

FINDING COMMUNITY IN A FISHBOWL

Sarah F. Silverstein, MSW, RSW

The Ottawa Hospital, Ontario, Canada

ssilverstein@toh.ca

KEYWORDS: Palliative care; Remembrance rounds; Memorial rounds

We meet for rounds every morning at 8:30am in a large boardroom past all of the clinics and offices. It is not easy to find the first time, so we forgive new learners if they are late on their first day with us. The room has large windows on both sides—looking outside, and looking into the hallway—so it has become known as “The Fishbowl”. The outside windows face the far wing of the hospital, but the local neighbourhood is also visible along with green space. Sometimes, if you look across the way and up one floor, you might see someone holding a brand-new baby as they pace along the maternity unit. I always sit facing the outside windows. The natural light is so lovely that we hardly ever turn on the harsh fluorescents. This gives the room a peaceful atmosphere that lets our early morning eyes adjust, softening the room for what is to come.

Sometimes we are boisterous coming into the room, especially on Monday mornings. There can be a lot of chatter and catching up—both personally and about patients and how they fared over the weekend. There can be anywhere from 10 to 16 people around the table depending on how many learners we have that block—Fellows, Residents, and Medical Students. The constants are the Attending Physicians, the Nurses, and me, the Social Worker.

We are the Palliative Care Team. After medical updates have been shared, new consults acknowledged, and the list has been run, we take time to remember the patients that we have had the privilege of caring for who have died since last we met. Everyone has an equal voice at the table, but never more than when it is time to remember. Laptops are closed, pens are put down, and phones are turned over or tucked away. We pause to listen, to share, and to honour. This time is calm and not rushed. Sometimes the person sharing needs a moment to gather their thoughts or wipe a tear—we sit quietly together in this space and share our humanity. We pass the tissues. We thank each other for speaking.

There are no real rules for remembering, but we try hard to focus on the non-medical anecdotes and remember people for who they were, not just their illness. We remember their families, often worrying about how they will cope back in their real lives outside of the hospital. We share our successes and our challenges in caring for each person, and what we may have learned. We recognize that patients come with histories, with baggage, and with complicated stories and relationships. Some patients are surrounded by so many people that it can be hard to get close to their beds, and some patients are alone the whole time they are with us. Some palliative care patients have only begun their lives, while others tell us that they have tied up loose ends and are ready.

In our Fishbowl, we share stories of what our patients have achieved in their lives—their incredible adventures and experiences; how they loved and met their partners; losses that have shaped who they are; the devotion of family and friends who have been at their bedsides; and connections to their faith or spirituality, their careers, and the challenges they experienced in their lives. Some patients share so much, and some very little. Sometimes we connect with a patient or their family so deeply, and sometimes we lament that it felt like no connection was made at all. Whether we knew them for only a short time, or through many hospital admissions, we take time to remember everyone.

We share these stories and feelings so freely because we know that the room will be quiet and no judgement will be felt. We see each other as the compassionate humans that we are; humans who have chosen to care for people at the end of their lives. We share this compassion with each other—and hopefully with ourselves, too—as we remember our patients and those who came before them; as we remember our own inevitable losses. As long as there is respect for each other and respect for the people that we are speaking about, we are nurturing a community of safe space. When we sit quietly in our Fishbowl with the door closed and hands stilled, with the buzz of the busy hospital far removed, we are a community of reverence and compassion, where time has slowed down for a short while.

I wonder if people think that we just cross patients off our list when they die and simply move onto the next? I do not think we could do this work if that was the practice. And I do not know where we would put all of the grief... it has to go somewhere. And so, we protect this time in which we can share the grief openly, read poetry, relay a funny story, wonder if we could have done better, and say goodbye properly.

We know so much about so many of our patients because we take the time to ask. Good palliative care is patient-centred with a focus on quality of life as defined by the person themselves. Decisions are made with patients and their chosen people and often depend on a person's values, goals, and personality. Quality of life for one person can mean something completely different for another, and the care we provide means asking those questions and finding out who a person is in order to provide whole person care. We focus on who they are while they live to journey with them toward a (hopefully) good death.

Our Fishbowl community is never the same from one week to the next, but it remains compassionate and dedicated to remembering. The people in the room change due to different schedules and rotations, but the shared dedication to our patients and acknowledgement of what a privilege it is to care for them is the constant. The Medical Student's voice matters just as much as the Attending Physician's, the Nurse's as much as the Resident's. And mine matters too, as a non-medical member of Allied Health. Anyone and everyone can remember our patients, and that lack of hierarchy contributes to being a community. The work is hard, and the days can be heavy, but taking the time to acknowledge these truths and to remember each patient, together, helps us to take care of ourselves and each other before we ready ourselves to meet our next patients. ■

Biographical Note

Sarah Silverstein is a hospital Social Worker in Oncology and Palliative Care. She recently completed the Foundational Certificate in Narrative-Based Medicine from the University of Toronto's Temerty Faculty of Medicine, which has rekindled her love of writing and sharing meaning through stories. Sarah is striving to keep compassion in every healthcare story, and is proud to be one of the Schwartz Rounds Facilitators at her hospital. This is her first publication.