

CREATIVE WORKS

Kindness

An Eritrean couple first saw me at the refugee clinic four months ago in crisis with an unplanned pregnancy. “It is good now,” he says today, gesturing at his wife’s belly. “We are happy.” It is their last prenatal visit before being transferred to an obstetrician. He says a little speech, thanking me for what I’ve done, the support and the kindness. “You helped us when we were new in the country, in trouble.” I feel professional gratification that they were satisfied with my services, and tell them with sincere emphasis that it was *my pleasure!* to care for them. As I usher them out the door I’ve already forgotten their gratitude.

“That was a beautiful speech,” says the nurse after they leave. “My patients in Uganda used to do that all the time.” I look at her, and I think, *Yes, yes it was beautiful.* I’ve heard these speeches before, though, thanking me for kindness, and I feel embarrassed that I’m thanked for dispensing something that cost me nothing: no education, no honing of skill, no effort. I’d rather be thanked for diagnostic prowess or a deftly performed procedure. But I extend kindness to patients habitually, with an extra measure when I have nothing else to offer.

Seated in my doctor’s office, I’m in the chair tucked right next to his desk. This is the first visit that I haven’t sat casually on the exam table with my legs dangling over the side, the first time I haven’t popped in for something routine like a vaccination or contraception or a prenatal visit, where we talk shop and I ask about his daughter, a medical school classmate. This time, I’m here to follow up a disastrous ending to a second-trimester pregnancy. He knocks on the door, steps in, gives me a long, sober look as he slowly closes the door, sits down. He sits in



Fred Sebastian

silence. I can’t look at him. Finally I force myself to talk, exhausted, crying, despairing and he listens. He leans over his desk, arms folded on it, looking down. Eventually I look at him, at his solemn white-bearded face, and I note that he is flushed. His eyes are damp. And I realize that he is moved by my distress, and I am completely taken aback.

Over the next few weeks, I think back to our encounter repeatedly. The memory of him sitting there, seemingly with all the time in the world, fully present, saying little but moved by my situation, is an enormous comfort. His kindness is more dear to me than anything he’s done for our family over the years, even his delivery of my daughter.

I see him in follow-up two weeks later. The visit is such a solace that I am certain I am being extended divine kindness; my doctor is the unwitting priest. What a profession! What power! I imagine, longingly, that I could only extend the same to my patients.

And I realize with horror that this kindness, which has affected me so profoundly, is the very one that I use unthinkingly in my own practice, that I dismiss as a personality trait, a last resort for patients for whom I have no medical therapy to recommend. I feel I have been wielding something powerful without any respect for it.

Back at work, I determine to be conscious of what I give to patients, and to receive what they return to me. An

elderly Congolese patient with severe osteoarthritis has found a French-speaking family physician near her home. She makes a short, thankful speech, and this time I don't dismiss the gratitude as grossly disproportionate to what I've done for her. "Every visit, I felt better just to see you," she says. She hugs me; I feel very slight. She presses her cheek against mine and I can feel and smell her hair. "Don't forget me," she says through the interpreter. "Come visit my home."

Weeks later, I see my doctor again. I'm doing much better, and he seems mystified as to why I've come. *I wanted to check in*, I explain. I can see him trying to figure out what I really want from him, thinking we're doing the doctor-doctor visit dance, where he must guess the investigation, referral or prescription I have in mind. He offers a medication, and I decline. He offers a different one, but I don't want any medications. He asks again why

I've come. He has no idea, I realize, no idea how therapeutic his presence is. I don't want to alarm him, so I don't give him the simplest answer: that all I needed, quite literally, was to see the doctor.

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BOOKS

Skills and mysteries

Complete Physical

Shane Neilson
The Porcupine's Quill; 2010.

Doctors have a hands-on relationship with the big mysteries — or seem to. Perhaps family doctors do especially. The subjects of their professional lives are the traditional subjects of poetry. So when doctors write poems, it seems in keeping.

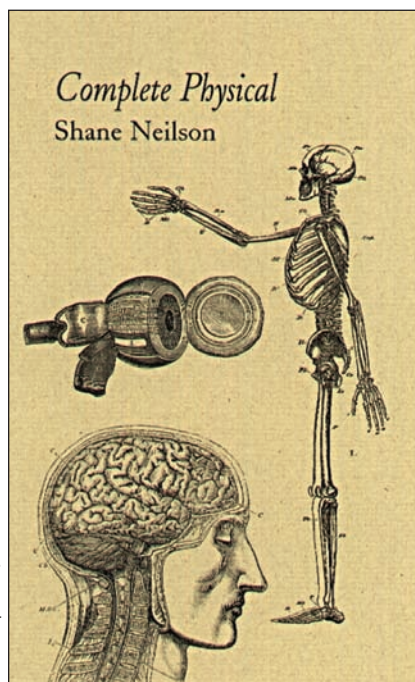
Shane Neilson is a family physician and he gets some poetic things right here. He knows that skill so often falls apart to offer only, helplessly, love. His book is an argument for love's rightful place among the skills and mysteries.

Love again. Damn. It's more important than your sore throat, than your cough.

Also, to his credit, the doctor writes about doctoring. He sticks to what he knows. He sticks to what he admits to not knowing.

Humility salvages some of these poems from being imitative fossils. Out-right prose ("Self-diagnosis makes my job easier.") will be found cohabiting near strained poeticisms ("in the dementia of meaningfully"). Yet honesty and beauty, in natural rhythms, break through cleverness in lines here and there:

I saw a man clutching his chest, saw coughing children playing with ancient toys ... I sleep, dreaming of iron men drowning in Kailua-Kona Bay.



The Porcupine's Quill

Neilson also gets points for "revisiting" a few of his poems, such as "My Illness, Revisited." In these, presenting variations on a theme, he admits a seeking impulse. For an instant, he keeps closure ajar. The two best poems here are "Inside the Examining Room" and "All Pain Can Be Controlled." They do not gush or cramp.

But shouldn't an editor have suggested dropping "Christ Child in an Incubator" for its showboating, "Dr. Grinch" and "Fairygodmother, MD" for their silliness, or the rhyming

verse that opens and closes this book?

The Porcupine's Quill designs and prints elegant books and this one sports old anatomical illustrations throughout — but in its poetry stable, this press tends to be fuddy-ish, staid. In word-choice and rhythms, there are nods to Dr. Shakespeare and Dr. Dickens. There is a tendency to repeat short phrases, in an emphatic pacing, as if a speech were being eked out for applause. The fallacy of humanity in all things rears its age-old specter when a breathing tube, or some drawings in an old medical textbook, are addressed as "you." A reader will also find archaisms such as "forsooth," "verily," and the un-ironic "O."

But there is wisdom here, too. "Think of pain, not flocks." "Intellect is not a church." A good doctor is ruminating.

There is professional company to be had. Any doctor-reader who perseveres, will be rewarded by sincere and touching lines such as these:

At twenty-five, degree on my wall,
I looked to yellowed yards of textbooks for wisdom, and found data only.
There is no preparation: people die,
and I solder silver linings to grief.

Phil Hall

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Phil Hall's latest book is *The Little Seamstress* (Pedlar Press; 2010).

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