

*The Penelope Gray-Allan Memorial CJEM Writing Award Winner***“Not at the dinner table”**

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“So, how is your trip?” they ask excitedly over the phone. “Very interesting. We went to the mountains,” I reply, changing the topic from what I know they want to hear. They humour me, ask me about the monkeys, before my sister rephrases my mother’s initial question, “What about the hospital? How is the work?”

It’s no surprise that they want to know how I am spending my month away. It is surprising, however, that I have not prepared an answer. I get this question at least on a weekly basis, yet I never have an appropriate reply.

Should I tell them about the children who died from rheumatic heart disease? That would make for a depressing lunch, especially as they’re about to celebrate my niece’s birthday. The mangled bodies from road traffic accidents? Nah, my mom will worry about me crossing the road for the next two weeks. To be frank, I’m already anxious about that myself. The frequent falls from permanently half-finished construction sites? I’ll spare them; those have traumatized enough bystanders already.

“The residents here are extremely hard-working and resourceful,” I say, following that up with a dull story about reducing a wrist fracture before switching the topic to the local food.

My family means well and wants to know what my work is like, but I’ve learned from my past mistakes. They can’t tell when the stories cross over from being funny or interesting to gruesome and depressing. In fairness, neither can I, until I realize no one has said anything for five minutes, or there are looks of pity on their faces, or they’ve stopped eating. It used to happen more often, especially when the trauma cases were novel and I could not help myself from divulging every detail. Eventually, someone would cringe and ask, “That doesn’t bother you?” Apparently not as much as it bothered them. But they would stop asking for such stories if they were not interested, right?

With time, my “interesting” cases intentionally became less dramatic and more intellectually engaging, or so I thought. But tales of metabolic acidosis and anti-cholinergic syndromes did not have the desired effect. They were met with looks of perplexity and questions that confirmed my family’s utter confusion. Eventually, those were left out, too.

“Why would anyone take too much Benadryl?” asked my dad, during another dinner. I had just returned from a month in New York with plenty of stories from the Poison Control Centre. I fully expected these to captivate and fascinate like never before, especially because they were free of gruesome details.

“She didn’t just take Benadryl, she also took a lot of Gravol. She had a mental health problem.”

“So, she was trying to kill herself?”

“No, not really. She did it because her boyfriend...”

Hmmm, how do you explain borderline personality disorder to someone who has had minimal contact with the healthcare system, comes from a country where mental health is largely ignored, and speaks English as a second language? Very poorly, I guess.

“Anyway, I’m glad I saw the Patriots in Washington,” I adjust, falling back to our common denominator: sports.

The further I progress into residency, the more my father thinks I watch sports, my mother thinks I visit restaurants, my sister thinks I travel, and my friends think I exercise. These are all reasonable assumptions based on the things we talk about, especially around holidays, as I gently redirect almost all work-related inquiries towards these safe topics with the hope of not spoiling anyone’s meal.

I’m sure they all realize it and think I must be hiding something, but I have not yet figured out a better strategy. I limit the medical stories to work colleagues and environments. For most other social activities, a

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surprising number of which happen over food, I ask about their work, defer to a list of benign hobbies or, when really pushed, recap a plain story about a stroke or an MI. These would hardly arouse the interest of a senior medical student, but they seem to be enough to quench the thirst for tales from the ER. Somehow, they always arouse memories of a *Grey's Anatomy* episode or a story about a family member, relieving me from talking about the rest of my shift.

"So what kind of stuff did you see there?" my friend asks.

"I'll tell you in a second. But how did the Raptors do last month?" I ask, pretending to look at the TV over the bar, quickly trying to think of what might be considered a vanilla case to recap in a public space.

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