

“Who would you like me to call?”

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“Who would you like me to call?” I have heard my staff physicians recite this statement prior to patients being brought into the operating room. At face value, this may be perceived as simply an assurance from the surgeon to the patient that their circle of care will be informed. But to my mind, it means more than that. It tells the patient that they are not isolated, that the healthcare team is there to provide updates for them and their families, and that the doctor-patient relationship is alive and well.

In late 2020, my then 95-year-old grandmother fell and broke her leg. This injury left her wheelchair-bound, and thus her motor abilities declined, as did her cognitive function. A revolving door of hospital admissions followed. There was a marked deterioration in her baseline function. Her ability to perform activities of daily living became almost impossible. I watched a multilingual businesswoman and matriarch of our family become increasingly confused, frightened, and mistrustful. She was obliged to enter a system that was afflicted with COVID, lockdown, and separate from the vibrant world of children and grandchildren that she had come to know.

Since none of the family could visit her in the hospital, it was left to her healthcare team to provide us with updates, and these came few and far between, and sometimes at the least opportune moment. In the interim, our family was left wondering about what was going on with someone who had great difficulty advocating for herself. It was then that I came to understand the importance of empathy and to balance this with my personal experience as a busy healthcare professional. I could understand the pressures that the

hospital staff faced in the middle of the pandemic, but I realized that it was this very situation that demanded a change in practice. This unhappy life situation that will happen to all of us at some time causes me to think beyond my technical and academic aspirations.

As surgeons, we perform the most invasive form of therapy and demand patients and their families at their most vulnerable points to place their trust in us. With more than 1/5 of Canadians being over 65 years of age by 2026, we will find an increasing number of comorbid and cognitively impaired patients under our care.¹ While it may seem trivial, the act of ensuring appropriate family updates upholds an essential human element of compassionate medicine, while also fostering trusting family relationships and ensuring appropriate collateral. Indeed, medical education workshops have been developed to better equip medical trainees for this important task.²

I am mindful that few situations result in the level of emotional powerlessness as illness in oneself or in a loved one. It has been said that I cannot be a good physician without being a good person, and it is in these situations of duress that the golden rule takes on meaning. The art of healing involves this sense of intimacy that can only be built by using empathic communication as therapy. Doing so is less of a burden than an opportunity, and can calm the storms of challenging family dynamics. Goodwin observed that, “When we feel weak, we drop our heads on the shoulders of others,” and so we need to have big shoulders. From this perspective, we need to understand our patients and their circle of loved ones, because to do otherwise, we lose a great opportunity to heal. My grandmother gave me many gifts, but this insight may be the most precious.

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