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Death of a Prairie Boy

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The Cariboo summer sun sizzles in the blue sky as I hurry over the gravel pathway leading from my clinic to the 34-bed hospital. I chew the last piece of my quick lunch, a high-protein bar, while I think about Brian, my patient who has, according to the emergency room nurse, arrived in poor condition.

My breath comes faster than warranted by the walk. I'm anxious. I'm not even sure Brian wants to see me. The sixty-five-year old hasn't visited my family practice for more than six months. Our last visit had cemented his deep distrust of anything related to medicine. That day, all the trust he and I had built up over five years was wiped away with the scrawl of my signature revoking his right to hold a Canadian driver's licence. It was a bitter pill to swallow for anyone, never mind a sexagenarian living alone in a rural community who had, up to now, steadfastly refused community supports.

In the hospital's parking lot, I weave through the parked cars, avoiding the drivers searching for parking spots, their heads swivelling behind glass, faces sombre as they ponder the state of their loved ones inside the three-storey brick building. Brian would be unlikely to have any visitors. He'd divorced a few years after marriage and his chil-

dren hadn't visited him for many years, certainly not since he left Alberta and the prairies where he'd grown up.

I remember our first visit, his painfully thin frame, long legs in jeans tucked into scuffed cowboy boots, heels impatiently tapping the blue-grey ceramic tiles of my office floor, Brian gruffly complaining, "I told them specialists I don't need no damn fool GP."

His nephrologist had insisted Brian have a family doctor, a person who could advocate for him and help him navigate his complex treatments. The specialist had hoped I'd be able to convince Brian to take better care of the high blood pressure that had caused kidney failure, the reason he went to Prince George twice a week for dialysis.

Brian didn't appreciate doctors. We were agents of illness and death, each medical visit a knock on the door of his mortality. He steadfastly resisted adding medications to the supply he'd received from the renal clinic, batches of bright pills glistening under plastic bubbles, carefully packed for different times of the day. "Pills. Pills. And more Pills. That's all you doctors know," he'd complained.

To Brian, pills were a sign of weakness, mysterious elixirs making him feel unsafe. The threat of high blood pressure, a silent killer, didn't scare him. "I ain't afraid of dying," he'd say.

"I can tell you're a stubborn blighter." I caught his look of surprise at the blunt statement, then a glimpse of a smile. I added, "I guarantee I'll outstubborn you."

Mischief and intelligence radiated from Brian's eyes. His grin met my challenge. "We'll see about that."

A bridge was crossed, as if he recognized the side of me that set me apart from most doctors. Adverse childhood events and a severely dysfunctional family had altered the wiring in my brain, as had the toxicity of racism in South Africa, where apartheid laws legislated injustices based on the colour of your skin.

After several years of working together, he trusted me enough to reveal the reason for his persistently high blood pressure. He hadn't been taking any of his prescribed medication. Every month he'd throw the batches in a cupboard in a corner of his garage, as if afraid he'd be found out.

Hearing this, I'd tried to keep my expression impassive as I pictured years of cardboard sleeves gathering dust. By then I'd learned about his childhood and realized his parents' views had likely shaped his own. His father, a subsistence farmer who'd distrusted the government and spurned people in authority, believed seeking help was a sign of weakness. Brian's mother had borne the brunt of her husband's rigidity and moodiness even as she carried the burden of caring for their eight children. No doubt any visits to a doctor were only for life threatening conditions.

Brian had grown up with the threat of hunger and cold, and parents who were unable to meet his needs for nurture, through no fault of their own. This lack of safety had caused hyperarousal in his alarm brain, the survival fight, flight, freeze center becoming primed for hypervigilance and

suspicion. He'd carried his childhood coping skills into adulthood, where anxiety had turned to anger or withdrawal; he'd shut himself off from family and friends. Self-isolation made it even harder for him to change. With no one to temper his moods, his solitary distrustful habits had become more entrenched. The wiring of his brain shifted, nerves aimed at survival grouped together forming inflexible pathways. His ability to adapt and respond appropriately to difficult situations impaired by childhood trauma.

He couldn't understand the intricacies of hypertension, how high pressure in blood vessels turned desired laminar flow into a turbulent force. He couldn't feel the stealthy onslaught against artery walls inflamed by his past childhood traumas, microscopic cracks filling with plaque, slowly blocking arteries, like beavers damning up a river, until the thin trickle of blood could no longer sustain his kidneys, leaving them useless appendages. Only then did he notice how ill he was.

Dialysis had provided immediate relief and he therefore trusted the mechanical process, felt the difference pre- and post-treatments. I'd been unable to convince him the medications were helpful, that the long lists of side effects outweighed the risks of not taking the medication. Even when he developed heart failure, he refused drugs that could have relieved symptoms. I was surprised it had taken him this long to land in the ER.

When I reach the heavy, reinforced door, it resists as I push it open. A tug on my gut tells me I'm unsure how Brian will react when he sees

me. On our last visit, the shine in his blue eyes changed to a flash of anger as I informed him he was too ill to drive.

The reception area is crowded, the scent of perfume and aroma of disinfectant competing with the sour smell of vomit. A nurse points me to the far corner of the ER's large hall, two walls lined with small cubicles, most of them enclosed by green curtains. I steel myself as I head there.

Five years earlier, when the nephrologist first spoke to me, his words had been grave, "I doubt he'll live longer than six months." His pessimistic prediction hadn't factored in the heart of a farm boy, whose body and spirit had been toughened on the grasslands of rural Alberta, Canada's largest prairie.

I find Brian in a bed close to a window, staring into space. He is propped semi-upright on the hospital bed, white sheets and a blanket drawn up to his scraggly beard. I push aside the one visitor chair and stand next to Sue, the nurse who is fiddling with the electronic monitor.

Brian's eyes light up. "Judy!"

The band around my chest releases slightly. I'm grateful he doesn't seem angry any more, but my heart sinks when I see the pale yellowness of his skin, the tautness of his belly under the covers, the swelling of his fingers. I hear the crackles in his lungs where I'm standing against the bed and catch Sue's eye as she adjusts the oxygen flow to the plastic nasal cannulas.

"How are you, Brian?"

"Fine, fine." His usually bright blue eyes are hazy.

"He says he has no pain," Sue says.

"Can you sit up?" I ask.

He winces as he shifts, his body barely moving, the pain written on his face. "Please give him 2 mg of morphine intravenously." Sue nods and I add, "We'll start slowly and titrate up."

After the first dose, he manages to cope with my physical examination and then lies back, a sprinkling of sweat above his lip.

"I'm ready now for assisted living. You can start making the arrangements you've been nagging me about."

Somehow I manage a smile, but my stomach drops, my muscles tensing. He appears to be oblivious of his fate. Does he not have an inkling that it's too late. That he is too sick? His body having finally reached its limit? He's in organ failure and won't leave the hospital, but I'm not ready to tell him yet. Instead I pull the chair closer to the bed and sit next to him, listening while he tells me his plans. He wants to box up his possessions and move to a nearby facility where he can be cared for.

I wait for him to tire, allowing him this last bit of time before reality comes crashing down. Soon his words peter out, his breath becomes more laboured. He rests in silence except for the ragged sounds of his lungs fighting for air, the soft wheeze of oxygen through thin nasal cannulas. Sue comes in and administers another dose of morphine.

Brian looks at me, not his nurse. He is waiting to hear what I have to say about his future. His expression is guarded, the way it had been when he'd trusted me enough to tell me he wasn't

taking his prescribed medication. I remember how relieved he'd been when I said I would still be his doctor even though he wasn't following recommended treatment. He'd believed me when I promised not to tell the specialists until he gave me permission.

Would the drugs have allowed him more time? He'd been receiving dialysis for a few years when we met and outlived the six months the nephrologist had forecast he'd survive. Sometimes drugs aren't the only answer.

I take his hand and break the news. "Brian, I don't think you have much time left."

"I know, doc. You've been telling me for a while now." His brow creases as he tries to make a joke.

"I'm sorry, Brian. You're dying." My voice is soft, but gravelly as I speak through the layer of post nasal drip I hadn't noticed accumulating, the reminder of my anxiety, stress inflaming my sinuses and nasal passages.

"No. No!" He pulls his hand away, searching my face, his expression stubborn even as the edges blur with fear. "I'm not ready to die."

He waits for me to retract the words that still lie heavy in the air surrounding us. Patients groan behind curtains. The intercom blares a Code White that there's an unstable mental health patient in the ward requiring emergency care. Footsteps hurry past.

"My house is a mess," he says, "and I haven't cleaned out the garage." His voice wavers as he negotiates for more time.

"Brian, someone else can do that. Now is the time to prepare for what is next." I can't—and won't—deceive this man, or any patient of mine. Trust is the foundation of an effective patient-provider relationship.

The deep lines on his forehead ripple with uncertainty. This once poorly nourished child now has a hunger for hope.

Yet, I hesitate. The relief Brian craves can't be prescribed in the form of ampules or even platitudes.

The saline infusion pump beeps insistently. I rise and switch off the alarm, adjust the drip rate, and sit.

I want Brian to have some deeper comfort, more than drugs can provide. My desire to help him overpowers my fear of losing my objectivity. "Do you believe in something after death?" I know him well enough to suspect the answer.

"No!" He shakes his head vigorously. "I don't believe in no God!"

Why should he? God had apparently left him to fend for himself as a little boy. He'd been unprotected during his childhood. He'd been alone and afraid then, as he is now. His ex-wife and children had long ago exited his life, worn down trying to deal with his unyielding personality. They cannot console him.

"I'm not sure sure what happens when we die." I say, "I don't believe in a heaven or hell. But I've been a doctor for many years and from all that I've seen I do believe there's something else after we die."

"Pfah! When we die, we die." He turns away. "And I thought you were a scientist!"

"There's room in science to believe there's more than we can see. More than we think we know." I breathe slowly and then say, "Maybe I can convince you."

"You haven't managed before!" He looks at me and a familiar spark of mischief shines from his eyes.

I love his spirit, and respect his views, but I can't help thinking he could do with a bit of hope. The stakes are high to change his mind.

"I have stories that other patients have shared with me. Would you allow me to tell you some?"

"I got nowhere to go."

He listens as I tell a few stories my dying patients and families have allowed me to share, stories that opened my mind to something after death. Family members of my patients had told me they'd seen, heard, or felt loved ones after they'd died, or seen their pets play games or behave as if a presence were with them. Listening to their experiences helped me believe in another reality, enabling me to recognize a visit from my father-in-law twenty years after his death.

The privilege of being present when someone is dying has graced me with opportunities to learn from my patients. I now believe we are part of something bigger than our individual selves, that there is a sort of cosmic community filled with love, peace, and acceptance, a plane we can reach if we are open to the possibility. Brian needn't feel alone.

"None of your stories prove anything! It's all nonsense." His voice trembles.

"Brian, I'm going to have the last laugh. When you get up there, wherever it is, you're going to say, *'Goddamn it! Judy was right'*."

He laughs, then, and with effort, he turns his body towards me. "You really do believe all this crap, don't you?"

"I do. And, when it's my turn and I get there, you'll get heck for not believing me."

He lies back, his sparse but long white hair spread on the pillow. "You've never lied to me before . . ." He sighs. "If you say it's true, then I have to believe it, I suppose."

"Believe it, Brian." My heart is thumping and I realize how tightly wound my muscles are. I will them to relax.

He stares at the ceiling.

"Can you imagine a loved one, someone who has died?"

His frown lines deepen.

"Someone who has crossed over?"

"I was always very close to my grandmother." His face softens.

"Think of her, Brian. She can help you with the next part of your journey."

He smiles to himself. I squeeze his hand gently one last time. I don't look back as I leave.

Walking back to my clinic, my brain cycles through its usual recriminations. What business do you have forcing your ideas on your patients? He didn't ask for spiritual advice. If he'd wanted it, he could have asked for a priest or pastor. How dare you, Judy!

Then I see the faces of other patients I've had these conversations with. How grateful they'd been. Even those who persisted in believing death was the final curtain appreciated my attempts to provide comfort.

Four hours after I left the hospital, the nurse calls to inform me that Brian died. She says he seemed comfortable and at peace. I imagine the little prairie boy, his smiling face turned to the sun, holding his grandmother's hand.

About the Author

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