

He presents no graphs.

Spirituality. Turbidity. Solastalgia.

Stories. I have recently realized that although MDs think that we make decisions based on evidence, much more often we change our practice based on the story relayed along with the evidence—based on the efficacy of an epinephrine drip in a code run over the phone and the success of polyethylene glycol in a single, extremely constipated Chipewyan elder. We respect numbers but, for better or for worse, we follow stories.

Such a big map. On such a vast map, the few lines mean a lot. Up here, in a land of few roads, those lines are our waterways. Those lines connect us; those lines make a community of our little pockets. Up here, with

fewer people, we have time to hear people, to be named. We know who is in the room; we know what resources we have; we know better when we may need to stand up. In a way, as we are named, we are called.

As I shuffle out, nodding at my neighbours and winding my scarf back around my neck, I spot a lapel pin, frequently seen in these parts, that says, “Love the land.”

It has been here the whole time.

I step into a crystalline night considering the potential of love as an ally to my graphs. And I wonder whether I will soon realize that other parts of the world have been flowing backwards on my mental map.

Dr Howard is an emergency physician in Yellowknife, NWT, and a board member for the Canadian Association of Physicians for the Environment.



Best story by a resident

The dance

Jessica Ladouceur MD CCFP

Mrs J. is a middle-aged woman. She has been feeling down for some time and is ready to do something about it. She is obviously anxious as we begin our discussion. I imagine that she is wondering where the “real” doctor is. I think about how I can make her feel comfortable and safe to share her story with me. I ask her about her work, which she is devoted to, and as we begin to build rapport we move from the superficial to more serious issues. I am aware of my body language, my posture, and my eye contact as I try to convey my openness and create a safe space.

We explore her current mood, her feelings of inadequacy, guilt, hopelessness. We talk about the fact that she no longer enjoys anything, that she can't sleep, and that she doesn't have the energy to get out of bed. I recognize that I have somehow managed to do it, to make her feel comfortable. There is no more hesitancy; she is letting her story flow out. She cries and I offer her Kleenex and reassurance. I am elated that I have managed to bring the interview to this point.

Suddenly, I too feel despair. I realize that she reminds me very much of my aunt, that I am feeling

overwhelmed by these things that she describes as we are talking. I recognize that her situation is close to home and take a moment to pull myself back. I try to be self-aware, and I remind myself that she is not my aunt and that I am in a much better position to help if I can remember that. I think about my role in this situation and my responsibilities as a professional.

The conversation continues. She tells me things that very few people know. She talks of painful things like physical, sexual, and verbal abuse. She tells me about an ex-husband that used to hit her children, so she sent them away. She tells me that her relationship with her children could not be repaired after that, but that she is now in a relationship with a man that cares very much about her and treats her well. I quickly think of the social determinants of health and the series of events and circumstances that placed her in that situation. We talk about some of them.

The conversation comes to a close. She is relieved to get it all off her chest. She is hopeful about treatment and the future. I am amazed at this dance that we have just engaged in, at the smoothness of the interview. Her “real” doctor comes in to confirm the management plan that we've negotiated.

At her 2 weeks' follow-up, Mrs J. requests to see me specifically, and this time there is no build of momentum; we have a relationship. I am honoured, and I am left in awe and amazement at this new type of relationship that I have forged—the doctor-patient one.

Dr Ladouceur is in her first year of practice in Belleville, Ont.

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