

## DISPATCH FROM THE MEDICAL FRONT

## The intersection of faith, family and survival

**B**ill's daughter Mary is worried about him again. He is elderly and she fears he is over-committed in the community, considering his multiple medical problems.

She hasn't approached me this time with her concerns, but it seems I cannot escape them, Yellowknife being a small community. On Sunday at lunch, I am sitting at the corner table of the Chinese-Western Diner, feasting with my family on wonton soup, grilled cheese with ketchup and buttermilk pancakes. A mutual friend approaches and asks me, as Bill's physician, whether I think he should slow down and, in particular, cancel a Bible study group that meets Fridays at 7 am at a tiny local church.

I weigh my words carefully, wanting to protect the dignity and confidentiality of all involved — but particularly my friend, mentor and patient. "Well, I think Bill is in the best position to decide how he wishes to spend his energies, and I'm sure he'll consider (well, consider, then happily ignore, judging from prior experience) his family's concerns."

"Great," she responds with a smile, "see you Friday at 7."

I turn back to my husband Paul, who stifles a chuckle. "It must be hard for Mary to sleep in when Bill is shuffling around the house at 6 am on Fridays," is his only comment.

Paul loves Friday mornings as much as I do; after Bible study at church, I drive Bill back to our house, where Paul reads to him for an hour or so over tea. Bill still subscribes to his favourite magazines, despite losing his vision to macular degeneration, and Paul enjoys the excuse to read archaeology, history and international news with a good friend.

During residency, I was frequently warned not to serve as a friend's physician, but my perspective shifted after moving North. It has been said that in a small community, physicians who won't treat their friends have either no friends or no patients.

Yellowknife is large enough to balance these approaches, depending on the



Paul Davie

Beneath the hooded parka lies a general internist, classical musician and gifted writer, Dr. Amy Hendricks. Hendricks, who toils in Yellowknife, Northwest Territories, lists as her medical interests tuberculosis, palliative care and ethics.

situation; and Bill has always preferred to be under the care of someone he knows and trusts as a friend. At times I have distanced myself from his care, insisting he also have a family physician and stepping out while a colleague on-call prepared for a transvenous pacemaker insertion.

The hardest area has been discussion of code status. After a particularly difficult year — punctuated by repeated hospitalizations and a few medevacs — we addressed the topic in the comfort of my clinic. I felt foolish outlining the question to a minister who travelled 3000 kilometers per year by dogsled in "the early days," witnessing Inuit families torn apart by tuberculosis treatment and conducting funerals for infants who died on the trail during Arctic migrations. Bill understands human fragility far better than I do, and has had 50 years in the Arctic to reflect on the intersection of faith, family and survival.

He nodded slowly and smiled.

"Yes, I understand what you are asking. I trust you and your colleagues to make the right decision, and I hope that the physicians looking after me would contact you and speak with my family as well."

In his own wise way, he sidestepped the easy questions — tube or no tube? CPR or not? — and yet provided exactly what I needed to know.

Clinical situations change, but the guiding principles of his life — which he knows I share — will ensure that he lives and dies with grace, dignity and hope. The best I can do for his code status is to advise: "Be sensible, be compassionate and please call me." — Amy Hendricks MDCM, Yellowknife, NWT

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This dispatch is one of a series of blogs crafted by Yellowknife physician Amy Hendricks, which were published over the course of the summer at [cmajblog.blogspot.com](http://cmajblog.blogspot.com)

*CMAJ* invites contributions to "Dispatches from the medical front," in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which usually run a maximum 400 words, should be forwarded to: [wayne.kondro@cma.ca](mailto:wayne.kondro@cma.ca)