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# Life lessons

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**Essay/Personal Reflection**

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I was an intern. I never knew your name. It was a weekend shift; it had been interminable. Patients, relatives, nurses, healthcare assistants all needed me, my authority, my approval, my signature. Needed my opinion, which I gave, although I had only been qualified for a month and felt like a fraud. That day, the weary monotony of jobs and reviews was broken by the jarring noise of the pager, summoning me to an emergency. Your emergency.

I ran, hoping I wouldn't be the first to arrive, relieved when I wasn't. Your heart had stopped. The rest is a blur. Someone was doing chest compressions, and at some point I took over. We kept going for a long time, because you were young, only in your 40s; but no matter what age you were, I would have wanted to keep going – because you were my first and I wanted to save you. I had never known anyone who had died before; had never witnessed somebody die before. Afterwards, I was sitting at the nursing station around the corner. The registrar took me aside, made me sugary tea. The nurses brought me tissues. Although I am now (mostly) inured with experience and with time, you taught me to never forget the raw shock that an unsuccessful resuscitation attempt – particularly the first – can bring for others. I have since been the bearer of many cups of tea; every time, I have thought of you. When I remember that day, that awful, final moment, sometimes I still cry a little. For you. For myself.

I was a resident, was working in a hospice. Your name was Paul, and you had metastatic prostate cancer. After we had treated the confusion that had brought you in, from the calcium that had leached into your blood as the disease spread through your bones, whenever I had time I would sit and talk to you. I learnt about your first wife; your childhood sweetheart, mother of your children and grandmother of the multiple grandchildren who joyfully tumbled in to visit you and whose smiling pictures and colorful drawings surrounded your bed. How you had lost her, then unexpectedly found happiness several years later with your second wife, when you were set up on a blind date by a mutual friend at a bridge club. I learnt about your service days in the Air Force, flying in the war; the despair you felt but also the camaraderie, and most of all the joy upon finally returning home for good. I listened to you laugh about the escapades of your dog and enjoyed how talking of all these things seemed to lift you out of yourself, momentarily defying your disease. During our chats, I would incorporate the usual questions about your nausea, pain, appetite, your bowels, and breathing, then report back to my registrar, who would make tweaks or radical changes to your medications depending on your discomfort. After you died, your children sought me out, thanked me for looking after you in your last weeks. I thanked them for their words but deferred their gratitude to the senior doctors who had made the real difference, skillfully managing your symptoms, making you so comfortable; no, they insisted; it was me he had talked of; "he was amazed that a doctor would take the time to listen to him." As my responsibilities have increased and my time has become busier, I have tried to remember this; that sometimes it is not the medicine that is the most important, but simply taking, making, the time to listen. And I still remember you; your grandchildren; the name of your dog.

I was working in a different hospice, a registrar now. I was older, wiser; thought I was accustomed to death. Comfortable dealing both with the awful, fractured grief that comes when death is unexpected, and with guiding families through the more gradual, but still tortuous path of "expected" decline. You took me by surprise. You were a sprightly 95 year old, your husband 98 with lung cancer. He had become more breathless, then suddenly unconscious; you had panicked and called an ambulance before remembering that he didn't want to go to hospital, then called our community team, who were able to intercept the ambulance and redirect it to our comparative refuge. I went into the room to assess him while the nurses reassured and comforted you outside. They led you in, and you asked me what could be done. I explained that he was dying, and although we could make him comfortable and peaceful, there was no medicine that would improve his condition or bring him back. You asked how long; not "how long does he have" but, "how long do *we* have?" I followed my usual pattern; I wasn't completely sure and it was unpredictable, but I thought not long; a day at most but possibly only a few hours or less. You froze for a moment, then wailed. All your energy seemed to leave you, expelled with your breath, and you crumpled in front of me, collapsing to your knees on the floor. You knelt by his bed, your head on his chest, one arm hugging his body and the other cupping his cheek, and wept. Through the tears, you told me that you had met when you were 12, married when you were 16, and had never spent a night apart in the following

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79 years. "What am I going to do without him?" you asked, then sobbed and sobbed. Words failed me. I was worried that I would cry in front of you; I left the room. Until I met you, I had naively thought that an elderly person dying was somehow less tragic because of a life well lived. I understood with sudden clarity that the loss is not any less with advancing age. In many ways, perhaps it is worse.

You had been living with ovarian cancer for several years, had received several courses of chemotherapy, each one holding back the tide temporarily. This time it hadn't, and there were no more courses left to try. You were referred to palliative care, and you met me. You were breathless, nauseous, had insomnia, and an uncomfortable, swollen abdomen from the tumor and fluid. I sat with you, listened, told you I could help you. The antinausea medicine I used made you edgy, another too sleepy, and you preferred to be nauseous. The medicine I tried for your breathlessness made you constipated, and worse, made no difference to your breathing. The laxatives to correct the constipation were too strong and gave you two days of diarrhea. I felt helpless. You were a brilliant, funny person, a pleasure to look after, but I started to dread coming to see you. I had made you a promise that I could help you, and I only seemed to be making things worse. I was failing you, failing myself. Then I remembered Paul from all those years ago, and the words of his family. I referred you to a massage therapist and a reflexologist. And I came back to see you every day, and I sat with you, and I listened.

I was working full time as a palliative care registrar, a new job in a new country. The other side of the world. You had felt tired for a week. Thought your job was getting too much. Thought more seriously about early retirement. Your wife had cajoled you into visiting your doctor for a blood test. It showed leukemia, the most serious kind; and with no time to collect your thoughts, you were in an emergency ambulance to Sydney, six long hours away. No space for your wife, who had to follow in the car, for whom the memory of that journey is still a blur. You started chemotherapy less than 48 hours later, a 25% chance of complete cure, but a 10% chance of death directly from the treatment. Without the treatment - certain death, perhaps in days. Four nightmarish weeks later, you made the long trip back home where we were waiting for you. The chemotherapy had not worked, and you sat in front of us shell shocked. As had others, you asked "How long?" We weren't sure. For the moment, we could keep you alive with transfusions of blood, of platelets, that could possibly keep you going for a few weeks until the transfusions too would stop working. But the white cells that fight infection, these we couldn't replace and any infection you caught could be overwhelming. If this happened, it could be days. You were tired, but otherwise comfortable. There were no symptoms to focus on, to discuss to fill the silence and distract us both from the reality ahead.

Again, I experienced the inadequacy of words; I had come to realize that sometimes, there are no words.

I thought of Paul. I thought of all the Pauls. I took a deep breath. And this time, I stayed.

**Acknowledgments.** Learning the art of medicine is a life-long endeavor; and just when it seems an aspect has been mastered, a patient challenges and humbles us, and we learn the lesson anew. This is dedicated to all the patients who have helped, and continue to help, me along the way.

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