My brother

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My oldest brother, Blake, was six years my senior. Despite our age difference, he never made me feel like his annoying little sister. He taught me how to tie my shoes when I was four and to play basketball in our driveway, how to fight properly should I ever need it, and even how to string together rhymes to make my own raps. He always had a knack for fashion and whenever I wore something that he bought me I would get compliments. He was also my cheerleader. When I graduated from high school, Blake's shout — "Go, Little Kaykay!" — echoed off the walls and was the loudest in the massive auditorium. He truly was the best big brother a little sister could ask for.

At 18, Blake moved to Vancouver, a big move for a kid who grew up in a small town in the Kootenays, but he loved the city life and his job installing marble countertops. At 24, he returned to school to pursue a business degree. Near the end of his first semester, he developed psychosis.

Blake was eventually diagnosed with schizophrenia after being admitted to a locked psychiatric unit. I was in my first year of university. For the next six years, despite his diagnosis, he seemed like the same big brother I had always known. He worked as a landscaper, continued to excel in sports like martial arts, completed some more college courses, always phoned and sent gifts on birthdays, and came home each year to celebrate holidays like Thanksgiving and Christmas. He loved his family and friends deeply.

But his diagnosis and my concern were always there. It was part of the reason I wanted to become a doctor. I attended medical school at the Northern Ontario School of Medicine. During my third year, I flew to Vancouver for a weekend to interview (unsuccessfully) for a Rhodes

The author stands with her brother in front of the British Columbia Legislature in 2014.

scholarship, and had breakfast with Blake. He was late, which wasn't like him. He was profoundly tired and seemed off, not the usual Blake, but I couldn't figure out what was wrong. He didn't talk much and, because I was nervous about my interview, neither did I. We hugged, said goodbye. That was the last time I ever saw my brother "well."

A short three months later, the Blake I knew was gone. His delusions had taken over his mind and body. He bounced in and out of hospital. Our family lost contact with him for days, sometimes weeks, at a time. Not long afterward he was homeless, living on the streets of Vancouver. He

would call from cafés that allowed him to use their phone or send emails from public library computers, asking for money when he needed it. He told me he liked to sleep outside, under the stars at the beach in Stanley Park, because that was where his mind was the clearest.

I was a medical student, and my brother was sleeping outside with stolen hospital blankets. Blake became a secret that I carried with me. I worried that if people knew my brother was homeless, I would be viewed as flawed or "not cut out" to be a doctor. While Blake walked the streets in Vancouver, I walked the halls of hospitals, trying to become the

successful doctor I was supposed to be. I wished I could trade it all to have my brother back.

Using substances became Blake's way of quieting the storm inside his mind. As his schizophrenia progressed, so too did his addictions, creating a downward-spiralling cycle where each worsened the other. But, even through his delusions, Blake was still trying to put his family first. He thought the demons of his "dreamscape" were coming to hurt his family; it was his full-time job to fight them, to keep us safe. While Blake spent his days fighting invisible demons, I became a neurology resident at the University of Alberta. Our worlds were galaxies apart.

Blake was always adamant about living in Vancouver; it was the home he chose for himself. Our parents still lived in the Kootenays and I was in Edmonton. Supporting Blake from far away meant many trips to Vancouver to be present with him. As we walked the streets together we often got strange looks. Once, a person on a bus passed me a note asking if I was okay and if I was safe. They assumed that a person like me couldn't possibly be with a person like Blake by choice. I wrote on the note, "He is my brother," and passed it back. They looked back at me and then at him with a combination of horror and shock. There were streets Blake didn't want to walk down; he feared store or restaurant owners who had treated him unkindly because of his mental illness. When we ate out together, I overheard restaurant staff and other patrons whispering about him. It troubled me deeply that people saw only this version of Blake: the homeless man. They could not know that he was the kind of older brother who never complained about playing "dress-up" with his younger sister.

Our mother retired early from her teaching career because of the immense amount of time she dedicated to supporting Blake. She never failed to be there for him, whether it was visiting during a hospital stay, replacing a lost ID or bank card, or liaising with his psychiatry team about medication adjustments or the need for assessments due to worsening psychosis.

I tried to help from afar. Blake had this incredible knack for phoning me in the middle of the night when I was on call because he had run out of money to pay a restaurant or bar tab. It was like he had a second sense that I was the only one in the family awake (and he was right). I always paid the bill. It meant that he would keep calling and that I would know he was safe and, by his voice, speech and thoughts, I could tell how he was doing mentally. The last time we spoke was Feb. 3, 2021; I paid his bill at a sushi restaurant in Gastown at 9:37 pm.

Ten days later, on Feb. 13, Blake died from an overdose due to fentanyl-contaminated methamphetamines. He was 34 years old. I was preparing a case presentation for rounds at the time he died. He died alone in a low-income housing hotel on Granville Street in downtown Vancouver, in a room with a mattress on the floor, a sink, and a photo of our family perched on the radiator. The hotel staff phoned to offer condolences the day after he was found dead, and that was how we were notified of his death.

Blake faced stigma for so many reasons: his dark hair and skin, his tattoos, his mental illness, his addictions. People automatically labelled Blake in both life and in death, even though he had the right to be seen first as a person, a son, a brother and a friend. He slipped through every safety net that tried to catch him.

He died young, tragically and from an avoidable cause, even though our family used every resource we could find.

Blake meant the world to me and the rest of our family. His death was also grieved by many in communities across British Columbia. In his memory, more than \$14 000 was donated to the BC Assertive Community Treatment Program. He wasn't another anonymous victim of the opiate epidemic. He had friends and a loving family. He was my brother.

I am a doctor, with the skills to save lives, yet I couldn't save my own brother. If death was the outcome for Blake — a person with a whole family behind him, working daily to help him — how is there any hope for people who don't have that support? To change the outcome for people like Blake — homeless, addicted and struggling with mental illness — it will take more than just a few caring individuals; it will take every member of society doing everything in their power. To start, when you meet somebody living on the streets, remember my brother.

Kaylynn Purdy HBHSc MD

Department of Medicine, Division of Neurology, University of Alberta, Edmonton, Alta.

This article has been peer reviewed.

This is a true story. Consent to tell this story was given by Blake's mother.

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