

*The Penelope Gray-Allan Memorial CJEM Writing Award Winner***Eulogy**

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Medicine drips silently into his intravenous, snaking into his collapsed veins. My uncle paces back and forth in the hall, anxiously awaiting updates from the medical team. The patient groans incoherently as he twists and turns uncomfortably in his hospital bed. His eyes open momentarily as my mother calls out to him. She clutches his hand, desperately searching for a look of recognition from her father. I am temporarily stunned by his glassy-eyed expression and laboured breathing, a look I do not identify as his, but one I have seen many times before.

I quickly get up from my computer in the emergency department after being alerted of the blood gas results. I frown as I catch a glimpse of the patient's effort and exertion through the half-drawn curtain. Her daughter, who has faithfully remained at the bedside all afternoon, gently dabs a damp towel to her face and whispers soothingly. "I just don't understand," she had told me. "My mom was doing fine yesterday, just a bit of a runny nose." However, then, she could not get her to wake up for breakfast this morning. Now, she is beginning to tire. I swiftly scribble down some orders and begin paging the respiratory therapist.

Gathered in a dimly lit room, my uncle probes the medical team throughout the protracted family meeting. I sit patiently as he expresses his struggle to come to terms with the seemingly drastic decline. All eyes turn expectantly to the staff physician who calmly clears her throat and launches into a familiar script, one that I have heard myself use often. "I understand this may be very hard to hear. We have, so far, done everything for your family

member, but he does not seem to be responding to treatment. But I can see from our meeting here today that he is deeply loved by many in his family." This appears to ease the tension in the room as my aunt nods emphatically through her sniffing. While well-meaning, these rehearsed lines of empathy strangely ring hollow to me.

Lines are inserted, drugs are drawn, and face masks are strapped on. Carts are rolled in, as alarms go off and blare warnings. The patient's daughter stumbles back, mouth agape at the scene she is witnessing in front of her. As team members continue to descend, I walk over to explain to her the interventions and to re-engage the issue of the patient's code status. "I don't know, I don't know, I don't know!" she whimpers, unable to look away. "She always told me she wanted everything done." Overwhelmed, she crumbles into her chair by the room. Above the din, someone, then, yells that there is no longer a pulse.

I could not stay. I had to fly back for work the next day, and how could I request time off on such short notice? As I hastily change into my scrubs, my phone unexpectedly rings. It is my grandfather's staff physician. "I know how hard it can be to worry about a family member through long distance, so I thought I'd contact you directly." She informs me that he has been transferred to a private room; his intravenous has been removed; and, unfortunately, he has begun to develop agonal breathing. It is news that I had anticipated and thought I was prepared for, and, yet, I sit down to take it in. There is a long silence, and, finally, I thank her for the update. I am about to hang up when she asks: "Your grandfather seems to have lived a very full life. Tell me about him."

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I am slightly taken aback by her request, but before I know it, I launch into a string of personal anecdotes: waking up to homemade pancake breakfasts because that was how he expressed his love; sternly drilling me with math exercises because he knew nothing worthwhile comes without hard work; and his always eating last to finish the leftovers because he put the needs of his family before his own. He was a devoted father, a proud immigrant, the most stubborn man I knew, and so much more than the weeks of illness that seemed to define him lately. “He sounds like a wonderful man. I wish I could have gotten to know him in his better days.” This time, it did not sound quite so rehearsed.

We stopped after 20 minutes. With all our tubes and ventilators, we sometimes forget how disfigured and unrecognizable our patients become. During the resuscitation, the distraught daughter had cried out, “You have to stop medicalizing her! There’s a soul underneath it all!” After the team debrief, I walk her over to the quiet room. I slowly explain the patient’s deterioration and the measures we attempted after cardiac arrest. She nods in between her sobs. “I’m so sorry for your loss,” I instinctively add. I glance at the clock in the room and recall the list of patients still waiting in the department. I get up to leave but, finally, pause by the door. I turn around. “I can see your mother meant a lot to you. Why don’t you tell me about her?”