

Embrace the downslope

Fifty came and went and I smiled to myself as presbyopia was nowhere to be seen; then came 51. I distinctly remember the day those tiny sutures were in focus from afar but so indistinct close up. The Modern Man three pack of 1.25 readers from Costco was an easy fix. I keep a pair in each exam room and at my desk, initially for close-up examinations, but I must admit that I seem to wear them more and more.

Recently an elderly gentleman came to see me with concerns about a skin lesion on the top of his head, so I put on my glasses for a perusal. For some reason I couldn't get his shiny dome in focus so I took them off and embarrassingly noticed they were so dirty that they were almost opaque. Taking them to the sink I gave them a good clean with soap and water, apologizing to my patient for the delay. After a good dry I approached his scalp only to find it to be blurry once more. At this point the old guy asked, "Hey, what are you doing with my glasses?" Looking over at my desk, I saw that mine were right where I had

left them. I was curious why he sat patiently and watched me clean his glasses, but maybe he thought I was trying to add value to the service.

It's hard to ignore the passage of time once you require reading glasses. A few more signs have also come my way: I have a granddaughter and my parents are aging into their 80s. Not to mention my bunion, which has left me with hallux rigidus and crepitus. Leaping up with youthful enthusiasm is hard to do with only 15 degrees of first metatarsal phalangeal joint movement. I also find that my back aches if I stay in bed too long, and a nocturnal bathroom visit is now the norm.

Many of my patients have never heard of the TV shows, movies, or songs of my youth and look blankly at me when I muse about Gilligan getting off the island, *Saturday Night Fever*, or not checking in to the Hotel California. Talk of rotary phones, rabbit ears, and cassette tapes brings vacant stares. I find myself to be increasingly reminiscent and particularly enjoy when a patient my age

brings up some cherished memory from our collective past.

It is a sombre realization that I have more years behind than ahead, both in life and my career. Retirement, while still years away, looms in my consciousness and seems tangible (as long as I stay away from cars while bike riding that is). Aging brings reflection and focus on what is important and what isn't. I find many of the old quotes about life, happiness, contentment, and joy more poignant and truthful as my life experience grows.

When all is said and done, I would like to be remembered by my patients as the caring family physician who tried to make a difference whenever a request was made. It is often said that the quality of a person is reflected by their friends and family, but if this is true then I am not worthy. As I pick up speed on the downside of the hill, I intend to embrace and cherish the meaningful people in my life, and I encourage you to do the same.

—DRR



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A wish list for ideal care

Of course it had to happen when I was least prepared for it—that is, my need to seek urgent care. As a card-carrying member of the system that provides that care, I confess that I had a degree of wariness about how I would be treated, and feared the worst. To my great pleasure, that proved to be far from the truth. I received kind, timely, and considerate care, and consequently was proud both of my profession and of the colleagues who work alongside us.

But I was a privileged patient, and I did from time to time see interactions with other patients that made me pause. Virtually all of these centred on a lack of kindness, which regrettably is one of the first features of care to be skipped in a pressure-filled environment. Words and attitudes matter: it takes no more time to say “I can see you’re in pain—we will get to you as soon as we possibly can” than “Take a seat, and we’ll call you when we have a bed,” but the difference for the patient is profound. Patients who overhear themselves described as “the knee” or “the migraine” are bound to feel diminished. Unfortunately, kindness can’t be mandated in providing care. The best we can do is to demonstrate it as often and as clearly as we can in our own actions, and hope that all our colleagues reflect what we do.

So if I develop a serious condition that requires the best possible care, what—in addition to kindness—will I want? Having given this a lot of thought over the years, I have a pretty daunting list of requirements for my medical attendants, but I surely won’t have a hope of receiving most of the items on my list. This is because they are so patient-centred that even I think I’m being unreasonable—to a degree.

First, I would want the physician who is providing my care to see me as an individual, not as a case with characteristics vaguely like those of

patients with similar complaints. I would want someone who listens and tries to understand what I am feeling and what I am most concerned about. I wouldn’t want simply to be crammed into the nearest category of management. I would want a physician who is honest and open, but who will know when it is important to

me different from other people of my age. I will want to know everything, good and bad, that I might expect from this treatment. What will it feel like? I would probably (but not definitely) want to have my care provided as part of a clinical trial, because patients enrolled in such trials tend to have better outcomes than those having, one-off treatment.

Okay, enough. Physicians reading this may think “in your dreams.” But real patients? Perhaps not. Committees developing guidelines for management of complex health issues tend now to include patient representatives, because the things that a patient will be most concerned about are often simply not seen as being important by physicians. Physicians, reasonably, focus on outcomes, but patients will also focus on the path to getting better. I’m aware that only in a publicly funded, comprehensive health care system would my wish for free care be possible, and I’m in no position to criticize policymakers for not doing their best with the resources they are given. But my recent experience as a consumer of care, rather than a provider, has given me a perspective that I hadn’t expected, and henceforth I hope to keep this list in the back of my head. So what kind of care would *you* want?

—TCR

Kindness is one of the first features of care to be skipped in a pressure-filled environment.

soften the tough information. Oh, and I would expect my physician to be comfortable working collegially with others, or as part of a team. I would not want to have treatment provided by a lone wolf or a maverick.

My goodness, this does sound self-centred. But remember, this is not a realistic list, because next I would expect that whatever investigation or treatment is necessary would be provided immediately, and with no cost to me. The treatment I need to have would be evidence-based, but would also take into account (as far as possible) the subtle things that make



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