

Imposition or insight – stealing final moments

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My second day of my final year of medicine found me on a ward round with an oncologist, my first real clinical exposure to cancer patients. Reflecting as I rushed up the lift to orientate myself to the rabbit warren of the wards, I realised that I, in fact, had never taken a history from someone with active cancer in the terminal phase. I'm not going to lie; I was intimidated, and a bit embarrassed, at this lack of exposure. I thought, I am sure to make mistakes here, and what happens if I ask the patient the wrong thing, or ask it the wrong way. I'm final year medicine and thought I was beyond these basic interaction concerns... but why did the fact that these patients were dying make such a difference I wondered?

We completed the ward round with surprisingly limited embarrassment on my behalf and I thought; great I can go home and review cancer history and make sure I'm on my game for tomorrow. Then, before I was about to leave I was given a patient to see immediately and present as a long case to my consultant the following day. I felt the blood drain from my face, why was I so worried; I've taken hundreds of medical histories off patients before – why did this bother me so much.

I reviewed the patients' file quickly, albeit not making sense of most of the handwriting. All I gathered is that this man, Jack* was an 87 year old man with metastatic prostate cancer. He had been admitted through the emergency department with worsening pain and deteriorating renal function. There was nothing documented on prognosis or time frame. I was unsure where his level of knowledge was in terms of his near future. I approached the door, listening at the door I heard the patient talking away to nursing staff changing his sheets and dressing him for the day.

I knocked and walked in, introducing myself to Jack. I became aware that in addition to his nurses there was a lady, his daughter also in the room. I mentioned that I had met them earlier that morning with the oncologist on the ward round and that I had been asked to come back and get to learn more about him. His response surprised me; he said "sit down love, I'll tell anyone who'll listen, especially if it means you will learn something". The daughter was not so inviting. She was concerned that I was potentially going to provide conflicting medical information and confuse her father. I got a vibe that she certainly didn't want me to take too long getting to know her father.

I sat down as his nasal prongs were placed back on his face and I looked briefly around his room. So many items from home cluttered the surfaces, photos, books and memoirs. I looked up and saw a breathless man, sitting in a chair smiling at me, waiting for me to start the dialogue.

I just asked, 'well tell me all about yourself', and he replied 'only if you tell me who you are first' with a jovial chuckle. I told him that I had done Occupational Therapy before embarking on medicine, had two young children and that my mother had the same oncologist as him. We found common ground over the cancer aspect and we conversed about the shared oncologist for a while. Then he started his story.

I learnt not only about this mans' journey with cancer, but I learnt about his childhood, some of his friends, how he had seen medicine change through his life. I heard about doctors he had interacted with, the good and the bad and he shared lessons about what he thought made a good doctor. This man had shared such a story with me and time just vanished, we all had a rollercoaster of emotions through his sharing – we were laughing one minute and then brought close to tears the next. Meanwhile during this conversation the daughter had warmed up, moved in closer and was joining in, reminiscing about memories and experiences her father was telling me. She was now warm, encouraging and engaging. She was enjoying listening to her father recount his journey and I think she could see how truly interested and privileged I felt to hear it.

I looked at my watch and realised that over two hours had past. I had not even examined this man yet! We had been in a healthy dialogue for two hours straight and I had learnt more than I ever thought I would about this man. I excused myself and apologised for taking so much time, I said that I would return in the morning and do a quick general examination if he was comfortable with that. In chorus they both replied "sounds lovely".

As I walked away I just smiled, I thought, wow I wasn't expecting that to be so relaxed and I was touched by the change in the daughters demeanor. The nurse ward administrator said 'I thought you got locked in there! That was the longest history I think I've seen', I laughed and told her how great he was and how I learnt things about medicine, life and a range of occupations that this man had undertaken! I attended teaching that afternoon, still thinking that my afternoon had vanished with this family, but smiling about that fact. I looked forward to seeing them the following day.

The next morning I walked up to the ward, I felt I was more confident. I felt that I had built a good rapport with the patient, and now his daughter Ellen*. I knew that I would feel okay to discuss things with him today that may be difficult, like death and dying, but something that I needed to be able to do as a doctor. As I approached the ward desk the nurse administrator from yesterday looked at me, and then at Jacks file on the front desk. She said 'I'm sorry Caris but Jack died early this morning'. A lump in my throat appeared instantly. I flicked through the last medical entries in the file and saw that he was pronounced dead at 0423. I turned to walk away, feeling a bit empty and shocked at his rather unexpected passing. The biggest feeling I had was guilt. I had taken over two hours of this mans' final day on this Earth. Me, a medical student, someone who wasn't family or a friend. I thought to myself that I shouldn't have taken so long with them, even though we didn't know prognosis, I should have done what I needed to do for the long case and left them to their time.

I closed the file and then heard my name, 'Caris, thank god you are here'. It was Jack's daughter, Ellen. She approached me swiftly, tears streaming down her face and embraced me in the biggest hug. I was lost for words and apart from mumbling out that I was so sorry for her loss I have no recollection of what I said in that moment. She spoke over me and said; 'we are so glad we met you', 'Jack and myself talked about you all night, and dad told mum that he had the best day because of you'. She continued; 'you are the angel that God sent to us to send dad away laughing', 'thank you, we can't thank you enough'. I was literally in shock after her delivery, I had felt so guilty about consuming their time, yet she, and reportedly her father, had found the process special.

We conversed for a few moments and then she excused herself as she went to inform her family. I said that I would never forget her father or her kind, and unexpected words. Most of all I will never forget what this experience taught me as a future doctor and lessons to future medical students.

We get taught that 80% of the diagnosis comes from the history, asking questions from the patient and listening. Well in this clinical scenario everything came from the history, and the majority from me sitting in silence, listening to this man recount his life and lessons for me as a future doctor. The main thing was to 'be kind'. He described how a 10 minute interaction on a ward round for us as Doctors may feel like enough, but patients want contact, they want compassion, and they want to feel listened to. I think doctors have a tendency to forget this sometimes. A ward round is so 'everyday' for us, but to a patient it is their opportunity for interaction, to ask for clarity and raise concerns. I hope to never rush patients because it doesn't suit my agenda as I have seen that not only does the patient often enjoy it, but there are immense learning opportunities for us also. If we only allow ourselves the chance to step away from schedule, immersing ourselves in what's going on for our patients, lessons and learnings happen, but we have to be open to them.

I was told by our vice Dean at orientation to enjoy the time we get with patients this year as once we are doctors this opportunity will be no more. In this patient interaction time just vanished, I was truly immersed in this man's journey and was thrilled by how openly he was sharing and laughing with me, despite him being so ill. As a medical student I often feel as though I am an imposition, to both clinicians and patients. I feel sometimes that it's selfish for me to go in and ask this patient to repeat their story, for the hundredth time this admission. The guilt, to steal moments from a family in their last hours together. This experience completely reframed this for me. Although I recognise that it won't always be this way. I was feeling awful for the imposition I had caused, and yet the daughter and the patient were elated that I had been involved in their lives, especially on his final day.

I wish I had this experience earlier in my medical student clinical exposure. We are forever overwhelmed with the amount of study that awaits and often feel the pressure to weigh-up clinic time with the books with the drive and dread of approaching exams. Jack taught me that the exams will come, and the exams will go.

People on the other hand, although they may physically go, their stories, words of wisdom and kind words remain.

My biggest learning as a medical student from this was to not let people make you feel like an imposition, think of this story with Jack as a student. Go in confidently, with an open heart and an open mind and just listen. Don't go in and take their time if you are not invested, or thinking you should be studying. Only go in if you realise that in the silence of listening, so much is said, and so much is learnt. Things we will never find in books. As a doctor, realise the positive impact that time and building relationships with patients can make. If doctors reflected on the fact that they are in the privileged position to laugh, share stories and learn from patients then their life and the practice of medicine would take on a whole new meaning. Having the ability to impact someone's last hours on this precious Earth is indeed something that I will cherish as I commence my career as a doctor.

In Jack's advice to me, which I now share with you; With every clinical interaction with people, above all 'be kind'.

Thank you Jack and Ellen for letting me into the last moments of your time together. I have a new insight to not to feel like an imposition, but as a recognised piece of a patients' journey.