~~Don't~~ Sweat the Small Stuff

A new chapter each week – a 4 minute read!

Chapter 2 - "C" Day – The Battle Begins

Carol had spent the week helping her parents move into their new condo. In their eighties they no longer were up to maintaining a home so we made the decision to buy their house as our new base of operations in Thunder Bay. Carol had experienced some discomfort over the previous few months and knew that something was not quite right. She had planned to go to a walk in clinic in Thunder Bay the following week as she felt something in her stomach area, but did not feel ill in any way. Saturday morning Carol found that there was some blood in her urine. Alarmed she called her sister to come and take her to the hospital. I was driving back from Sioux Lookout and as I got closer to Thunder Bay I texted her and found out she was not at home but she wouldn't say where she was. I figured she was probably at the furniture store where we were deciding on new furniture for several rooms in the house. I said I would meet her there. Her response surprised me as she finally responded that she was at the hospital in the ED.

I drove directly to the hospital and it was about 2:00 in the afternoon. Just as I entered the ED, she, her parents and her sister were sitting in a hallway. (The Thunder Bay ED is a very busy place – more on that later!) When I asked what was going on she said that she had had a CT scan and they were waiting for another doctor to come to talk to her. Within a couple of minutes of my arrival a doctor arrived and introduced himself as the oncologist on call. (This cant be good.) He said he wanted to talk to us but wanted to go to a private room. Once in the room he started to explain that the CT had shown several growths that needed to be investigated further. He then took all of us to a nursing station so he could show us the CT scan and explain what he was talking about. Here we were all peering at the image as though it should make sense to we lay people - it was almost comical. I remember one of us asking as he pointed to an area if that white spot was a tumour. He said yes, but then pointed to several other areas on the scan and said these are all tumours. It seemed that over half the scan of her abdomen was filled with these white blotches.

He also followed up quite quickly with an unofficial but educated guess that this was probably some type of lymphoma and there were many treatments available. We went back to the private room where there were tears and hugs and a sense that we were in some surreal place and this was all just a mistake. Time to wake up, this can't be happening. This just doesn't make sense.

Small Stuff 1: After a few minutes the physician said a medical student would be coming in to gather some more information. The student arrived and went through a torturous list of questions that once again had Carol recount the same history she had provided a few hours earlier. As he went through the list of questions he asked about how far we wanted to go with "heroic measures" to save Carol's life. I fully understand the purpose of such a question. It is the start of the difficult conversation around DNRs, when the family has to let go, and when to recognize there is little that can be done to aid in the survival of the patient. This did not seem an appropriate question for someone who has just been told they likely have cancer, with no knowledge of the severity, treatability of that cancer, or what the next steps are. He was clearly uncomfortable asking the question, but the timing of it seemed so wildly inappropriate. (I wanted to ask him if he had a casket catalogue with him, but my attempt at humour would have hit the floor with a thud!)

More recently I had a similar situation with my 97 year old father as he was in acute kidney failure due to advanced prostate cancer and ended up in the emergency department in Fort Frances. He was lucid and after they had done a complete work up on him, they inserted a catheter directly into his bladder to drain his bladder and they decided to admit him to the hospital. Again the physician asked him how far he wanted them to go to save his life. This question confused him. The physician went into more detail trying to explain that attempts to save him may do more harm than good – if he needed CPR they could break his ribs and sternum and cause significant damage that he might not be able to recover from. After hearing this and taking a minute to process it, he responded to the physician – "you do what you think is best". The physician said that it wasn't her decision and that he had to provide direction. Clearly uncomfortable he finally said -"I don't want to die."

Not sure when the appropriate time to have this conversation is but somehow I don't think it should happen in the ED. Would a decision made in the ED under significant stress, pain, drugs, etc. really be an informed decision? This is one of the most important conversations that a person will ever have. There needs to be some way of socializing the subject before the patient shows up in the ED. The DNR seems to be particularly aimed at cardiac events. In the US over 200,000 patients go into cardiac arrest while in the hospital. Only 25% will leave the hospital alive and of those 25%, one third of them will be seriously disabled. This seems like the appropriate cohort of patients to have the DNR conversation with. A healthy sixty year old who has just learned she **may** have cancer is probably not a good candidate for this conversation.

Next week – "Admission of guilt"