

Small things and sudden unpredictable moments

Charlie Gillis

Dalhousie University, Halifax, NS, Canada

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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. I shared with her the path of the patient, from the other side of the medical system, as she waited for answers and came to terms with uncertainty. Not long after, she fell prey to a terrible respiratory condition.

She was full of spirit and her wishes had always been clear: I have lived and loved, and there is no life to be lived if dependent on others. It was very

sudden; one minute she was recovering from a fall, recovering her independence, and the next she was dependent on mechanical ventilation, whisked off to the ICU. There was barely time to think, barely time to have any meaningful conversations.

At this point in my training, I had a very limited understanding of intensive care. It is shocking for the layperson to see all these tubes and machines connected to a person you know and love, looking so very different. Despite everything that has happened with starting residency in a pandemic, the systematic burnout, trying to stay above water, I still remember the ICU nurse's compassion, a reminder to guide my future interactions. Even though this was another Tuesday for her, another patient admitted with pneumonia, she was able to provide a level of support and understanding that I strive to emulate in my own practice.

It's easy in medicine to forget this as patients become collections of lab values and CT scans, defined by their disease. Shirl was a pneumonia, a white count of 22, a significant cardiac history, but to me, she was full of vigor, she watched old black and white movies on Sundays, she gave solid advice, and she loved unconditionally. As abnormalities become routine and life-threatening issues become our day-to-day, it is important to keep in mind that these big moments for families and patients can be some of the most emotionally impactful of their lives.

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.