



Bill

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A few years ago, I joined a creative writing class where I met a fellow student named Bill¹.

Bill was in his 70s, and shared stories about life in his native Ireland that were so funny the class would often need to break afterwards, just so we could all collect ourselves. One evening, Bill, uncharacteristically serious, read aloud a letter that he had written to his younger self. He spoke about his lackadaisical childhood, his teenaged years on the Irish docks, and his later immigration to Canada where he would meet Anne, his partner, with whom he'd joined our class after they bonded over the shared grief of losing first loves. He closed his letter with tears in his eyes, and a line that I will never forget: "I wonder if that 16-year-old boy would be proud of the man I am today".

Months later, Anne emailed to let us know that Bill had died from a metastatic cancer, which none of us had known about. I've thought of Bill often since, and now, one month until I become a staff physician, I think about that last line in his letter more than ever. Would 16-year-old me be proud of the physician I'm about to become?

The truth is, I'm not sure. I entered the practice of medicine a profoundly different person than I am now, emerging from training nearly a decade later. My aspirations, and perhaps initial outsized faith in my own capabilities have been tempered by time.

For one, I harbour no delusions that I will be an exceptionally smart doctor. By now, I've watched too many incredibly elegant resuscitations and listened to too many broad differential diagnoses to believe that I'll have knowledge or skills superior to that of any of my colleagues.

I'm also not sure I will appreciably alter the course of my patient's lives through academia. I still believe strongly that robust public policies have the potential to improve our collective wellbeing, but the policy work I'm interested in

is incremental, and to expect instant gratification would be a fool's errand.

Yet when I think about some of the most gratifying moments in my career, I realize they have only rarely been about medical acumen or my fledgling academic interests at all. Instead, they reflect a much more intangible part of being a physician.

Months ago, I arrived early to an overnight shift as a voice blared overhead, "Physician to Resusc 1". As I drew back the curtains in the bay, I saw a petite elderly woman flanked by two of our nurses. Our paramedics relayed that they had found her on the ground, too tired to pick herself up, surrounded by dark blood. "Doctor", she said, smiling weakly at me, "I'm afraid every time I cough or burp, I feel blood coming from my bottom end". She was lucid, and right—as she was rolled to her side, a large, dark red stain was visible underneath, littered with clots. My pulse quickened as I worked with my nursing colleagues to call for a massive transfusion protocol, slip a large-bore central line into her vein, and in the interim start fluids and vasopressors to augment her failing circulation. In between, my patient told me about her career as an engineer, and how she had supported her three daughters by herself in Canada while her husband remained far away in India.

As one of the first patient resuscitations I've led, there is a lot that I remember about that encounter. The tangy smell of blood pooling quickly beneath the patient, how slippery the suture was as I tried to tie the line in place; the patient's thready distal pulse beneath my fingers; the boxes of blood products overflowing into the rest of the resuscitation room. What I remember most clearly of all, though, is the urgency with which my patient communicated her story to me: how she held onto my hand as I landmarked where her line would be placed, how her eyes searched mine for presence and understanding as she recounted what each of her daughters did for a living, how proud she was of them, how they took care of her. I have always found it gratifying to learn about my patients for who they are beyond the anonymity

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of hospital gowns and bracelets. What I'm learning is how equally important it is to the patient to feel seen and heard when they are at their most unwell.

A lot of emergency medicine happens fast. Ambulances roll incessantly through the ER doors; patient conditions improve or deteriorate rapidly over the course of a single shift. It's a cadence that demands all of your medical knowledge and skill at any given time. Many days it is a sprint that is as challenging as it is rewarding.

I suspect that I will place equal importance in the parts of emergency medicine that are slow. The moments you learn the sometimes surprising and heartbreaking details of how our patients ended up in our care in the first place. The shared stories of their lives, and what gave them meaning. We are the only specialty in medicine that will never see a patient on what they consider to be a "good" day. Instead, we have the great responsibility of navigating some of the most difficult moments in our patient's lives that will require not

only our technical knowledge and skill, but our capacities to soothe pain, bear witness to suffering, and, sometimes, to mediate transitions between life and death.

As I inch ever closer to independent practice, I recognize that I am not, or at least, not yet the particularly intelligent or impactful physician I thought I would be. If I'm lucky, I'll have an entire career to approximate this goal. Right now, though, I can't imagine a pursuit more gratifying than simply being a doctor who is human, and who values that humanity in others. I hope that, for the time being, that's enough.

Declarations

Conflict of interest There are no conflicts of interest to declare.