

Listening

■ Cite as: *CMAJ* 2019 April 23;191:E451-2. doi: 10.1503/cmaj.181479

CMAJ Podcasts: audio reading at <https://soundcloud.com/cmajpodcasts/181479-enc>

Tonight, you have an evening out. You are not on call and the pager is off. You are standing in line for a play with your friend, clutching the two coveted tickets in your hand. You know you are likely to fall asleep as soon as the show begins.

You also know that even when you are away from your place of work, consciously or not, you are still working. You are a professional, which means that you are diligent and attentive, especially when you don't feel like it. You know that medicine is rarely easy or convenient.

"I've got some bad news." Says your friend. "I have this disease and they say I need this treatment."

You feel that prickle of recognition as you notice the troubled look on your friend's face. You hear the change in the tone of their voice. This will not be one of those lighter conversations about a fad diet or whether sudoku will prevent dementia.

You are in the deep mud of a no man's land where you are both a friend and a physician. You are armed with the privilege of your medical knowledge and experience, but the landscape is mined with your assumptions about your friend and the incomplete hand-me-down story that you are about to receive.

The play is no longer important. You leave the lineup together and go to a nearby coffee shop. You think about the boundaries, yours and theirs. It would be a violation of your friend's privacy to do the necessary history and physical exam to fulfill your professional obligations. Yet, this would be the minimum requirement to establish an effective physician-patient relationship. You squirm as you recall that when you were a junior doctor, you were a little less cautious. You were



more eager than to show your knowledge and too quick to jump in with opinions and advice. You think about that off-hand comment you made years ago about your friend's antidepressant and you still

become flooded with shame. Do you have more wisdom now?

This friend's story isn't even in your area of expertise, but you want and need to help. Your trusting friend is sharing a story

so intimate and shameful that your gazes do not meet as you listen to a difficult story of depression and addiction. You listen in disbelief and in pain from your own sadness about the situation. You reach out and take their hand into your own.

You remember the time when you listened in silence to the tale of a daughter's prolonged labour and eventual cesarean delivery. You have received the anger and frustration surrounding the delayed treatment of a father's bowel obstruction and eventual diagnosis of cancer. You have acknowledged the suffering and uncertainty in the care of a mother who has just had a stroke.

You have examined the healing scars from a friend's mastectomy when she showed you her wound in the locker room, and you wondered if you would have been as strong as she has been. You have lifted the bag of crushed ice from the swollen knee of your tennis partner and tested for ligamentous laxity. You have nodded your head as a friend described her trip to Mexico for the alternative treatment of her cervical cancer. You have kept your facial expression neutral or warm as the countless treatments and practitioners were described in detail. You didn't interrupt. You were indulgent with the repetition.

"Why me? Why does this happen? Why now? Why me? Why me?"

Tonight, you know the important parts of this conversation will happen if you are patient, if you are curious and when you listen. You breathe slowly and quietly. You make space for the confusion and grief. You listen with compassion and kindness. You make place for hope. You listen and listen and listen.

You do not interrupt as you hear the rage and anger your friend has for the system.

"Why do I have to wait? How could they not know? No one said I could get addicted and die."

You are part of that system. Your friend asks you why they can't be more accountable for the delayed diagnoses and the insufficient information. You acknowledge the gap between your friend's

expectations and the realities of the process, but mainly you stay silent and listen.

You glance at the time and see that it is late. You have to be up at 5:30 tomorrow, but you remain and receive their incredulity and frustration. Your head nods, saying that you understand. Your face shows that you are sorry that this is so difficult. You notice some tears. You do not tell your friend not to feel sad. You do not say that it is not so bad. Especially, you do not say that everything will be all right. You know it might not be. You say you are sorry for the troubles. You stay open and enquiring.

"Tell me more. What was that like for you? What happened next?"

You receive their anger and worry. You hope to refocus the anger into an energy that will make the journey better. Your friend suspects that you know things they do not yet know. They want the secrets of your guild.

You do not tell them the things that should be told to them by their own doctor. You do not say the things they are not ready to know. You do not prognosticate. You are not their doctor. You are their friend. You are a friend who listens, who can share the grief and can offer hope. These are kindnesses.

You try to increase understanding by translating some medical terminology into accessible terms. You make a sketch on a napkin to help explain some pharmacology. You ask the questions that can shine a light.

"What do you think is going on? What do you think the next steps should be?"

You do not criticize them or their providers. You offer some specific questions they can ask their providers.

"From what you have told me, you might want to know more about this part. Could you talk to your doctors about that?"

You promise to help them navigate the confusing customs of health care. You suggest they keep a diary or record of what is said at the visits. You remind them about the importance of ordinary things like eating, sleeping and exercise. You agree with the counselling that was offered.

Your friend searches your face for more clues about their future. A voice inside you reminds you that you often see only the worst outcomes. You gently suggest that if their journey becomes more difficult, they may no longer want to share the medical intimacies of their suffering. They may want more privacy. Or is it you who will need more shelter from those details that will become harder to hear?

There is nothing more to say right now. You both agree that the truth matters and that the only truth you can share right now is uncertainty.

You insist on meeting again next week for coffee. You pass your hand across your own corrugated brow, smooth the hair from your face and look into your friend's eyes. Your friend is crying.

"We can talk more then."

You are moved by the mysterious mechanism that draws humans together. You give your friend a hug, a warm deep hug. And because it is the right friend, you kiss. Your hugs and kisses are not limited by any professional codes of conduct. You are not their doctor. You are their friend. You are crying now too.

"Take care. We'll talk again soon. No really, you can call me anytime. It will be good to know how things are going."

You make a mental note to call tomorrow anyway.

It is late and you are tired. You are a kind friend, a good counsellor and a decent human being. You remind yourself to be grateful because you were able to help. And yes, you know that medicine is neither easy nor convenient, but tonight your friend has been heard, understood and cared for. You have decreased suffering and preserved hope. You did all this by listening, listening and listening.

Carolyn J. Montgomery MD

Comox, BC

carolynejmontgomery.com

This article has been peer reviewed.

All characters in this work are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.