

20:21

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We all give up parts of our home lives for medicine. I was on a surgery rotation in Alberta when my father died in an intensive care unit in Toronto. My family muddled through code discussions, ventilator explanations, and goodbyes without me. By the time my plane arrived, I was too late to be involved. A later conversation with the intensivist made it clear how little my family had understood. I entered residency with the ripples of that experience overshadowing my patient interactions.

In the ensuing 4 years, it became easy to simplify end-of-life conversations. Eventually, the hours, the politics, and the routine of medicine become rather mundane. As with most physicians, I stopped being awed by the privilege of being involved in life and death.

It was while I was slogging through study notes, looking for an e-mail reference from first year, that I found an unexpected e-mail—a reminder of why I was slogging, why I had committed years to this field. The following is that e-mail, word for word, which I wrote during my second month of residency:

I declared my first person dead today.

It was one of the weirder things I have ever had to do. I mean, he was already dead when I walked into the room. And then I had to listen to him to make sure. And I was so worried that he would still be alive and I wouldn't notice—it took me a second to really focus on the fact that he was dead. And the last time I had seen him, he hadn't been. And his family was there and they were crying. As people do. And then it was all about my dad in my head and my family there crying and I didn't know what to do.

So, I put my stethoscope on his warm chest and waited to make sure I didn't cry. Because, Lord, is that unprofessional.

He officially died when I put my hands on him. 20:21. And exactly 5 months ago—to the day—someone did that for my dad. They laid their hands on him and the world pronounced him officially dead.

The family didn't know who to call or where to go. And I remember that. So, I found them a funeral home and I shook their hands and I told them how very sorry I was. And all I could see in my head was the 200 people I remember calling to let them know, and how very sorry they all were.

It crossed my mind that I don't know when things will stop reminding me. And the fact that I'm in a job where I keep seeing this stuff everyday...it's a bit scary. Though maybe it will get better. I mean—I didn't actually cry until I was alone in the stairway. Maybe the next dead person will be tear-free. Like children's shampoo.

I now recognize how quickly death became tear-free. I reread the e-mail and mourned the loss of that resident. She was caring, empathetic, and emotionally involved. At the same time, I understand that mixing my own emotions with those of my patients would have made for a terrible physician—one who could not make difficult decisions or advise families in crisis.

So, like all the other physicians who see echoes of their families and friends in their patients, I will try to use those echoes to communicate better. Since that e-mail reminder, I have used my father to understand the anger, the frustration, the sadness, and the hope that permeate the emergency department. And, occasionally, I cry. But unlike that first-year resident, I no longer think those tears are something to be ashamed of.

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