait seul et avait peu d'amis. Il refusait tout traitement, même l'AZT, qui pourtant démontrait des résultats prometteurs. Il acceptait que nous ayons peu à offrir pour traiter son Kaposi. Ce n'était pas ses plaques qui le faisaient le plus souffrir, mais bien tous les deuils qu'il avait dû subir—son couple, sa maison, son jardin, son travail. Ses plaques, il ne craignait pas de les montrer, les affichant presque comme un trophée. Témoignage de son affranchissement de la honte, de l'acceptation du marginal, du courage face à la différence, l'ignorance, la laideur et la peur.

Il nous fallut bien trois rencontres pour établir la liste de ses antécédents, retracer son histoire familiale et personnelle, chaque fois la conversation déviant sur mille autres sujets. Pas facile de l'encadrer. C'était un passionné—cuisine, dessin, art, musique. Même s'il devenait de plus en plus repoussant (*une plaque sur son nez avait légèrement nécrosé*), malgré moi, je crois que je m'attachais de plus en plus à lui.

Lors d'une de ses visites, il m'apporta des biscuits et des confitures qu'il avait préparés. Je n'avais jamais reçu avant de tel cadeau fait par un sidatique .... Je dois avouer qu'à l'époque, je ressentis une certaine peur d'y goûter, tout comme la confiture que je laissai au fond du frigo. Au cours de cette rencontre, il me mentionna son intention de planter une glycine dans le jardin de l'immeuble où il habitait. Celle-ci lui rappellerait celle qu'il avait laissée derrière lui à Montréal. Une glycine. J'entendais le nom de cette plante pour la première fois

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