

What's missing from a note

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It's 9 pm and the hospital is quiet. The chatter that reverberates through the hallways during the day is gone, replaced by the hum of the first-floor kitchen dishwasher. I walk through the long hallway, feeling a sense of calm that only the solitude of the night can bring. I've been sent to evaluate a patient in the emergency department with right-upper-quadrant pain.

Marie is a middle-aged woman, well into her 40s, otherwise previously healthy. I explain to her that the ultrasound showed gallstones blocking her cystic duct. She will need surgery.

"I don't understand. I've always been healthy. This is the first time I've ever needed something as serious as surgery," she says worriedly, looking at her sister.

My resident and I explain the risks and benefits of a laparoscopic cholecystectomy, assuring her that it is a routine procedure. If there are no complications, her hospital stay will be short.

"Will I be healthy after this surgery?" she asks. She looks at me, her eyes wide as they meet mine. In her eyes, I see another face. One with heavy spectacles and graceful wrinkles, a wide smile and long earlobes.

He was well until he wasn't. It started out of the blue, with an episode of right-upper-quadrant pain. A slam-dunk diagnosis of biliary colic, easily addressed by an operation. Yet, my grandfather's cholecystectomy marked his transition from robust health to sickness. The events after his surgery are nebulous, a haze of memory and feeling, fact and interpretation.

"There was some kind of infection afterward," my grandmother ruminates when I ask her about the months after his cholecystectomy, "but no one could tell

me what it was." This, I remember, in part. I had heard the chatter on the nightly phone calls my dad made to India.

"The gastroenterologist isn't sure what's going on and neither is the infectious diseases doctor. They're telling us to see another doctor," my aunt would tell my father over the phone.

I'd heard about the hours he would spend on the toilet, the repeated fevers, the shorter walks outside, the longer stays in bed. But on the phone, he would sound as cheerful as always, his excitement in hearing my voice only slightly belying an underlying strain.

It's a particular kind of grief, to watch a loved one slowly slip away. Years later, I find myself clinging to fading memories of my grandfather. Our morning walks to Nageswara Rao Park, watching the milkman cycle around the city. The afternoons in Algonquin Park, collecting fall leaves that we carefully preserved in a scrapbook. The evenings spent side by side on a piano bench, him nodding along as I fumbled the chords. Now, as I finish my clerkship year on general surgery, I wonder most about the last two years of his life. What truly transpired during his repeated visits to the hospital?

"Why don't any of you seem to know?" I ask my mother, slightly frustrated, after a long day at the hospital.

"It all seemed to happen at once and we just weren't able to understand. There were so many specialists, and they were all saying different things," my mother responds.

She senses my desperation. "I'm sorry — I wish I knew."

I hear the sympathy in her voice.

Somewhere, thousands of miles away in Chennai, India, lie those answers. There are likely progress notes recounting his hospital stay, potentially even written by a medical student just like me.

Perhaps they are succinctly typed on an electronic medical record, or hastily written on paper charts stowed away in a cupboard, now collecting dust.

Raman Santhanam, 74 y.o, M, admitted for a cholecystectomy, postoperative day 5

Passed gas

Ambulating well

Tolerating oral intake

PT to see

Divya Santhanam, MS3

A part of me feels discomfort — hurt, even — when I imagine my grandfather's life story so clinically written, devoid of emotion or care. To me, he was the man whose nimble hands crafted makeshift bow and arrows, who delicately wrapped the soft *khandvis* we would savour in the afternoon. Did they notice the throatiness of his laugh? The rich baritone of his voice, the way it filled a room?

A year through clerkship, patient progress notes have become routine. I hear myself going through the motions on the phone to dictation services, reading out a patient's history as fast as my voice can recount the words. In the mechanical motions of each day, I've forgotten the intimacy we share with our patient's stories. What a privilege it is to have the language to tell them, in ways their loved ones cannot.

Nearly a decade after my grandfather's death, I still do not know exactly what plagued him during his last two years of life. Perhaps, no matter how much I learn throughout my medical training, I will never know. Maybe it doesn't matter.

He may have preferred it that way.

It's 11 pm in the emergency department and I return to Marie's bedside to inform

her that we'll be moving her up to the general surgery floor. We hear shouts from the room beside us. The cacophony of the ED is new to her. She fiddles nervously with her bracelet as she looks at me.

"Will you be there with me after my surgery?" she asks, taking my hand.

"I'm so sorry, I'll be post call tomorrow afternoon, but I promise you'll have a great team taking care of you," I respond.

A part of me wishes I had stayed.

It's 2 am by the time I leave the operating room. I make my way up the stairs to the call room on the tenth floor. There's a chance I might get a few hours of sleep, but there's one last

task to do: type up Marie's admission note. The artificial light from the computer screen cuts through the darkness. I open the admission note template and, for a moment, stare at the blank screen.

How do we honour our patients, their humanity and our own, within a health care system increasingly stretched to its limits? Perhaps it starts with reimagining the most routine of tasks — a note.

And so, I begin to write.

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