

CARRYING THE HEALER'S BATON

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ABSTRACT

The story of a relatively brief interaction I had with a ward patient that taught me how little effort it can sometimes take to completely change a patient's experience of their hospital admission.

During my rotation in internal medicine as a third year medical student, I participated in the care of a man in his 60's dying of pancreatic cancer. For the purposes of this essay, I will refer to him as Mr. Jones. My heart went out to Mr. Jones before I had even finished my first conversation with him. His life was something out of Dickens or Hugo; he and his wife had forgone the joys of parenthood so that they could build the kind of financial security that would allow them to spend their old age traveling the world together. But fate had intervened at seemingly the last minute to ruin their dream. He first noticed that he was feeling unwell on the Caribbean holiday that was meant to inaugurate the retirement they had worked so hard to achieve. He was diagnosed shortly after their return. I was amazed by the grace and dignity with which Mr. Jones and his wife related their story, his multiple stays in hospital for infections his body was no longer equipped to ward off on its own, and their peaceful acceptance of a horribly unjust fate. More than by this strength however, I was amazed that I was able to step in and support them in a brief moment when that strength faltered.

Mr. Jones was walking out of his room when I came by on my mid-morning round of all the patients I had been assigned. I saw him step out the door, look at me, and then turn to walk the other way down the hall. This struck me as unusual. He liked me. I was sure he liked me. My daily visits with him always felt so comfortable, so friendly, so warm. His infection was clearing and his chart spelled out unambiguously that he wanted no medical care except what was necessary for his comfort, but I spent more time with him each

morning than with any of my other patients because I thought it did us both so much good to be in each other's company. Maybe I was wrong. Maybe I was just another anonymous figure draped in a white coat. Maybe I had been selfish. Maybe it would be better to leave him be and tend to the needs of my other patients. I paused for a breath, but it was obvious what I should do. I hurried down the hallway after him.

The man I found sitting in front of the television in the lounge was not the one I was expecting. He was hunched over, his eyes watering. I could see he still had one of his hands resting on the walker in front of him as though he had only just collapsed into his seat. He was ignoring the television in front of him. I sat down carefully next to him, and asked him what was wrong. He looked at me, and opened his mouth as if to speak, but the words didn't seem to come and he looked back to the floor. I sat with him for a while without saying anything, listening to the gentle droning of the television, and finally he turned back to me and spoke.

He told me that he was upset about his pain medication. Apparently the palliative care team had visited two days before and had a lengthy discussion with him about (among other things) managing his chronic back pain. Based on this conversation, they had suggested changing his "as needed" dilaudid prescription to something more regular at a higher dose, with an additional "as needed" dose to be dispensed for breakthrough pain. One of the residents on the floor agreed that this was a reasonable change and promptly countersigned the suggested order. Unfortunately, the man in the hospital bed had not fully understood this change in his medication. He was surprised that evening when his nurse brought him a pain pill without his having asked for one. She told him he was supposed to take it regularly now, whether he was in pain or not. Feeling that he shouldn't argue with those who knew what was best, he took the pill from her and swallowed it. When she came back the next morning with another one, he swallowed it as well. When his wife came to visit him that afternoon, she found him deep in an unshakeable sleep. She sat with him for a while, and then went home.

The man sitting next to me in front of the lounge television was not the same man I had been visiting daily since his admission to the ward. His graceful strength in the face of adversity had vanished, stripped from him by his separation from his greatest emotional support. Missing his wife's visit because he had been asleep was unthinkable to Mr. Jones. She could visit him only three or four times a week because she needed a ride into town from her brother who worked most days, so each visit was precious. He now felt like a lotus-eater, blithely sleeping as precious time ticked away. My heart broke for him and his missed visit with his wife. That loss must have been immeasurable to this man, who now counted what remained of his life in months. I asked him what I could do, and his answer was simple: "I want my old pills back."

In truth, his new pills were his old pills - just stronger and more frequent. It was easy enough to work out what he was getting before, write a new order, explain the situation to one of the residents, and have them countersign. I spoke to his nurse and made sure she understood that he only wanted to take his pain

medication when he requested it. Fifteen minutes of talking to my patient, five minutes of paperwork, five minutes with a resident, five minutes with a nurse; 30 minutes of my day, and a remarkable man regained his strength. My heart overflowed with joy to see him return to his usual remarkable upbeat mood the next day, eating breakfast and chatting with his wife when the whole team saw him on rounds. I wanted to do a curtain reveal, take a bow, and say "look at what I did!" to a round of applause. But I knew that really I had done very little.

I effected a small repair on a structure that had taken Mr. and Mrs. Jones a lifetime to build. I had the time and the opportunity to discover that the pain management plan suggested by a palliative care team was not, after all, quite right for this man. I held the "healer" baton for a precious thirty minutes before passing it back to others involved in this man's care. I cannot wait to carry it again. ■