

Too Momentous for Words

By: Madison Booth

Sliide, clunk. Sliide, clunk. I swiftly unstack the stools and set them up around another patient's bedside during morning rounds. This is one of my jobs as a third-year medical student on my palliative care rotation. I soon realize this seemingly simple responsibility carries with it a mountain of significance. There are 10 patients on the palliative care ward, and every morning we take our time seeing each one of them – we never rush, which is a refreshing change of pace. I arrange the seats at each patient's bedside. Every member of the team gets down to the patient's level, and then...we listen.

One bright winter morning, I stay behind as the team moves forward to other patients. I continue to chat with a patient who I'll call Gabby. Gabby has been admitted with metastatic gastric cancer at the age of 83. Her appearance is wan; she lays supported by multiple pillows propped in meticulous places to ease her relentless bone pain. Gabby is justifiably exhausted, yet her eyes still shine a brilliant grey-blue with eternal youth and charisma. I sit there, perched on my sky-blue stool by her bedside. Hours go by as she recounts the story of her life with vivid enthusiasm and utter charm.

Gabby tells me about her challenging upbringing as a foster child and how tough she became as a result. When I ask Gabby what sort of things give her life meaning, she shrugs her delicate shoulders and says, "The simple stuff – getting up each day and going to work, making an honest living for myself."

I learn about her difficult husband and her loyal sister who never treated her like a "misfit foster kid," – both have died in the past few years. She then goes on to describe her loving neighbours who sent the vibrant flowers brightening up her bedside, and how she hated school as a kid because she could never sit still. All Gabby ever wanted was to get out into the world and build an authentic life for herself. I witness her beam with pride as the self-awareness of living out her values is exactly what she's been doing her whole life. At some point the consultant stops by the room, having seen us sitting together for hours. He drops off a coffee for me, encouraging us to continue. In this moment, a medical student reflex of needing to get things done or prove myself as proactive or productive, is simultaneously crushed by a wave of assuredness that there is nowhere else I need to be but

right here. The coffee was the nod, the gesture of approval from a leader above me in the ever-present medical hierarchy, that I am allowed to do the natural human thing – connect with a patient. There is a ringing of truth, an air of resonance with why I got into medicine in the first place; I bask in this awareness, I savour this moment.

About a week passes, and just like that, it's time for Gabby and me to say goodbye – forever. If there's anything I've learned about goodbyes, it's that for me personally, they seem to be the only thing in life that do not get easier with practice. This is a daunting concept to accept, especially as I begin my medical career. Gabby is the first patient I must let go of; she is the first patient I *know* I will never see again.

We stand around Gabby's bed wishing her well, her bags all packed to head to another facility where she will spend her final days. In an effort to distract the team from the enormous reality filling the air, Gabby again comments on the flowers sent from her neighbours, and how her tiny street with just four homes on it was tight knit with loving, supportive friends.

A wave of stinging realization swiftly moves through the lines of her face as she whispers, "I'll never go back there..." her voice trails off.

Her shoulders abruptly roll back, and she poises her delicate chin to the sky, gathering herself.

"...but it's alright," she affirms, quickly accepting this realization aloud with an air of wisdom and a pang of pain.

This moment tears into me as I stand there imagining the feeling of a very fixed, firm reality that at some point, we never return home; we never kick our shoes off after a long day, we never putter around the kitchen again, we never have to reorganize the dreaded Tupperware shelf. But what breaks me more in this instant is the anticipation of having to muster those words – *goodbye*. I anxiously begin to wonder the logistics of the whole thing, such a huge and final moment. Who speaks first? Who speaks last? What do I do? Where do I look? How do I *feel*?

Gabby's arms drop down heavily to her thighs as she sits dumbfoundedly in her bed. "Well...I don't even know what to say to you all," the gratitude oozes out of the cracks in her voice, and this is the first time I see her cry. I know crying is a lot for her. I know this because I learned so much about this tough, vibrant woman who overcame many challenges over the past 83 years. I know that she has only ever cried once since her initial gastric cancer diagnosis years ago, and it was because she missed her sister, helplessly thinking to herself that if she were with her, "everything would be alright."

At this point, hot tears are spreading across my cheeks. This is despite me trying very hard to become as composed as a statue, hoping my rigidity could prevent a gentle draft in the air from setting the waterworks in motion. But the heartbreaking beauty of the certainty of death sinks into my body, and I feel myself soften. Gabby is right. What can you say to a group of people whose sole relationship with you centres on sweetening the quality of the limited time you have left? Are there words for that? This moment feels way bigger than words. It feels bigger than medicine itself. It reminds me of something Hope Jahren, author of *Lab Girl* writes in her book, "I thought how the more important something was in my life, the more likely it was to go unsaid."

I place my hand on Gabby's and muster a smile as I look to her through the film of tears blanketing my vision. She clasps my clammy hand between her cold palms and shines her warm smile on me for the last time. There is nothing to say, because the moment is speaking for us.

As I leave the room with the palliative care team, I apologize to them for my tear-soaked cheeks, feeling as if I have breached some area of professionalism. The Clinical Nurse Coordinator puts her hand on my shoulder, looks at me intently with a soft smile and says, "How dare you connect with a patient?" then offers me a compassionate wink, another nod of approval to be human in a field that can sometimes feel so disconnected.

There is something so powerful and limitless about raw human compassion. Palliative care led me into the ends of the lives of many exquisite humans. I'll remember their faces and their last moments of expressed unique quirks through palpable glimmers in youth-filled

eyes. I'll remember Gabby, who I sat so many hours with while she charmed me with the story of her humble life. I'll remember the faithful friends and family who protected their loved ones until their very last breath and beyond.

Sometimes, if we're lucky, we can honour and respect death as a *process* as opposed to a sudden, devastating moment; if given this opportunity we can make something inevitably heartbreaking a beautiful journey, no matter how difficult it may feel. All of it is part and parcel of the human experience. People *can* die with dignity. People *can* die in a state of peace. To do this requires vulnerability from both the patient *and* the treating team.

For the patients, vulnerability means coming to grips with just exactly where they are in life, reflecting on what life was like prior with grace, and boldly accepting whatever comes next. It may mean living in a body that no longer does the things it once could, despite having previously taken its gifts of ability for granted. Vulnerability for patients is peeling back layers of pride and independence to let others in despite resistance; it's aging – an endless dance between mourning the loss of youth and accepting the gift of time well spent in this world; it's accepting death as a normal part of life.

If patients offer us this much vulnerability, then we owe it to them to mirror it back. My palliative care experience was life-altering, yet I have since been on rotations where inevitable mortality was not acknowledged by those leading a patient's care, and in the end, it was the patient who missed out on quality care because of failure to acknowledge timely palliation as an option.

While on an infectious disease rotation, we were consulting for a patient I'll call Elijah, under the care of a surgical team. Elijah had mediastinitis after getting a graft for an aortic dissection; he went to theatre for a washout, but unfortunately still developed the complication of aortitis requiring removal of his graft. Elijah was colonised with multi-resistant organisms that did not respond to meropenem, doxycycline, aztreonam, daptomycin, moxifloxacin and fluconazole (essentially every antimicrobial the infectious disease team had to offer). After 12 weeks of treatment with worsening scans, there was nothing else the infectious disease team could do for Elijah. The infectious disease registrar passionately advocated the need to discuss palliation with Elijah. He communicated this with the surgical team, yet they continued to hold off, seemingly fixated on the idea that discussions for

palliation were synonymous with failure. The patient died, and his last days were wrought with confusion and anxiety. I wish he could have experienced his last days like Gabby did – calm, as comfortable as possible, being seen, heard, and allowed to express their final wishes, under the care of a team who would do nothing but strive to make them come true.

To this day, I really don't know how most patients cope with illness and death – they are so strong and resilient. Their piercing eyes, like Gabby's, always reveal the spark that continues to ignite the fire of who they truly are, the last of their essence to remain glittering throughout illness. I look in a patient's eyes, and I can see who they are. As I come to complete my fourth and final year of medical school, I endeavour as a future doctor to have the awareness of what optimal patient care means, remaining conscious that there is never a fixed answer. I acknowledge that modern medicine is fascinating, innovative, and ground-shatteringly advanced, and there are times to go extreme lengths for patients. I think it's worth mentioning that my goal is to become a surgeon – I *love* to fix things.

However, there is a point where excessive treatment is futile and even harmful, and as I've witnessed, identifying this moment is not always easy. Regardless, these treatment choices are not for me to make on my own, but alongside my patient, keeping their values close to my heart so I can gauge what means most to them. Experiencing special student-patient bonds has highlighted this concept to me in a way I will never forget. We may have worked very hard to get here as medical professionals, we may eventually develop mastery in medicine with years of knowledge and experience in the field, but that will never give us the right to decide how a patient spends their final days. I respect all the patients I have come across without limitation and honour their process, just as I honour the experience of being present in their space at a time so momentous – it is the truest privilege medicine has revealed to me thus far in my professional career.