Early on in medical school, my grandmother had a fall and broke her arm. She was my biggest supporter, encouraging me to pursue medicine, and I thought I could return some of that support by helping her out at home. She always wanted to hear how things were going, so I told her about my classes and my aspirations while she recounted stories of old boyfriends and the way things used to be. As I helped her with the more unpleasant aspects of daily life, the role of personal autonomy in illness played on my mind. A loss of mobility and independence can be devastating, especially in the elderly. Even more broadly, as we lose autonomy, as our bodies are compromised by illness, we put faith in the care of others to treat us with dignity and compassion. No matter how low a person gets, they deserve that dignity.

Falls are a herald of frailty, a sign of the reduced ability to overcome illness. There were multiple prolonged trips to the emergency room for various reasons, and I felt my position of privilege having some familiarity with the medical system as I noticed the frustration in the waiting rooms. How confusing and convoluted this system must seem to those who need the most assistance, to those who, by the very nature of their illness or social position, are disadvantaged to access proper medical care. No matter how low a person gets, they deserve that dignity.

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Shirl taught me many things through the years, but her final chapters really inspired how I practice medicine, by reflecting on loss of autonomy in the elderly and the value of compassionate patient-centered care. Becoming ill and navigating the system can be overwhelming and frustrating for many patients; providing grace and understanding can go a long way in alleviating this. The small things add up; a patient in front of you may be having the worst day of their life. Treating my patients with the same compassion that Shirl received is the final life lesson she left me with.