

Doctor and Daughter: A Duality in Medicine

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THE CALL

In September 2018, I was a medical student on my family medicine rotation. I called my father on my way home from the clinic. It was cancer. Metastatic cancer was the reason my mother had been short of breath for the past month. My father spoke carefully. An analysis of my mother's pleural effusion showed that the cancer originated in her ovaries. The organs that had given me life had now betrayed her. Over the months that followed, I would begin to understand the delicate balance between personal and professional in the life of a physician.

EMERGENCY

November 2018, another call with my father, this time more frantic. My mother was rushed to the emergency department as her shortness of breath had increased. I hurried to meet my parents in the emergency department. My mother's doctors quickly explained the situation: my mother was no longer tolerating BiPAP therapy and they would need to move on to intubation. I made eye contact with my mother as she silently asked for my agreement with the treatment plan. With a nod and a squeeze of her hand she had the reassurance she needed, signaling for the doctors to proceed. Following intubation, she was diagnosed with a massive pulmonary embolism which then led to a transfer to the intensive care unit.

INTENSIVE CARE

The following day, I waited anxiously at the bedside. My mother's condition remained unchanged; she required three vasopressors and remained on mechanical ventilation. When the intensivist arrived, he swept into the room with nurses in tow, never stopping for introductions. He asked the nurses questions, hardly looking up from the papers in his hand. It appeared as though he had not read my mother's chart. The boundary between my role as a daughter and my role as a physician blurred rapidly. Standing at the foot of the hospital bed, I resumed the role I had been practicing and presented the patient. I focused only on making sure my mother received the best medical care; I took on the mantle of being her advocate.

At the end of the brief visit, he exited, not allowing an opportunity for questions. The conversation left me uneasy. My anxieties amplified and the burden of concerns weighed even heavier on my mind. I was not expecting perfect answers but I had hoped for some empathy, some understanding of how hard this situation was for my family.

DO NOT RESUSCITATE

While my mother remained in the ICU, her nurse became my source of information. She informed me that attempts to titrate down on the vasopressors had been unsuccessful, which led my father and me to request a meeting. The nurse led us to a quiet room nearby. My mother did not have an advanced directive that would detail her wishes for her care, but as a family we had considered similar situations. Through many tears, my father and I discussed our desire to change my mother's code status to "Do Not Resuscitate (DNR)." The nurse listened silently, then offered reassurance. She stayed in the room with us until

all of our questions were answered, quietly passing us a box of tissues and continuing to reassure us as she fastened the purple “DNR” bracelet around my mother’s wrist. The calm, quiet presence of the nurse made a very difficult decision a little less painful.

DAUGHTER AND A DOCTOR

My mother’s ICU nurse enters the room with me each time I meet with families contemplating the same choices my father and I had. I aim to embody her example of calm strength and quiet empathy. She taught me that a silent reassuring presence can relieve a small part of a family’s burden where words often fail. When discussing goals of care with my patients, I still see my mother’s purple bracelet in my mind, the bold black letters “DNR” are crystal clear.

I also carry the intensivist into the room with me for every patient encounter. He serves as a reminder of how uneasy I felt when I did not receive answers or comfort from the man I entrusted with my mother’s life. I recognize that I will not always have answers for my patients, but I can try to offer comfort and a small glimmer of hope. Years later, many of the conversations that occurred in the ICU remain a vivid memory due to the deep feeling of disquiet that surrounded my time there.

Throughout this journey, I was a daughter first and a physician second. I wore many hats—the medical student applying for residency, the unwavering source of positivity at my mother’s bedside, the interpreter of medical jargon, and the terrified daughter desperately trying not to look up survival rates. At first I felt that my roles were at odds and that I would need to choose which side of myself to present. I aim now to embrace the duality of being both a daughter and a doctor.