

## CREATIVE WORKS

## For the love of a man

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**H**is name was David. He was large of heart, slow to speak, a salt-of-the-earth kind of man.

I happened to know that he'd been widowed years before and left with six children to care for, so his marriage to Clare was easy to understand. Being an army man, raising a family on his own would be difficult. Yet, Clare still seemed an unusual choice. She was considerably older than he, critical, sharp of tongue and quick to put him down. She swore easily and often and chain-smoked. I wondered privately whether they ever exchanged any tender words, because in my presence Clare was always right and David, when he got a chance to speak, was always wrong.

Yet he endured and she prevailed.

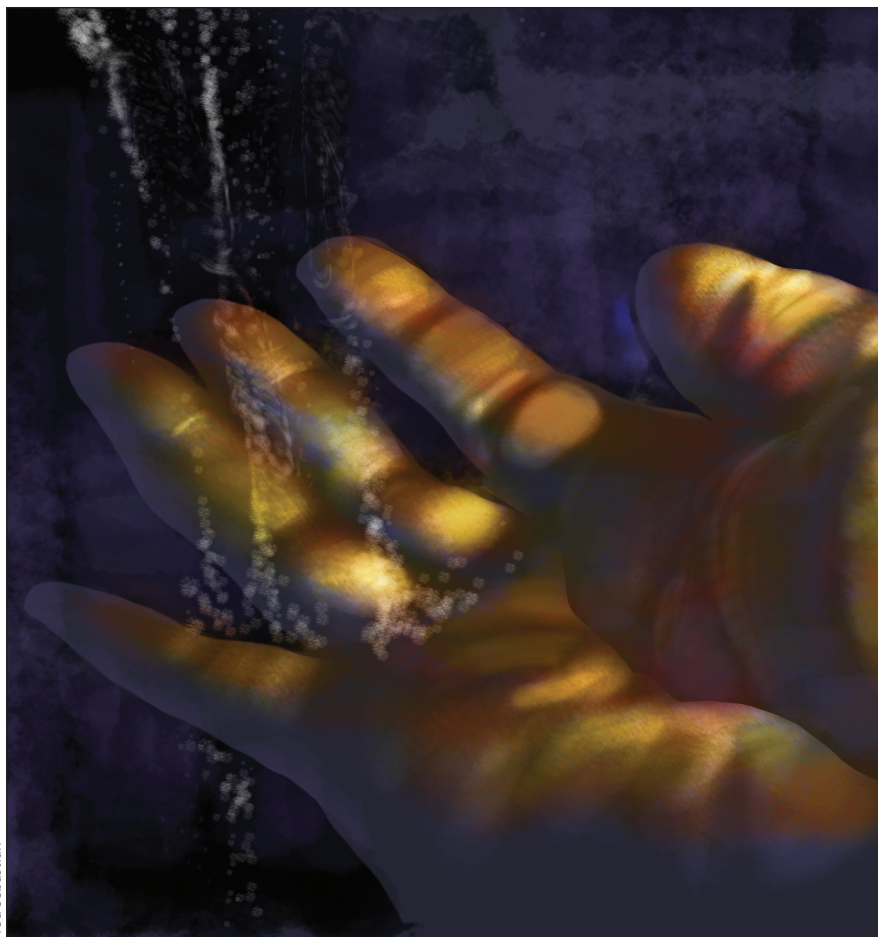
I was their family doctor. And now David had cancer.

David wanted to die at home. Clare, who was 66 and poorly educated, would hear of nothing else. There would be no hospital room, no palliative care bed for her husband; she would look after him. She insisted that she could do it. She would learn how to nurse him, to give him his medications, to care for his intravenous sites, learn how to feed him, turn him and wipe his eyes.

I went to their home three days a week at first. In the early days, it was like a holiday for David. Now he had the time to do the historical research he'd always wanted to do. Clare complained that he was underfoot.

David preferred filtered water so Clare took up a paper route to pay for bottled water so he would drink. She even went outside to smoke.

I watched all this happen, chatted socially with David before we got down to the nasty business of cancer. He asked me to bring pictures of my



Fred Sebastian

family. I thought it an odd request, but I did what he'd asked. From these photos he created a calendar on his beloved new wide-format printer. He was proud and happy to do this for me and I was honoured to receive such a precious gift from this dying man.

As David got sicker, the printer fell silent. He stopped researching family crests on the Internet. The piles of papers that graced their home each Thursday waiting to be delivered now encircled a hospital bed instead of a chesterfield. And Clare learned. She learned what the different medicines were. She learned how to measure his urine output. She learned how to push

subcutaneous pain medications. She learned how to do it regularly without him asking so he wouldn't have to experience the pain first. She set alarms in the middle of the night to be with him. She held water to his parched lips. And she persevered.

Now my chats weren't with David, they were with Clare. David lay silently on the hospital bed in the living room, a large bony cancerous mass protruding above his brow disfigured and distorted his face. It was not important. David was still at home.

As David's care became increasingly complex, I wondered how long Clare could carry on. Sure, she'd been

a mother to his children, but none of them had been young when she entered their family. And she had no experience in patient care. It didn't matter. She learned everything she needed to know. And she ministered to her David with tenderness and care the like of which I'd rarely seen.

For weeks Clare looked after David at home. A visiting nurse came: once a week, three times a week, then daily. I came three times a week, then

## This love story was like none I'd ever known.

near the end I visited daily too. I witnessed the tender loving care this once coarse woman gave to her dying husband.

I watched this dying love story, a love story I couldn't see while they were both full of life, but a love story like none I'd ever known.

And then he died.

At home, with Clare.

I had grown to love this couple. Clare had been hard to love initially, sometimes hard even to like. David

was the pleasant, easygoing one, but as I watched her head deeper and deeper into the world of palliative care, never once questioning whether she'd be able to pull this off, I bowed to her temerity and determination. And I came to love her, too.

Medical caregivers inhabit a curious world. We provide the most intimate of personal care, learn the most precious details of another person's life, then we must disappear at death. Death

and funerals are for families, not for doctors and nurses. I had become close to this family and did attend David's funeral, though I didn't for many other patients.

Months later, these many weeks with David and Clare came flooding back to me. I had the privilege of attending a multidisciplinary palliative care retreat. Johann Pachelbel's *Canon in D* played in the background. In a ceremony of remembrance, caregivers were invited to move to the centre of

the room where a man stood with a washbasin. Our hands were washed by the person already at the table, and, in turn, we washed the hands of the person who next came to the table. Each mutual giving and receiving of this care was done in remembrance of a patient we had cared for in death. This was a rare opportunity of open grieving and mourning arranged by this forgotten group for this forgotten group. It was a place for medical people to weep openly without further burdening an already mourning and grieving family.

As we participated in this mutual giving of and receiving of care, we were invited to speak the names of those we remembered. I spoke of David and of the woman who loved him so.

And of how much I'd learned about love from watching Clare give him his last wish.

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The names of both "David and "Clare" were changed. "Clare" gave permission for this story to be published.

## BOOKS

### Making a case for medical miracles

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#### Medical Miracles: Doctors, Saints and Healing in the Modern World

Jacalyn Duffin

Oxford University Press; 2008.

A paralyzed woman rose and walked after lying next to the corpse of Saint Diego d'Alcalá in 1555. A three-year-old boy came back to life after a mother's plea to Saint Andrea Avellino in 1678. A young woman was cured of meningitis following appeals to Saint Vincenza Maria Lopez y Vincuna in 1928.

Do you believe the Roman Catholic Church's accounts of medical miracles? After examining more than 1400 cases in the canonization files of the Vatican Archives and Library, physician and historian Jacalyn Duffin does, sort of.

Once skeptical, she says she now believes the stories — as a historian. That is, she believes in the honesty and accuracy of the players and people involved in experiencing and verifying the healing events. "These events were miracles for the people involved," she writes in *Medical Miracles: Doctors, Saints and Healing in the Modern World*.

On a broader level, what remains constant through time and place are human efforts to delay death. Sick people consult physicians, follow their advice, but also simultaneously seek cures from other possible sources, such as God, states Duffin, the Hannah Chair for the History of Medicine at Queen's University in Kingston, Ontario.

Focusing on healings from the 16th to the 20th century that led to the canonization of saints by the Catholic Church, this book is about the form and identification of medical miracles, the practice of the attending physicians and the man-