A week in November

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Experience

Expérience

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CMAJ 1998;159:1283-4

Friday. The end of the first week with a new clinical clerk: her first rotation. Unlike previous clerks, who were experienced and cocky, she is just beginning. Already we've covered everything from the indications for influenza vaccination to childbirth. I'll never forget that delivery: the laughter as I showed the grandmother how I could teach the baby to stick out her tongue, and the tears as the family's thoughts turned to an infant cousin, born prematurely with all the textbook complications, who was dying at home. And so this birth was a joyous occasion tinged with sadness.

Little did I know how much sadness. Less than 24 hours later a call came from the nursery: the baby seemed dusky and had a heart murmur. By the end of another 24 hours she had been rushed to neonatal intensive care, then to the cardiac care unit at another hospital, and finally to Toronto to undergo emergency cardiac surgery. Five days later they declared the procedure a success, and I looked forward to a new week. A normal one, I hoped.

Monday. As we were seeing patients a call came in from the baby's cardiologist. I excused myself and left the clerk to carry on. I was expecting a routine update. The cardiologist told me about the transfer and the surgery. "Honestly!" I thought. "Don't these guys know we family docs are a bunch of mother hens who follow our baby chicks closely? Why is he interrupting my office hours to tell me this?" Then I realized that he knew this wasn't news to me. And so I heard his next words before they left his lips. The baby had died, suddenly and inexplicably, "just a little while ago." After the first shock wave I called to speak to the parents, only to find that they had already left the hospital. There was nothing to do but carry on. I returned to the examination room, mouthed the word "died" to the clerk and continued with the patient as if nothing had happened.

Later that day Maureen came in. Her case is perhaps the saddest I've ever dealt with. Even her oncologist feels the same way, so I know it's not just old emotional me. Almost a year ago on routine prenatal lab work in her third trimester I discovered what proved to be non-Hodgkin's lymphoma. Worse was yet to come. After a bittersweet delivery 3 months later, the baby had nonspecific feeding difficulties — nothing particularly worrisome. But, examining the infant's abdomen when she was 4 weeks old, I felt a horrible panic welling up. This was the largest liver I'd ever felt in a baby. She had neuroblastoma. Now the baby was doing well, but her mother had suffered setback after setback. No therapy had had any effect; the cancer had spread relentlessly to her bones, brain and breasts. She had come in, my last patient of the day, to tell me she was now deemed "palliative." I talked about what I could offer, suggesting that I could do house calls and take over her care at any point: palliative care was family practice epitomized. But she didn't want that, partly because she lives quite far out of town and partly, I suspect, because house calls would define her as dying. As long as she could make it to my office she couldn't be "that sick." After she left I dragged myself to the phone to call the parents of the baby who had died. An hour later, drained and disheartened, I came out into the waiting room to find Maureen sitting there looking forlorn. There'd been a mix-up; her husband hadn't come to drive her home. I picked up her child carrier and headed for the car. Time to make an unofficial house call. Time to show her it isn't hard for me to do.

It's funny, the little ways that patients can affect you. My car hadn't been running very well for some time and made a terrible knocking sound. As we approached her house Maureen admonished me, "Dr. Despard, your car is in worse condition than ours!", implying that as a highly paid professional I ought to get it fixed. I figured she was right.

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I find house calls with or without one of my 4 children in tow very pleasant. My kids enjoy the calls also. They've seen things other children their age haven't, but at their age I spent my summers walking around the virtually empty Canadian National Exhibition grounds "helping" my grandfather, a lighting and displays specialist. My childrens' exposure to childbirth, life, and death seems to me just a different opportunity stemming from my occupation. Frankly, "Dr. Luke," now aged 4, is much more therapeutic for some of my elderly patients than I am. I have been keenly aware at times when I didn't bring him that my visit was much less welcome.

Tuesday. I called the garage and arranged to have the car fixed on Thursday. Later that day a pregnant patient came in. She had complications and was juggling visits with me, her specialist and a dietitian. The baby was due in about a month. She told the student she'd like to speak to me alone; the door closed, and she started to cry.

Pulling out information booklets she reminded me of a conversation we'd had a month ago. There had been some concerns about her daughter, a beautiful child almost the same age as my Luke, and the pediatrician had ordered tests. My patient had just been told at the cancer clinic that her precious child had an inoperable brain tumour. We pored over the information and I tried to control my rising hysteria. How would I deal with this? To think she had a new baby due any time. I think some tears were shed by both of us.

Wednesday. I arrived at the office, put on the tea, and realized this was the day of the baby's funeral. I called and sent flowers. There was only *one* piece of mail, delivered by the courier: unusual, but I didn't see it as an omen. As the tea brewed I opened the envelope and read a report on a 6-month-old baby who had a swelling in his leg. The ultrasound strongly suggested sarcoma. I put the report down and calmly drank the tea. With some effort, I put in a call to a specialist and began my day.

The VON rang up to say that Mr. Jones, a patient with cancer of the lung, was doing poorly and had had a fall. She would visit him daily, but wouldn't it be better to get him a hospital bed? Easier said than done. No adult beds available; they put him on the urgent list.

Several calls later, admission was arranged for the 6 month old for investigation.

Thursday. I arrived at the office with a sense that something catastrophic was going to happen. My mother would have told me this was nonsense: troubles come in threes and I'd already reached the limit. An abnormal maternal serum screening result came in. That wasn't too bad; usually they're false positives. It was traumatic for the parents, of couse, and difficult news to break, and I had to arrange an urgent consult. Still, the streak of bad luck seemed to be abating.

Mr. Jones fell again, so an emergency bed was arranged; I stayed late to admit him. This was sad, but not unexpected; he had been in palliative care for some time. The student obligingly helped out and we went by the garage to pick up my car, rehabilitated to the tune of $2000. From there we went to the hospital to see Mr. Jones. He had been admitted to the cardiac telemetry unit (the only bed they had) with a diagnosis of "weakness." In his confusion he was unable to tell the nurses his real diagnosis. When I arrived I found they had dutifully done an electrocardiogram on arrival. Rather amusing, in a pathetic sort of way; I found myself giggling when I saw it. Obviously too much stress, not enough good restorative sleep. I went home late and collapsed into bed.

At a quarter to midnight the phone rang. Not an unusual state of affairs when you deliver as many babies as I do, but the call was from the wrong hospital. "Sorry to inform you but your patient Maureen was admitted to the ICU with septic shock and unfortunately has just died. We thought you'd like to know." I never got a chance to tell her I'd fixed the car.

Friday. A call to Maureen's husband, a grief counselling session (instead of lunch) with the parents of the baby who had died (was it really only days ago?), and a house call to the baby's aunt — the one whose premature infant was dying. We drank tea and talked about the other baby's funeral and how the family was coping. Then I discussed the breakdown of the baby's ostomy site and increased the pain medications. The grief around me was palpable.

Saturday. I called the hospital, hoping to get the test results for the 6 month old. Good news: it was not sarcoma, only a benign lesion.

I visited Mr. Jones. Death seemed imminent, and I adjusted his medications for comfort. The family were on pins and needles; every minute an hour; every breath watched.

Sunday. I made rounds; not much had changed. Two hours later the call came: Could I come in and pronounce? Another difficult phone call to a family member, another bit of bad news in a week full of sorrow. But next week would be better. The mother of the dying baby was pregnant again. Life will have its own out.

On reflection I'm left with some unanswered questions. Did the medical student learn anything? I never pursued this with her in detail. What had she seen in me? Empathy? Fragility? How had I performed? Had I given the news well? Had I said the right things? Had I softened the blow at all? How had I stood up personally? Did I handle the stress constructively or let it pull me down? Had I fulfilled my mandate as a teaching clinician?

I ponder how I could have improved the learning, but I am forced to admit that I'd had little energy to spare. Maybe next time.