

# A lesson from my father

Fred Tudiver, MD

So there I was. Being wheeled unceremoniously into my own clinic, the family practice where I had “attended” so many for the past 13 years. So many others — patients who could not adequately care for themselves and who needed their family physician and nurse to help. Who needed the whole team, really. Unshaven, I had not eaten for days. I was dehydrated and miserable, yet somehow relieved that someone was taking over. Maybe the pain would end. Oh, please don’t look! Don’t see me like this! Especially my staff, my partners.

Where did the story start? On the floor of the Grand Canyon, barely 4 days before: day 3 of the backcountry Vision Quest I had decided to lead with 5 of my old buddies as a 50th birthday present to myself. I was in great shape, on top of the world, and 50 was just a number, right? I recall the moment so vividly. Day 3, about three-quarters of the way to the top of Grandview Trail just behind my old friend Ken, the others behind. Ken was 56, after all; surely I could keep up with him. Then it hit me. It was here, at the Grand Canyon, where my father first experienced severe angina 35 years before. Or maybe it was his first MI. We never did find out, but the myth continues to this day. He never told us, of course. God forbid. He kept it in like any proper guy. “After all,” he likely thought, “it will pass over soon and I’ll be OK. It’s nothing.” Nothing. If it was nothing, how come he only made it to 64, many MIs and 2 arrests later? Now, years later, it all came back to me.

But I couldn’t help feeling it. You know, the pride, the strength and all. After all, he was only 43 and I was now 50. No angina, not even a hint. And he was just waltzing up there at the rim. There I was huffing behind Ken, having climbed for 3 hours, on our third day of fasting.

I thought I saw my father for a moment in the heat of climbing up that incredibly steep grade. The Arizona sun came out on this side of the trail around 9 a.m. You could really feel it and I swear I saw his face or some image of him in the glare. Anyway, when he was 50 he was working on his second (or was it his third?) heart attack and had a kidney stone on top of that. He never took care of himself. No awareness of self. High-fat diet, no exercise, overweight, all the risk factors. Not me. I’d done it better: regular exercise, no bad habits, only a little excess weight and a much better diet. Just look at me now climbing this sucker on a 3-day fast, I thought. Hell, I’m not even drinking that much. Got by so far on a litre of water. Great warrior, I. Dehydration wasn’t even part of the Quest “rules.”

So, the warrior kept on trucking, with not enough water on board. I passed Ken a half hour before we reached the trailhead. One step at a time. Oh God, was it difficult. But I had to keep going, no matter what. Forget the pain, the agony, the thirst. One step at a time. My father would have never made it. Not at 43, certainly not at 50! Victory at the top. It was so sweet with my buddies of so many years.

It hit me at precisely 3:39 a.m., Arizona time. The pain I knew so well in my head from 20 years of practice was now in *my* body. The agony that everyone says is as bad as childbirth: unrelenting right-flank pain radiating into the groin. Well, no-one dies from passing a kidney stone, so it was home where I wanted to pass it. And I made it back with the help of my 5 buddies. But the pain remained until my medical partner, Peter, made 2 housecalls and — a long 24 hours after the onset — finally removed the pain, which included the shame of being a patient myself, in public and in full view of my friends, my family and my team members.

Luckily, I recovered without needing surgery. My team members welcomed me back a week later, and I learned how much they really cared for me — more than I had ever let myself enjoy.



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## Experience

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## Expérience

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What did I learn from this illness? First, I learned what I already knew: that I was as fallible and vulnerable as the patients I see every day.

The shame was trickier to figure out. It was the shame of not taking care of myself, of not doing what I told my patients to do. It was part of the shame that men like my father share in trying to be The Man, tough and independent, while ignoring the body. Taking care of *things*, but not one's self; not being conscious about the body. I felt that I had been caught doing the unspeakable. Doing what I did in the desert was no more sensible than what my father had done. So I was a lot like my father — a guy who did the best he could, who kept his feelings inside and never admitted when something hurt. He was like me. Just plain human, like the folks I saw in my busy office every day.

Maybe what I got out of this illness experience was that there is much to learn from both my father and my patients — especially the men. Unfortunately, I needed to go through a significant illness before I began to pay attention and finally receive these lessons of compassion

and humility. I believe I am receiving them and will continue to do so for the rest of my life. I think I'll use that image of my father, holding onto his chest on the rim of the Grand Canyon, as my touchstone.

Rites of passage have been practised in many cultures and religions and were considered necessary for personal growth and change. A modern-day Vision Quest is intended to help participants make the transition from one life-stage to another, to heal relationships with their families and to find a deeper meaning to their lives. They usually involve meditation, fasting, keeping a journal, and other modes of healing and "grounding."—FT

## Suggested reading

1. Foster S, Little M. *The book of the Vision Quest*. Englewood Cliffs (NJ): Prentice-Hall; 1987.
2. Jastrab J. *Sacred manhood, sacred earth: a Vision Quest into the wilderness of a man's heart*. New York (NY): HarperCollins; 1994.

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## Essay Contest

### The Canadian Cancer Society Essay Prize for Oncology or Cancer

The Canadian Cancer Society (National) will award \$1000 for the best paper on a topic in oncology or cancer control written by a student enrolled in an undergraduate medical program in Canada. Essays should be no longer than 3000 words and will be judged on relevance, originality and scientific merit. The winning paper(s) will be considered for publication in *CMAJ*.



**Deadline: Jan. 30, 1998**

For information and/or submission forms contact: Mrs. Monika Dixon, Junior Administrator, Essay Prize for Oncology or Cancer Control, Canadian Cancer Society (National), 10 Alcorn Avenue, Suite 200, Toronto ON M4V 3B1; tel 416 961-7223; fax 416 961-4189; mdixon@cancer.ca

## Concours de dissertation

### La Société canadienne du cancer Prix de dissertation sur l'oncologie ou la lutte contre le cancer

La Société canadienne du cancer (Bureau national) accordera un prix de 1000 \$ à la meilleure dissertation portant sur un sujet lié à l'oncologie ou à la lutte contre le cancer et rédigée par un étudiant inscrit à un programme de médecine de premier cycle au Canada. Les dissertations devraient avoir au plus 3000 mots et seront jugées en fonction de leur pertinence, de leur originalité et de leur mérite scientifique. On envisagera de publier les textes primés dans le *JAMC*.



**Les textes doivent être présentés  
au plus tard le 30 janvier 1998.**

Pour obtenir des renseignements ou des formules d'inscription, communiquer avec M<sup>me</sup> Monika Dixon, administratrice junior, Prix de dissertation sur l'oncologie ou la lutte contre le cancer, Société canadienne du cancer (Bureau national), 10, avenue Alcorn, bureau 200, Toronto (Ontario) M4V 3B1; téléphone : 416 961-7223; fax : 416 961-4189; mdixon@cancer.ca