



Unanswered

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Received: 31 March 2021 / Accepted: 17 June 2021 / Published online: 29 June 2021

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Sometimes we heal, sometimes we comfort, sometimes the things we cannot cure find us wanting.

The triage note is long with several comments describing weakness, fluttering, headaches, and episodes quoted as “spells.” I got into medicine to heal people. I take joy in educating my patients and making them feel empowered, or as often as not simply reassuring them that nothing terrible has happened. Yet, as I walk into the room it becomes quickly apparent this was not to be the case this time. The well-dressed woman’s first words are: “I am here to advocate for myself.”

It is a phrase we have all heard and, if you are like me, it is a moment when you take a breath and brace yourself. This was followed by the not unanticipated: “I need answers.” You know this person already feels the system has let them down and you are starting from behind. Completely normal exam, normal blood work, normal referrals, normal imaging, normal, normal, normal. Nonetheless, here she is afraid, in pain, and feeling unheard. She tries rephrasing her symptoms in as many ways as she can, each time her tone more urgent, her brown eyes more desperate, as if a solution could be had if she could just get through. My colleagues have already done every reasonable test to reassure her and I am left with what sound like increasingly tripe explanations for her suffering. I know the likelihood of finding an organic cause is vanishingly small and even less probable is finding a cure today. The pain is genuine, there is just so little I can offer to fix it.

Her symptoms bear all the hallmarks of somatization, a euphemism for pain we cannot explain with a CT scan, but her experience is no less real. She tearfully explains

how the simple tasks of daily life had become terrifying for fear of another spell. I try to reassure her the spells pose no threat to her health, but she is not ready to believe me. In that moment, I cannot help but feel an overwhelming empathy for her. She is an accomplished professional and caring mother of three who is watching her life unravel before her. She has always been strong, is it not unreasonable to be frightened by her body betraying her? I try to suggest, as previous physicians have, that her symptoms could be related to her trauma, but I can sense immediately what feeble bridge of trust I have built evaporate.

She had witnessed the senseless killing of her loved one and the memories of the assault had haunted her since. Her file related this all in brief fact-based detail, but the anguish and fear she had endured since are written all over her fatigued and anxious face. The spells she now dreads started soon after the event. She sits in front of me tormented by a mind that has yet to find a way to move forward. I could offer pills for her sleeplessness, sedatives for her nerves, but these are poor excuses for real healing. The truth is tonight, after she is discharged, she still has to put the children to bed and worry if she will survive to see them grow old, not yet ready to come to terms with what her past is doing to her present. Who am I to judge her for having not yet slain her demons?

“What do I do now?” she is asking for help. When I ask what would help, understandably she answers, “I do not know.”

Time, supportive loved ones, and counselling will all bring healing, but none of these change her experience today, so what should she do now? She needs a listening ear, but mine has a stopwatch attached to it in the form of an overflowing waiting room. She needs a community to get her through, but so much of her trauma is hers alone to bear. We are in the middle of a pandemic. Where there might once have been social events to distract her, visiting friends with whom to cry, and a vacation to visit family to break up the winter, she is left to carry on her struggle alone. She is far from the only one, the already strained mental health

Submission for the 2021 Penelope Gray-Allan Memorial CJEM Writing Award

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resources are at a breaking point. The crisis team will follow up as soon as they can, but there is so much need.

The mind can do incredible things in response to trauma. Inevitably, for many the rote pathway of a single traumatic memory is so ingrained it is hard to deviate one's thoughts from it. The full extent of this scar manifests in an array of dysregulated sensations, pains, and cravings. Eyes that refuse to see after seeing too much, ears that would rather hear the ringing than have to hear again the sounds of gunfire or screams. Limbs that rebel against one's brain, fully in control of themselves, but lost to a common sense of purpose because purpose is hard to find when so much innocence has been shattered. The human spirit is strong, but for so many it is beholden to a mind revolting against a pain it does not know how to overcome.

Her symptoms pose no physical threat to her and a psychiatric admission would only delay the healing that needs

to be done. Not to mention the beds are full. I confirm she has the information for the few outpatient resources available and discharge her home. Her last question hangs in the air "what do I do now?" She has to go home and face another day uncertain if her body will yet again betray her. No pill, no telehealth call will change the fact she will spend another night replaying the horrors as the sleepless hours passed her by.

I pick up the next chart. Epistaxis. I breath a quick sigh of relief. I can fix this.

Declaration

Conflict of interest Author have no conflicts of interest to declare.