Letters > Correspondance

Truth about grief

r Chris Frank, your vivid and heart-wrenching narrative in the December 2022 issue of Canadian Family Physician touched me deeply.1 As we went through our medical training together at Western University in London, Ont, it felt like a reintroduction to humanity for me—both terrifying and hopeful. We put on our own protective layers, each of us outfitted differently to shield our own humanity from the onslaught of pain and suffering that was to be our daily bread.

Our own families were our foundation and our strength. Your profound loss tore that from you.

Your writing has laid bare the naked truth about grief. You have borne witness to its anguish and described the real journey and the toll that it takes. I thank you deeply for it. It must have been difficult to write about it.

My mother, who was my foundation, died from a ruptured aneurysm in 2018. Despite having had the best care and her own remarkable fortitude, her time came to an end. No last words, only loving goodbyes after vigils at the intensive care unit. I felt like an automaton for the years following her death: aching inwardly, allowing tears after work, then back to the same state, day after day.

Your journey has given me solace—with time and with acceptance, my grief will be less wounding.

I, too, believe the experience of grief has made me open up and step outside my protective covering. I have allowed myself to be human and minister to my wounds.

Dear friend, I am so sorry that you had to endure the loss of your dear Tracey as you did.

> —Ajantha Jayabarathan MD CCFP FCFP Halifax, NS

Competing interests

None declared

1. Frank C. A physician's grief observed. Can Fam Physician 2022;68:915-6.

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We are humans first

read Dr Chris Frank's reflection in the December 2022 issue with so much respect and empathy. His essay about our experiences with personal grief as physicians is incredibly relatable. We are our hardest critics; we suppose that since we face challenging patient

situations and provide empathy, we should somehow be "immune" to sadness ourselves.

Yet, this is not nearly reality! Thank you, Dr Frank, for eloquently describing the accuracy of our humanity: we are human first, with emotions to be felt and expressed. Our careers and education as physicians should by no means make us feel as though we are not "allowed" or "supposed to" feel grief in our personal lives. I echo your sentiments: the more we practise self-compassion and are attuned to our own humanity, the easier grief becomes to acknowledge and process. Thank you for your honest and empowering reflection!

> —Marina Abdel Malak MD CCFP Mississauga, Ont

Competing interests

None declared

1. Frank C. A physician's grief observed. Can Fam Physician 2022;68:915-6.

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Today's residents are ready to lead

am a family medicine (FM) program director and see a bright future for our field. I share the sentiments provided in a November 2022 commentary¹: FM residency graduates today are well positioned to lead. They share the frustrations of a bloated system that is not always patient centric. They strive for health equity and actively engage in anti-racism work. And just like past leaders, they struggle with how to effect change in a complex system. In our program we encourage and allow time for residents to engage in committees, organized medicine, legislative action, etc. I am proud of the work they do and the values they carry with them. The revolutionary attitude that created our specialty is alive and well in FM residents today.

> —David Evans мD Seattle, Wash

Competing interests

None declared

1. Phillips WR, Herbert CP. What makes family doctors the leaders we need in health care? Can Fam Physician 2022;68:801-2 (Eng), e298-300 (Fr).

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