



North Star

Amy Burton¹

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It's been a long two years, hasn't it? Lately I have been feeling the grumblings of burn out and questioning—"is it worth it?" The light that used to drive my passion and made me feel like I had a purpose had burned out. I felt lost.

But then today, I had one of those patient encounters that brought back my light and reminded me of how privileged we are to do this job. I just never expected it to be tied to my patient's death. In the emergency department, death can sometimes feel like failure but today it was a success. Although, two years deep into the pandemic it is the last thing that I thought would reenergize my spirit.

I'm working in a northern rural hospital for the long weekend, and I'm admitting a lovely geriatric patient who has suffered an NSTEMI and is in failure. My heart sinks looking through his most recent ECHO report—he has severe aortic stenosis. His son tells me that he's on the list for a TAVI but has another month to go. We have the dreaded conversation about how his heart is in a rough spot, and the patient decides he is not for CPR or intubation. He is stabilized and admitted, but while working in the ED two days later I'm called to the floor for a code blue. I run to the room to find him significantly peri-arrest in ventricular tachycardia and gasping for air. His daughter is at the bedside frantically calling her siblings in hopes to have them there. I notice that they both look alone and scared, and I try to offer whatever comfort I can in between resuscitating his complex physiology.

Thankfully we are able to stabilize him, and fifteen minutes later he's alert and asking for sips of water. The rest of his family arrives and I update them on his tenuous condition. Together at his bedside, a decision is made to proceed with full medical management, and the gamut of critical care medications are on

board to stabilize his blood pressure and rhythm. As I'm writing my note and documenting my orders, multiple family members come in to say "I love you". Phone calls are made with family too far to be at the bedside. More "I love you"s, and sweet messages that I think are meant as "goodbye" even if the words cannot be said. It's hard not to notice the love for this man fill the room. He seems settled, both medically and emotionally, so I head back to the emergency department to see a few patients.

An hour later the nurse from the critical care unit comes to find me, "That patient wishes to speak with you". I find him with his children at his bedside, and in a tired, breathless voice he says "Thank you. For all you've done. I've had enough. Let me go". He seems to have capacity, so I look up at his family, who all give me a teary nod, and I nod back. I start pressing "stop", "stop", "stop" on his infusion pumps and proceed to turn off the monitor. I overhear him speaking with his children, addressing them by name and saying his winded final wishes for each of them. I choke back a tear and turn away as not to detract from their intimate last moments. I write my palliative medication orders and leave the family to have their time together.

Forty-five minutes later, he passes peacefully in a private room with his children and their families at his bedside. His nurse comes to find me, and we head back to his room together. No one looks alone or scared. What felt like it was going to be a rushed and terrifying death had turned in to one that was peaceful and filled with love.

Although the patient died, it did feel like a success—particularly after the family told me how thankful they were to know that he passed peacefully, and to have those last moments together. I stayed for a few minutes to offer my condolences and to hear a few short stories about the incredible life this man had lived, again witnessing the love from his family fill the room.

I walked back to the emergency department surprised by how this interaction made me feel. This was in fact worth it, and a great reminder that even in the darkest times we can have beautiful experiences that re-light our burned-out spirit.

✉ Amy Burton
amy.burton@thp.ca

¹ Emergency Medicine, Trillium Health Partners - Mississauga Hospital, Mississauga, ON, Canada