

# Calling the boys home

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*Experience engages our feelings as well as our intellect.<sup>1</sup>*

When I began my career, medicine was science. Patients were objects that could be fixed. The art of medicine was early-morning fog on the river, a natural but intermittent phenomenon. When patients told me their stories, I was prepared to hear what I had been trained to value; everything else was superfluous. Fortunately, our most forbearing teachers are our patients, and from them I learned that fixing things is not always the goal.

"Doctor, maybe I should call the boys home?"

"No, I don't think that's necessary," I replied. "I saw your wife during rounds this morning and she is unchanged. She had a reasonable night; she's holding her own."

I first met the patient I will call Dan in an office visit. He was having some abdominal discomfort. Subsequent investigation showed some "gravel." When I told Dan about it during a follow-up visit he said, "Doc, I feel fine. When I get a good price for my gravel, I'll let you know."

Dan was old and wise, and I was young and brimming with knowledge; not young enough to know everything, but close. Looking back, I would say that I saw Dan as being "quaint" — his white hair curling up under his old black hat, the dated wardrobe, the little stories and comments that were always interesting but seemingly irrelevant.

Dan had immigrated to Canada, where he started as a pedlar with very little other than some basic principles: "Be fair, be dependable, help out when you can."

He worked hard, making trips to all the villages along the river running north and south and along its main tributary. Then he would cross the mountain to the river running east, and the orderly process would continue. "Everything in season, everything for a reason."

"I'm going all around the world," he would say when he started these trips. Buying and selling, he established himself, making little profits that he carefully nurtured.

Dan and his wife had 2 boys. He told me that he and his wife had "guided them down the river," safely manoeuvring them over the gravel bars of accidents and infections, past the currents of peer pressure, the snags of rejection and the temptations to go down the wrong channel. And, always, he and his wife had been fair, dependable. They helped when they could — "But with the boys," he remarked, "you have to go easy on the help."

They launched their sons successfully and were very proud of them. They had grandchildren.

"Doctor, maybe I should call the boys home?"

"No I don't think so. I increased her fluid pills, and she said she was comfortable, propped up on the pillows. She is stable."

I remember one evening in January when Dan was in the office. Before he left he said, "You know, January is a wonderful month."

"You have to be kidding. It's been so cold this past week you can't even ski."

Dan paid no attention. He looked into the middle distance. "You get a beaver pelt in January and it will live forever." He looked at the Naugahyde surface of the stool next to him and ran his hands over it.

"A January beaver pelt is thick, warm. You caress it, it glistens: beautiful, absolutely beautiful. A January beaver pelt lives forever." He did not say anything for a moment; then he looked at me. "You want to go skiing tonight, wear a January beaver coat." As he went out the door, he added, "You know a November beaver pelt isn't so good. It doesn't last."



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## Experience

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## Expérience

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Later that month Dan and his wife decided to go to Florida.

"Perhaps the warm air will help. We'll walk on the beach every day," Dan had said hopefully.

I had not recommended the trip. Rachel, as I will call her, was 10 years younger than Dan, but when she was a young girl rheumatic fever had left her with a leaky heart valve. Now her heart was having difficulty compensating. Twice she had gone into heart failure. The medication had helped, but the long-term outlook was not good. The surgeons had said emphatically that an operation was not an option.

The weather was clear and warm in Florida, but Rachel found that she could not walk on the beach. She dreaded the air hunger that came with the long nights. They came home early.

She was in and out of hospital. Her medication was adjusted and fine-tuned. Each time, her intervals at home grew shorter, and for the last 4 weeks she had been confined to bed in hospital. Minimal effort or excitement could tip the delicate balance.

"Doctor, maybe I should call the boys home?"

I started in with the usual rejoinder, a little reassurance, a thread of hope.

"There has been no change, Dan. Rachel was able to eat some breakfast when I did the rounds this morning." Then I paused. Perhaps there had been a subtle change in Dan's voice; perhaps I had an intuition.

I said, "Dan, maybe you should call the boys home."

It was 9:30 in the morning. The boys caught noon-hour flights and arrived at the hospital by mid-afternoon.

They visited with their mother. Early in the evening, with her family present, Rachel died peacefully.

Not long after Rachel's death Susan Sontag's *Illness as Metaphor*<sup>2</sup> was published. In the book Sontag comments on the difficulty that we, in advanced industrial nations, experience in coming to terms with death. She writes that death has become "an offensively meaningless event."

Dan understood death. He wanted *permission* from me to send a signal to Rachel. The unspoken signal, the permission to die, was represented by the boys returning home together. When this happened, Rachel could say good-bye and die in peace. I had been micromanaging a failing cardiovascular system and not addressing the reality of what it meant to Rachel and her family to endure with that failing system.

Dan had helped me to understand what I should do in the context of his family. It was a matter of paying attention to his quiet refrain and discerning the relevance of his little story. He also taught me that, for his family, events both great and small did occur in season and for a reason and that death was a meaningful completion of that great pattern.

## References

1. McWhinney IR. The importance of being different. *Br J Gen Pract* 1996;46:433-6.
2. Sontag S. *Illness as metaphor*. New York: Farrar, Straus and Giroux; 1978.

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