



Note to Self

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Am I making a mistake?" she asks. "Is this a reasonable thing to do?" We have never met. This is the first time we have spoken. I sit at a computer, phone pressed to one ear, finger pressed to the other, attempting to drown out the dim roar of a busy emergency department. It is 5 pm on a Sunday, the last of my 7 days on after a week filled with cancer. It is only fitting that this late admission be for a 70-year-old man with newly diagnosed glioblastoma.

He hadn't seemed himself this week. He was more agitated than usual. He couldn't tell us why. A freshly completed head CT showed an ever-growing tumor, squeezing against his skull, no room for the rest of him. His CBC showed abnormal WBCs, >50,000. An infection? Another cancer? How could one person have such bad luck?

I had called neurosurgery first. "There is nothing we can do," they said. "His brain tumor is inoperable and he is not a candidate for radiation. This is terminal." Suspicions confirmed, I had called the patient's sister with an update. She is quiet at first, then in a soft voice says, "I want him to be somewhere where they know him." I let out a breath I didn't know I was holding. That is something I can do.

Twenty minutes later, we speak again. The nursing home has agreed to accept the patient back on hospice. Prescriptions for morphine and Ativan have been written. Transport forms have been signed. "Am I making a mistake?" she asks again.

Two years ago, as a brand-new intern, I might have hesitated answering her questions, uncertain of the role of a healer when there is no cure. Now I see that there is quiet strength in knowing when to stop, that healing and dying can exist within the same space, and that "doing nothing" is not nothing at all. I think I might finally understand the difference between treating a disease and treating a person. In a moment of clarity, I realize that I have two patients—not just the man in front of me but also his sister, trapped at home in the midst of COVID-19, cursed to hear the worst kind of news through a staticky phone line. I picture my mother, about her age, and imagine how it must feel to have to say goodbye to a sibling, your first best friend, like this. I wish I could reach out and touch her, let her know that I see her, even though I can't see her; that I know that what she is doing is out of the most powerful kind of love. I'm not certain there are words for this, but I take a breath, pray that my

voice doesn't shake, and say what I know she needs to hear, what I have already said once before earlier this week to a different family mourning a different loss. "I don't think you're making a mistake. There is no cure for this. It is time to make your brother comfortable. It sounds like this is what he would have wanted."

The line is silent for a minute, then I hear her sigh of relief. "Thank you." I wish I could hold her hand.

We don't speak again. Flow cytometry returns positive for CLL on Wednesday. The patient dies on Thursday. He is comfortable and surrounded by people that he knows. It feels like one of the most important things I've done all week.

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