

THE LEFT ATRIUM

Room for a view

Caution: elopement risk

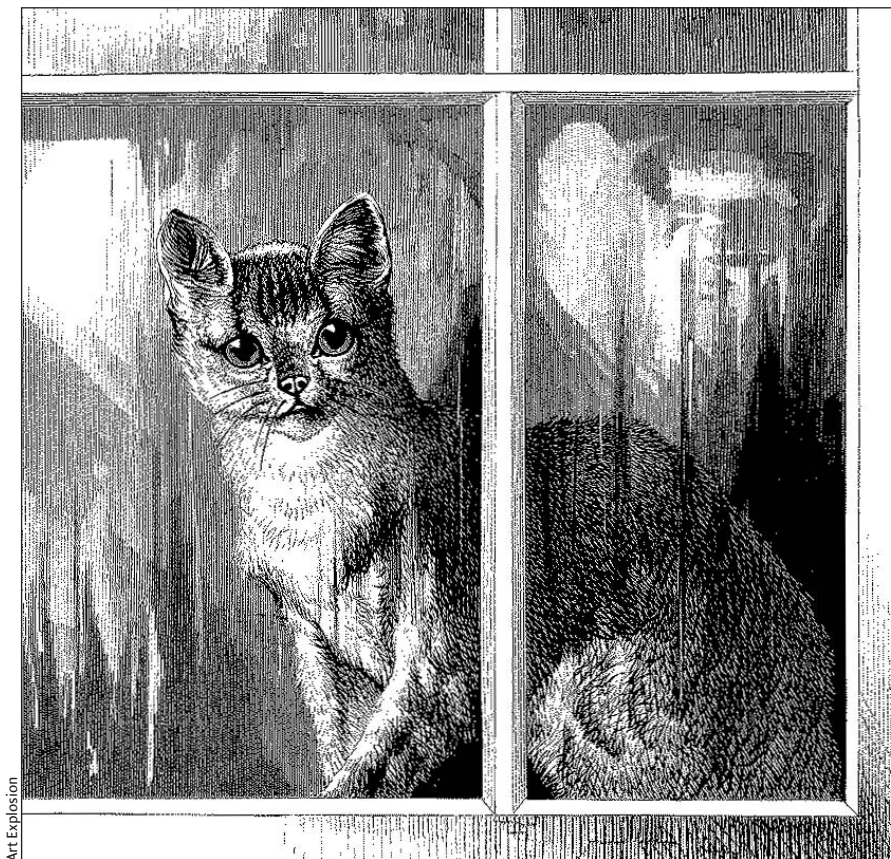
Our cat disappeared. He was an “indoor cat,” morbidly obese, with clipped claws and, apparently, no sense of direction. He got out of the house when we weren’t looking.

When we chose our cat at the shelter, they told us that cats that don’t go outside the house live longer than those that do. Cars don’t hit them. Dogs don’t kill them. Infections are avoided. We would be doing what was best for our cat if we kept him inside, behind closed doors.

Our cat never stopped trying to get out. He never forgot his pre-shelter days as a cat on the loose, in danger but free. He would hang around the door, watching for an opportunity to dart past us. He would sit, staring outside, occasionally meowing, sounding discontented and forlorn. We didn’t waver, though. We knew we were acting in his best interest, but he wasn’t convinced.

The same day that my cat escaped, I forgot my set of work keys at home.

I have nine keys that I need for work. Everywhere I go in the psychiatric hospital where I work, I have to use keys. To walk from my office to the secretary’s office where I pick up my mail, I have to unlock two doors. To walk back to my office again, three. The door to the inpatient unit has to stay locked because of the large number of patients with dementia who could wander out if the door were open. Even with it locked, one still has to be careful: the door has a sign on it that reads, “Caution, elopement risk.” For their own safety, we keep the patients secure behind locked doors.



Art Explosion

It’s good to be reminded once in while what it is like to be without keys in our hospital. Keys are symbols in psychiatry. We talk about finding the key to a person’s problems, or about unlocking the unconscious. But keys are more than symbols: they are instruments of freedom in a very practical sense. The day I left my keys at home, I spent the day asking to be let in and out of doors. I had to borrow keys from colleagues, who relinquished them reluctantly, looking me intently in the eye as they made me promise to bring them right back.

This loss of personal freedom is what many people fear about psychiatrists, that we will lock them up and not let them out. That we will throw away the key. Sometimes I forget that people could be worrying about this the first time they meet me. I think of myself as not only benevolent, but a great respecter of autonomy. I want to collaborate with my patients, as much as possible, even those whose memory and cognitive function are deteriorating. I want to keep them safe, as they cannot protect themselves. If my patients

could truly process what it meant, would they still want to brave being out of the hospital?

Even now, when I look through the glass door into our backyard, I watch for a flash of white fur amongst the green and yellow. I feel guilty that we didn't watch our cat more closely, that he got out despite our best efforts to keep him safe. Is this what he really wanted — cold nights, no food, cars, dogs, danger? If his brain could truly process what it meant, would he still want to brave all these things just to be out of doors?

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Medicine and writing go well together, they shed light on each other and both do better going hand in hand. A doctor possessed of the writer's art will be the better consoler to anyone rolling in agony; conversely, a writer who understands the life of the body, its powers and its pains, its fluids and its functions, its blessings and its banes, has a great advantage over him who knows nothing of such things.

— Thomas Mann, 1939, *Joseph the Provider*

From Huth E.J., Murray T.J., editors. *Medicine in Quotations*. 2nd ed. Philadelphia: American College of Physicians; 2006.

Poem

The stethoscope

I walk into the room,
The last in a long line of observers,
Not knowing what I am to see.
I hear him first.
His breathing is heavy, laboured,
So loud it almost drowns out
The droning of the machines,
The humming of the fluorescent lights.
He waves his hand weakly as we enter,
Trying to keep up a semblance of normality,
As if denying his situation.
And I play right along,
Pasting a bright smile on my face
And greeting him with enthusiasm
Both of us ignoring, in our own way,
The inevitable truth.
I glance at the monitors surrounding him,
Listen with the ears of a novice
As the more experienced physicians interpret the fuzzy screen images,
Examine his chest,
Confer with one another.
All the while me standing there with my clipboard,
A transient figure
In the final chapter of his life.
Merely observing, with my limited medical knowledge,
Barely able to grasp the jargon of the conversation going on around me.
Allowed to, in the luxury of my ignorance,
Spend my energy trying to look beyond the symptoms
Trying to see the man behind the patient.
I imagine how, later, his family will come to see him,
Once everyone clears out.
How will they respond
When they find out there is nothing to be done?
It is time to leave,
He waves once more,
“Nice meeting you” I say ...
Hollow, ridiculous-sounding words.
In the hallway the case is explained ...
I imagine him inside,
Alone,
As we discuss his fate.
We then walk hurriedly down the hall ...
My stethoscope slung snugly around my neck,
A false semblance of confidence, assurance ...
On to the next doorway.

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