

Three

■ Cite as: *CMAJ* 2019 May 13;191:E537-8. doi: 10.1503/cmaj.190091

CMAJ Podcasts: audio reading at <https://soundcloud.com/cmajpodcasts/190091-enc>

It was 3:00 pm on a Tuesday afternoon, and I was barely 3 months into my third year of medical school. The senior resident paged me to see someone in the emergency department. *Worsening shortness of breath*, she said. *Probably an exacerbation of COPD* [chronic obstructive pulmonary disease]. *Not to worry because we have good treatments for that*. I was on the ninth floor, but I took the stairs anyway. Mostly to give myself time to run through all the questions I needed to ask and all the physical manoeuvres I needed to do.

I pulled back the thin curtain separating you from the chaos of the emergency department, and I met you on the worst day of your life. Bright fluorescent lights, monitor alarms in every direction, that distinctive hospital smell. I took your hands in mine and said hello. Your hands were warm and clammy. And they were strong.

I checked your vitals. Hypotensive, tachycardic, 90% oxygen saturation on 4 L of oxygen, afebrile. Your voice was barely a whisper, so I bent down to listen. Through the oxygen mask, you told me what was wrong. Three days of worsening shortness of breath. Three days of dark blood in the stool. Three days of terrible fatigue. A long fulfilling life now complicated by end-stage COPD and metastatic bladder cancer. Rounds of chemotherapy until three weeks ago when you decided to stop treatments and asked for palliation. All you wanted now was to be comfortable.

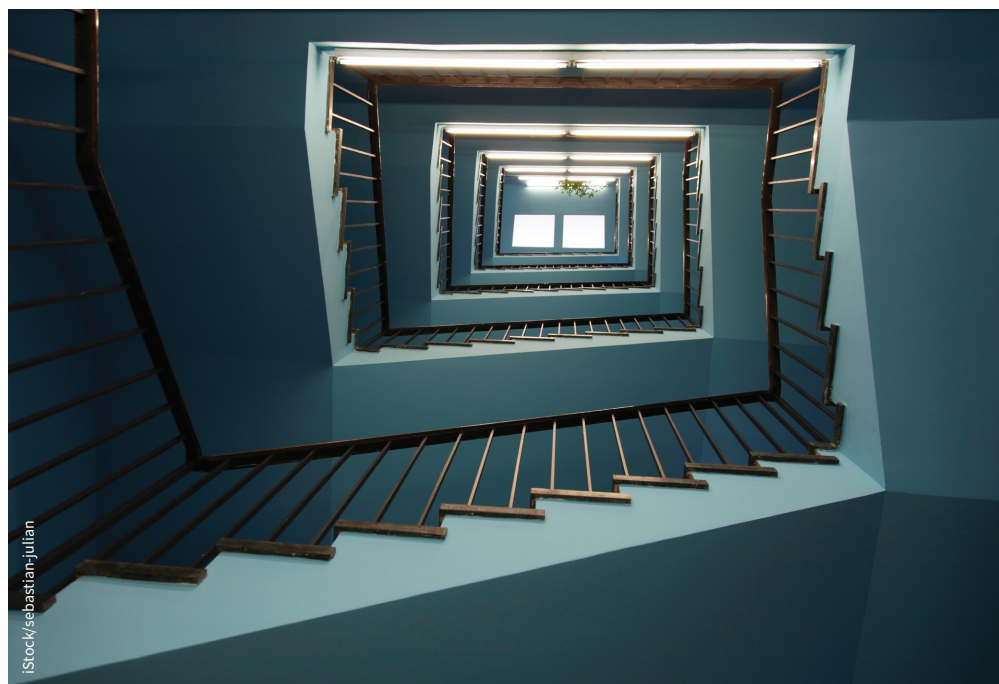
Suddenly, you were drowsy and slurring your words. Your fingers and lips turned blue. I took your hands in mine again. This time, your hands were cold and dry. And this time, they were weak.

You were losing blood somewhere, but we didn't know where. We had to act

quickly, we told you. A scope can find the source of bleeding and hopefully stop it, but we would need to intubate you and the risks were high. You were so very polite. You said, *thank you, but no. No more tests, no more tubes, no more fiddling around*. You had already met with your palliative care team and you knew what to expect. You had already discussed your wishes with your family. Your

pride even as your eyelids grew heavy. *I'll do my best*, I said.

It was now 6:00 am the next day, and I was barely awake after my overnight call shift. I stood at your door, yawning and trying to blink away the exhaustion while I read your chart. Your palliative care



wife and daughter were in the room with us, tearful but at peace.

We'll find you and your family a private room to stay in tonight, I told you, *but for now, is there anything else I can do for you?*

Help me hold on just a little bit longer so I can see my son, you said, *he's three hours away and driving as fast as he can. He's 27 years old*, you continued, *and he works in the big city*. Your eyes beamed with

team came to see you last night and offered their help. The medication we gave you appeared to have worked. The bleeding seemed to have stopped, but even so, we were looking at weeks, if not days at most. You were still wearing the oxygen mask when I came into your room, so I bent down to listen. I asked you if you were in any pain, you said no. I asked you if you were comfortable, you said yes.

You noticed that I was wearing the same clothes as the day before. You asked if I spent the night in the hospital too, I said yes. You asked if I got any sleep, I said no. You cracked a smile and said, *you look worse than I do.*

Go home, you told me. I will, I told you.

As I stood up, you thanked me for everything I've done. *I haven't done anything, I said. You shook my hand when you*

first met me, you said, and you did your best.

I took your hands in mine again and said goodbye. This time, your hands were gentle and calm. And this time, they were at peace.

Calvin Santiago MD MSc

PGY-1 adult neurology, Division of Neurology, University of Toronto, Toronto, Ont.

This article has been peer reviewed.

While this is a true story, patient and family details have been anonymized to protect the patient's identity. The ethicist at Kingston General Hospital, Kingston, Ontario, supported waiver of consent.

This essay won the 2017 Undergraduate Narrative Award for Palliative Medicine sponsored by the Canadian Society of Palliative Care Physicians.