



Reflections

"Your father is dying"

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Ringing startled me awake. As I grabbed for the phone I stole a glance at my alarm clock. 6:15 AM. The voice identified himself as Dr W. from the emergency department of one of the busiest hospitals in Toronto, then got straight to the point. "Dr Leung, your father is dying."

"How did it happen?" My Broca's area seemed to kick in faster than my reticular formation. I found myself fumbling for my cell phone, which I was already holding close to my ear. Was I still dreaming?

"Your father had a fall and injured his head at home. On admission to our department at 5:15 AM he was still conscious with a Glasgow coma scale score of 14. But he deteriorated rapidly within the next 30 minutes, and his score is now only 4. An urgent CT scan showed a massive right-sided subdural hematoma with concurrent signs of intracerebral bleeding into the left temporal lobe and bilateral ventricles. He is now exhibiting extensor posture with semi-dilated pupils and he could cone at any minute." I was trying hard to follow the train of jargon.

"Your brother and sister are here with your mom and they told me you are a family doctor in Kingston. I suggest you come as quickly as possible."

I had spoken such words to others, yet it felt so strange to hear them directed at me.

Arriving at emergency

I hurriedly woke up my family and gave them the news. I hit the road by 7 AM, still not truly with it. When I arrived 2.5 hours later at the York Central Emergency Department, I saw this fragile elderly body with the face of my father. His figure looked so familiar, but at the same time utterly alien, connected to multiple wires, tubes, and intravenous lines. Two monitors were beeping frantically, flashing red numbers that stabbed into my welled-up eyes. Strangely, I could not comprehend any of the flashing numbers that I was supposed to understand as a physician. I stood at the end of my father's bed, frozen, activity swirling around me as 2 nurses worked to record the numbers and reload bags of intravenous fluids.

My dad was intubated and sedated, but why did he twitch so much? Was that a seizure, or a signaling of his disbelief? The shiny whiteness of the ribbed ventilation tube against the jet-blackness of the bellows moving in rhythmic boredom suddenly agonized me. The nasogastric tube and urinary catheter were siphoning the essence from someone who had just returned from his Caribbean cruise and had yet to show me the photos on Facebook. I tried to concentrate on the computed

tomography scans the attending physician was showing me. *Right-sided subdural. Massive indeed. Blood in left temporal and in both ventricles, but it's white to my eyes. And that falx; haven't seen such an exaggerated curve away from the midline for a long time.* I felt caught in a surreal moment, overtaken, as time seemed to slow, become viscous, as if the air had turned to jelly.

The attending physician went on. "We obtained an urgent neurosurgical consult from Sunnybrook, and, naturally, the neurosurgeons refused to drain the subdural in view of the degree of cerebral swelling and high intracranial pressure. We did, however, reverse the warfarin's effects with intravenous vitamin K. We hope that will help stop the bleeding, no matter where the leakages occurred. Also, as you know, intravenous mannitol is not indicated, because we are not draining the hematoma, and mannitol will worsen the brain swelling if given for more than 6 hours."

"Are we talking about palliative measures?"

Dr W. went silent, then nodded. My heart rushed to my throat. How many times had I said similar things to a family, not knowing how it would feel?

"So where do we go from here?" I should know, but I am responding now simply as the son of a dying man.

"Did your dad leave an advance directive or a living will?"

I looked over at my mom, that small-framed lady huddled in the corner chair clutching a pair of my dad's soft moccasins. As I approached to ask her, she handed me the mocs for safekeeping: my dad would need them. The answer to Dr W.'s question was obvious—both of my parents were older-generation Chinese who would never talk of dying or death.

After conferring with my brother and sister, Dr W. suggested admission to the intensive care unit (ICU). "We will do the best we can to keep your dad comfortable for the next 72 hours, and let's see what Nature or the Almighty has in store for him. If he improves neurologically and radiologically, we will then discuss plans for surgical interventions."

As a physician I agreed with the plan, but as a son I was utterly confused. I could only gather enough courage to tell my mom about the logic of ICU transfer without giving her any false hope. I just could not disclose to her the grim prognosis at this stage; perhaps my brother would, perhaps my sister, perhaps tomorrow, perhaps ...

Moving to intensive care

It took another hour for the transfer to ICU. I am not sure if it was the single room's extra space, the reduced

background noise, or the lighting, but my dad looked much more at peace. Perhaps the worst was over. Or perhaps he was already one step closer to God, as the likelihood of recovery from ICU was much less than that from the emergency department. Perhaps my dad had already accepted his final destination.

"Are those blood pressure readings? They look much lower than what he had downstairs. Your dad is getting better!" my mom said in excitement. I realized my mom was staring at the heart rate. Then I noticed that the intravenous midazolam had been increased from 2 mg per hour to 5 mg per hour.

"Dad is feeling less stressed for sure," was all I could say. I asked my sister to take my mother home for some rest.

About 9 PM that night, Dr W. spoke to me and my brother again and warned that at any minute my dad could have coning of his cerebellar peduncles and stop breathing, and when it happened, they would not resuscitate him. At that point, my younger brother cried. It had been a long time since I had seen him shed tears. How badly I wished I could cry too. I needed a big hug

and a shoulder, and I missed my wife, who was minding our children at my mom's place.

After sending my brother home for a sleep, I escaped to the family room outside of the ICU. That night, for the first time, I wished I was a nonmedical person, so that I could grieve properly. All the years of medical practice had trained me to stay calm even when death was imminent. I stared at the cold pair of soft moccasins that had once been warmed by my dad's feet, and listened to the loneliness of the clock as it ponderously kicked away the seconds.

My father is dying.

The night is long.



Epilogue

My father never came around in the ICU. He passed on after withdrawal of life support on October 29, 2012, 3 days after he was admitted. He was 75.

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Competing interests

None declared

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