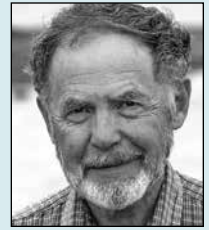


Finishing strong

A story experienced and a story observed

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One of the many satisfying aspects of family practice is knowing patients who finish their lives triumphantly.

Indomitable

I had one such patient and as sometimes happens I met her long before our doctor-patient relationship began. During my age-8-to-11 summers I played with her 2 children. Back then adults were sort of important; they controlled chores, meals, and bedtime, but the rest of July and August was a special form of unfettered freedom never to be experienced again. We went barefooted in bathing suits, swam to the raft, played on the sand bar, learned tennis from the older kids on a clay court, hiked to the canteen, and played baseball in the long evenings. On rainy days there was Ping-Pong in the shed and Monopoly and entry card games leading to 45s, the game you aspired to, the game the adults played.

Mrs Constance Gill was not the kind of mother who was free with cookies or Popsicles. She was more the kind of mother who only told you once not to come into her cottage with sand on your feet.

Many years later Mrs Gill became my patient. Predictably I reverted to my 9-year-old self. I was deferential and called her Mrs Gill. After several visits she said, "I don't want to take advice from a 9-year-old with sand on his feet. You can call me Constance and I want your professional opinion just like everyone else and then we can decide what to do."

Mrs Gill was fully engaged in life. She loved relentless activity, dodging the slings and arrows while becoming a successful businesswoman. There had been some bumps in the road; she had become widowed in early midlife. Her children had been launched: one was very successful and the other one was a worry. In keeping with her generation and busy lifestyle her nicotine and caffeine intake was "let's not talk about that," and her distant summers were in the pre-sunblock-and-sunscreen era. So, if you met her you would be confronted by a feisty, gravelly voiced, wrinkled lady who would captivate you.

Mrs Gill was not interested in changing her lifestyle habits "just yet." We agreed to check her lungs biannually or if she had symptoms, and every time she was in the office I did a urinalysis. Two years later she had microscopic hematuria. The urologist found a superficial bladder cancer, which was treated and followed up regularly. Mrs Gill stopped smoking.

About this time our Department of Family Medicine was threatened with funding cuts. Mrs Gill got wind of the problem and phoned me.

"Don't take this sitting down. Get in their face. I'm getting involved." To this day I don't know exactly what she did, but several weeks later the problem evaporated.

Time passed. One day Mrs Gill came into the office and she looked weary and thin. I reviewed the investigation results with her. She had an aggressive growth in her esophagus. She looked at me and said, "I had my suspicions. I don't want treatment and I definitely don't want a tube up my nose or in my stomach. I'm going home. I will be in touch when I need you."

Her sips of water and broth became a trickle, and she became very weak and dry. She agreed to come into the palliative care unit.

When I visited her she was sitting up in bed. She had makeup on, her hair was beautifully arranged, and she was wearing a matching floral housecoat and pajamas. On her bed table was a bottle of champagne and 2 flutes. She asked me to pour some champagne into the flutes.

"Let's toast those wonderful summers so long ago."

Her voice was soft and gentle, and she smiled as she raised her glass.

Consolation

Early in my career the hospital doctors' lounge was an important part of a family physician's daily practice. Before or after rounds you could have a cup of coffee and discuss with your colleagues consultations, surgical assists, and call coverage, and every once in a while the lounge would take on a certain almost silent counseling function. Rarely would advice be given but doctors would listen while a colleague or colleagues muddled through a dilemma. The dilemma would intermittently pop up over days or weeks or in this case months. Affirmation came in the form of a nod or a hand on the shoulder and that seemed to help healing or decision making.

One such story began one morning after the first round of surgeries. Outside the snow was heaped in towering mounds and it was dead-battery cold.

Drs P. and M. had both learned the art of salmon fishing on a legendary salmon river from one of the very best river men. Mr B. had been their guide and mentor and over the years had become a steadfast friend. Mr B. also owned a store that carried everything you could possibly need for salmon fishing, and in the bleakest part of winter he would send out his catalogue. Drs P. and M.

would bring the catalogue to the doctors' lounge and pore over the new equipment and the fly selection and decide what they would order and line up their times on the river. It was the ultimate midwinter tonic. This day they brought in the catalogue but they were visibly sad. Mr B. was dying of cancer. They talked about how much Mr B. had taught them and how forgiving he was of their mistakes. They wondered, What were they going to do without him? This went on for several weeks. Then they began to fret about going up to visit him and what they could possibly say to him in this impossible situation. The fretting continued until the snow began to melt. Then one afternoon when they both finished their cases early they made a snap decision and got into Dr P.'s car and drove the 60 miles to Mr B.'s home. Dr P. told us later in the doctors' lounge about the visit:

All the way up we tried to figure out what we were going to say. It took us over an hour to get there and we couldn't come up with anything. When we arrived Mrs B. greeted us at the door and said, "It is good to see you, boys. I was just going in to wake up Mr B. Why don't you go in and wake him up."

Mr B. was sound asleep in the little bedroom. We hardly recognized the man who could stand up in a Chestnut Ogilvy canoe and pole the canoe against the

current over shallow rapids—sometimes with a pole in one hand and a fishing rod in the other. The man who could control a fishing line in the air and at the right moment, with pinpoint accuracy, elbow at his side and with a flick of his wrist send the line hurtling forward, lift the tip of his rod ever so slightly, and drop a green machine without a splash in the quiet water just behind a large rock.

Mr B. had lost a lot of weight. His skin was sallow in the dim light. He was breathing through his mouth—his slack cheeks fluttering with every breath. I went over and touched his shoulder and he opened his eyes. The keen eyes were the eyes we knew.

"Boys, it's great to see you."

I asked him how he was doing and he sat up.

"I'm doing just fine, boys. I'm going home."

Mrs B. brought in a tray with tea and molasses cookies. In the time it takes to drink a slow cup of tea and tell stories we shared some glorious memories. During the trip home we were carefree boys again.

Dr Cameron is a retired Professor of Family Medicine (Dalhousie University, Halifax, NS) in Sherbrooke, NS, and has been the Section Editor for the Art of Family Medicine section of *Canadian Family Physician*.

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None declared

