

and rejoined her family as if nothing had happened. Not a word to me.

I learned to circle surreptitiously. I learned that morphine questions were for when other people weren't paying attention. I learned to quietly pick up bags of vomit without a word. Most important—I learned that Life was the only thing allowed in that room.

Street clothes instead of gowns. Movies and music instead of tears. People streamed in and out. Normal chairs around the bed, not hospital issue. Piles of cushions and blankets in front of the TV we had to put on the ground because there was no shelf strong enough.

Doctors and nurses didn't belong. We were reminders of death and illness.

We expect patients to answer questions, to ask them and interact with us on a daily basis. From her I learned to watch and listen to the quiet cues. To use all my education and intelligence but keep the process to myself. We were satellites. Available at the push of a button but otherwise invisible.

Only life in that room. Only love and laughter. Only videos and photos. Only living. Even when all she could do was lie in bed they surrounded her with chatter. She would sleep while her friends rocked out and wake to the same. Every waking moment of her life was on her own terms.

One day I stopped at the door for an end of the day check. The gang was curled up in front of the TV.

"Good movie." She was laughing and gestured for me to sit by her sister. I took off my white coat and slumped into the pillows.

Honestly I remember nothing of the show. I was so worried about her. I watched her like a hawk, in awe of her brave face and terrified of what she kept inside.

Now I only remember the green grapes. We ate them steadily. Every once in a while she would lean to the right and vomit into a lined McDonald's bag. She did this without blinking. Without blinking, we pretended not to see.

Death came peacefully. The only contents of that room were her loved ones and a sunbeam. She went to sleep and never woke up.

She inspired me. She didn't live like she was dying. She died as if she were living.

More than that, she taught me so much. She made me realize that sometimes I am more effective to my patients in the background. That the life I work so hard to make better can involve me the least. She taught me to be silent and stealthy. She taught me to let people, even dying people, just live.

Living is what happens when medicine works. Our work can be like the air, vital but invisible. Missed if not present, but hardly ever thought about. She taught me never to forget how crucial the movies, the grapes, and the laughter are to our patients.

She taught me to bring only life into our rooms. 🌿

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*Best story by a resident*

## Lessons in teaching

**Amandev Aulakh** MSc MD CCFP

**T**he Contact Precautions sign halted us with bold lettering as we approached the patient's room. Almost automatically, our hands reached for the hand sanitizer as they had done so many times. I dutifully laced up the thin translucent yellow gown behind my neck and, as I pulled on the rubber gloves, I looked over to the medical student.

"Do you have any questions?"

She shook her head and as she adjusted her gloves, I was aware of the creeping sensation of apprehension in the pit of my stomach. It was not the first time that I had led an end-of-life discussion. It was not even the first time that the medical student had been part of

such a discussion. However, it was the first time that she was going to lead this conversation.

I could still vividly remember my first experience speaking with a patient's family on my own as a medical student. We were in a small windowless room in the intensive care unit that resembled a closet. I sat on one side with family members lining the opposite wall. Their somber faces looked at me, their tired eyes seeking answers to questions, and I felt like they could sense my inexperience despite my white coat and stethoscope. Beads of sweat trickled slowly down my back as I started to speak, my voice shaky and uncertain. I remember longing to have someone there with me, to fill in the spaces when it became harder to articulate that there was no way to reverse their loved one's condition.

This experience stayed at the back of my mind as we entered the cool, dark room. My eyes took a moment to

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adjust to the dim light and my ears registered his agonal breaths before the room came into focus. Family members stood around the perimeter of the room. I was suddenly aware that almost all eyes had shifted toward our entrance and my pulse quickened, slightly uneasy with being the focus of their attention.

One woman sat opposite the bed. While she had turned her head to the door, her eyes did not rise to meet us. Instinctively, I knew that she was the patient's wife. Her weary body language betrayed the journey that she had seen her husband take over the past few months. It was evident in the slump of her shoulders, in the way that she wrung her hands, in her blunted response to yet another intrusion into the final moments with her husband.

The medical student caught my gaze, her eyes asking for permission to break the silence. I gave her a small nod. Tentatively, she walked to the patient and placed her hand on top of his.

"We're so sorry to interrupt, but the doctors that are looking after you have asked us to come see you. We're from the palliative care team." She introduced herself and I did the same before I approached the patient. I took his warm hand in mine. It remained still under my touch. His heavily lidded eyes stayed fixed on the ceiling, unblinking.

I moved away from the bed and stepped back behind the medical student. Performing a routine task like taking blood pressure still made me nervous if I was being watched. I hoped that staying out of her line of sight alleviated this. We had been together on the palliative care team for a few weeks, and in that short time she had found her niche. She was ready for this moment.

She spoke calmly, not showing any signs of anxiety. As she described what the patient and his family could expect at the end of this journey, I became aware of the subtle changes in their expressions. The medical student noted this as well and paused before she started again, her already gentle voice softened slightly.

A second voice asked a question and my eyes scanned the room: it was the patient's wife. The medical student started to respond and then her voice faltered. She took a small step back and I saw the uncertainty in her face as she tried to find the words, her eyebrows furrowing slightly. For the first time, she looked nervous and I could see myself as that medical student in the intensive care unit when I looked at her.


The pause grew and I realized that this was the dance that all of my supervisors had engaged in. Waiting for the right moment to step in, knowing when to wait a little longer. We locked eyes for a moment and when she looked away, I then spoke.

When I finished, there was silence again. The medical student looked to me and without expressing words, we knew there was nothing more we could tell them. She went to the patient for a second time and gave his hand a squeeze before she approached each family member. I followed her lead and with each hug, whispered thank you, and handshake, it was progressively more difficult to maintain my composure.

The harsh bright lights of the hall assaulted our eyes as we emerged from the room. Suddenly, I felt overwhelmed by the lights, our antiseptic garb, the feeling rising in my throat. My gloves came off with a snap and I struggled with the gown. There was no dignified way to remove the flimsy disposable gown and I resorted to tugging it sharply before the thin material yielded and gave way. Tears had started to well in my eyes.

"Let's find a room to debrief." I managed to choke out the words and she nodded. I walked briskly down the hall, my eyes focused straight ahead as she trailed slightly behind me. I pushed open doors as we made our way through the long corridor until we found what we needed: an empty room.

We sat at the long table opposite each other in silence. A tear slowly dripped down my cheek as my eyes focused on the table. I had wanted to tell her that this was not my typical response to these conversations. I was not routinely brought to tears but this patient's experience resonated with me. His condition had deteriorated swiftly since his diagnosis a few months ago. It was a harsh reminder that none of us was immune to this, that we could be blindsided by a terrible illness at any time.

A cough across the table brought my attention back to her and I looked over. Her teary face mirrored my emotions and I realized in that moment that this was the lesson that I could convey. We are not robots. We have the privilege of witnessing the most intimate moments of our patients' lives. Giving ourselves permission to be moved by our work was part of this transition from medical student to resident to physician. In some situations, you just need to cry. 

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