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By James Chan, MD, FRCPC, IntMed

One of the experiences that has shaped my outlook towards patient care took place when I was a medical student. While I'm sure the incident itself was neither extraordinary nor profound, nevertheless, it affected me in a significant way.

I was in the second year of my clerkship, when an elderly Chinese gentleman, Mr. C, came in with many weeks of unexplained weight loss and fever. As expected, since I spoke the patient's language, I was assigned to him. Over the course of the next six weeks, we proceeded to apply the full powers of medical science to diagnose his problem. Mr. C endured endless bloodwork, radiologic tests, and multiple, often painful, invasive tests, but to no avail. We could not find the cause of his fever. In fact, it would be fair to say that our tests only increased his suffering. Over those six weeks, I saw that Mr C was unable to eat, unable to sleep, and quickly losing weight; he was literally wasting away before my eyes. He suffered quietly, partly because of the language barrier, and I guess partly because of his personality. His family closed in around him, suffering with him just as silently. My own frustration grew as I prayed for my staff to come up with a brilliant solution to at least alleviate his daily turmoil, but none came. I began to dread my daily rounds as I had no answers to give Mr. C or his family.

Yet strangely, despite my frustration, I felt a sense of honour to be allowed into this private time in Mr. C's life. As a physician, it is our extraordinary privilege to be able to participate in a patient's (and his family's) life at a time when he is most vulnerable. These are times usually reserved for loved ones, and yet we are right there, by the bedside, included. Sometimes, the inhumanity of western medicine is a cruel cliché, but I hope to never lose sight of the dignity and the integrity of our position, nor the personhood of my patient.

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