Palliative and Supportive Care

cambridge.org/pax

The chip on my shoulder

Kacper Niburski, M.A., M.D.C.M. Candidate

Department of Medicine, McGill University Faculty of Medicine, Montreal, Quebec H3G 1Y6, Canada

Essay/Personal Reflection

Cite this article: Niburski K (2021). The chip on my shoulder. *Palliative and Supportive Care* **19**, 634–634. https://doi.org/10.1017/S1478951520001182

Received: 10 September 2020
Revised: 4 October 2020
Accepted: 12 October 2020

Author for correspondence: Kacper Niburski, Department of Medicine, McGill University Faculty of Medicine, 3655 Sir William Osler Promenade, Montreal, Quebec H3G 1Y6, Canada. E-mail: kacperniburski@gmail.com

Mr. P wanted chips. Despite his ascites, despite the unknown source of his growing abdomen, he simply wanted salt. "It won't kill me," he told me with eyes sinking in yellow.

He was Bulgarian, emigrated in 1980, before the fall. He would tell me how he had visited Poland, where my parents were from, during his vacation. He would say that there was a lot of chips in Poland. "Some of the best," he'd add.

We spent long hours together, from the moment the November sun tumbled above the horizon until it fell again. Mr P yawned each time I walked into his room, ready to begin the history, and assess his general alertness. He was sleepy. He was weak. And he dreamed of chips.

Mr P was dying the kind of death that does not have great final words or a triumphant clatter against the suddenness of life. He'd drip in the waters of confusion, maddened by the things we could not see, drifting from a teary-eyed fantasy of being back in Bulgaria to a teetering, flailing skin-thick man whose mouth hung open like a filleted fish and who laid belly up, mumbling about nothing, about everything, about chips most of all.

One day, after another uneaten dinner and with the sun competing against his flesh of dull fire, I told him that chips would worsen his ascites, that the salt content wasn't good for him, and that he needed food he could manage to swallow. He shook his head in disagreement. He said I was wrong. Exasperated, I asked why he wanted chips. He looked at me like one does to a child. "Because they are delicious, obviously."

He beamed. He flashed his few teeth with a thick, sticky grin. "And because I want them to be my last meal." The untouched puree of casserole and half-baked potatoes on his table floundered in bland agreement.

Was I the fool? Here was a man who I often thought initially unaware, who appeared exhausted from basic consciousness, whose very brain was noisy in a toxic ammonia bath. We had often rounded on him as if he'd be unable to comprehend. We discussed plans, put our heads in our hands frustrated from lack of progress, and notably considered him unable to contribute to his own care.

But Mr P knew. We didn't. We the knowledgeable. We the clear thinking. We did not consider the chance for him to realize the gravity of his situation. We got sucked in our own massive assurance of knowing his state, his condition, and what was best for him and his internal medicine treatment.

The team huddled afterwards like impromptu, meandering saviors: a nutritionist, speech language pathologist, social worker, me, and my staff all mused around airlessly. What was next? Could he swallow chips, even? Wouldn't such salty things would worsen his condition?

Then I mentioned that despite the potential aggravation of his morbidity, this was what he wanted. I was met with incredulity. He was disorganized; he wasn't sure what was preferred; I was a good enough student to know better. I could not help but agree, especially if the last of the three was true.

Together we entered his room to talk about other improvements that could be done, of the possibilities of prognosis, of further investigations we needed to do to make Mr P better. Instead, Mr P was lucid. He was overjoyed. In his slim, yellowed hand, he held a bag of chips.

"This is life," he exclaimed.

It was his wife who had brought them. She was fed up with watching him decondition. She wanted him to be him again. She wanted him to be hers again.

They were hopeful wishes, ones that went against all medical guidelines and expected outcomes. And with them, unbelievably, impossibly, Mr P got better for a while. Slowly, just as slow as the progression of his disease. In a few days, he began to become motivated by the possibility of chips. His stature straightened. He got out of bed. He exercised with physiotherapy. He was less confused. He started eating other foods too, if it meant more chips would come later.

A chip – it was simplicity kindled and kind simplicity; a small nothing that could hurt, that didn't, that made me realize that care is at its best when it isn't necessarily careful in avoiding harm but purposeful in how it heals the life that lives, that can shake an entire foundation of medicine to a muddy ground of best guesses and bad ideas.

Eventually, the disease took its course. He chose that route too: palliative care, quality of life, his way. He died alive — full of his means, of his wants, and of chips. His room was littered with oily bags. To the untrained eye, the finished bags looked empty.

Wrong. They were opened-mouth laughter giggling about some joke. They were broad smiles rivaling horizons. They were still living beings, with Mr P's voice ringing in the universe of what hands can reach into and what even in the greatest stretch, they can never touch.

© The Author(s), 2020. Published by Cambridge University Press

CAMBRIDGE UNIVERSITY PRESS