

ve just attended the first funeral of my medical career. Mr. Coldger was an elderly gentleman I'd been seeing for a constellation of problems: diabetic neuropathy, congestive heart failure, ischemic heart disease, atrial fibrillation and insomnia. He arrived at the first of every month; I allotted him 45minute appointments to deal with all his complicated troubles. Every time he appeared I was surprised to see him still alive; we made a game of it, me betting that he'd not last the month, and he betting that he would. And every month I lost the bet. The last time he came to the office I asked if he'd sold his soul to buy extra time on earth. But — for the first time — I bet with him, not against him.

He seemed to enjoy our little game, and we related to one another better because of it. I remember his triumphant smile in the first few seconds of our meetings, and I loved to see it. He looked every inch like a fellow who, in escaping death, had much more licentious living to do — for the moment, anyway.

I titrated his pills and scolded him about diet to little effect. I've lived this long, he'd say, I'm not going to change at this point, especially with you saying I've only got a few days to go.

Every day I scan the Births and Deaths columns to keep abreast of possible additions and subtractions to my practice. So it was over breakfast that I learned of Mr. Coldger's demise and the funeral that would take place in two days' time. The small caption cowed me: there was so much to this man I didn't know. I'd had no idea he was a veteran of the Second World War; I never saw or heard him speak about his children, of which he had five; I never knew his career had been in civil engineering. To me he was a concompliant med-

ical wreck, a human disease repository.

I began to think my last bet had been a mistake. I should have kept betting against him, inspiring him with enough defiance to make it through one more month, just to prove me wrong.

It's humbling to be a doctor at funerals. Though I'd done what I could to keep him sputtering on despite a genuine pessimism that he'd last, I still felt a sense of shame, as if I'd failed in my task. Worse was the realization that I knew so little about the man. This was the largest funeral I had ever attended: three hundred people, including the mayor and the local MP, packed into a little church. The bishop of the diocese presided with the parish priest. So many people — and I was oblivious as to where they had fit in my patient's life.

Several people spoke to me after the ceremony of the affection Mr. Codger had displayed for me, and of how he had been determined to prove my grim forecasts wrong. I responded in platitudes, saying that he was a very nice gentleman and that I'd miss his visits. This seemed to satisfy them; I was a minor functionary at this ceremony and wasn't expected to eulogize my patient. My role was to show up and look solemn.

This was easy to do among the hundreds of grieving relatives and friends who knew far more about Mr. Coldger than I ever did. I reflected on my self-centred notion that it was my bet that had finally sent Mr. Coldger into the beyond. He died in his own good time, and his death taught me an important lesson: to set aside more time to learn about my patients' lives as I attend to their illnesses.

— Dr. Ursus