Sleep: When it no longer comes naturally

"Hey doc, I can't sleep."

"What do you mean you can't sleep?"

"I'm dog tired, but when I go to bed I just lie there and nothing happens."

I'm sure many of you are faced with this patient complaint on a weekly basis. Formerly, I would think to myself that, of course, a person would sleep when they were tired and even if they had a few rough nights then sleep would come eventually. I have always been a good sleeper. I was a head-hits-the-pillow-and-I'm-out kind of guy. I have even fallen asleep at social gatherings and during conversations. However, all of this changed about 6 months ago. Initially, if I had a busy day planned or was planning to get up early to exercise I would wake up and watch the clock. This progressed to initial insomnia thinking about my busy day and then, bam, full-blown insomnia. I would struggle through the day overtired and think, boy, am I going to sleep well tonight. Forcing myself to stay awake, I would make it to 10 o'clock, climb into bed, and instantly be wide awake. Lying there, not sleeping, I would become irritated, which isn't conducive to falling asleep. The longer this pattern continued the more irritated I became, which just made the cycle worse. I worked very hard at calming myself and would lie there in a relaxed state congratulating myself at how well I was doing, when a little voice would say, "but you're not sleeping," and so much for the relaxed state.

I turned to friends for advice. One suggestion was to think of as many words as you can spell starting with the letter A and moving down the alphabet, and before you know it you are asleep. Being competitive I would get irritated if I couldn't come up with enough words and, well, you know the rest. Another suggestion was to tighten each part of my body, then relax it, leading to calm and sleep. Trying this technique I kept thinking of Kegels, which made me laugh and woke me up.

Next, I researched sleep hygiene, which is often the advice I give to my patients. It's pretty obvious that consuming large quantities of water and caffeine in the evening might interfere with sleep. Also, getting regular exercise and not drinking your face off seemed logical. One hygiene tip is to avoid lying in bed, getting frustrated, and instead, getting up and doing something in another room until you feel drowsy again. This has helped my reading tremendously, but I'm not sure how much it has improved my insomnia. I sometimes wonder if I'm just training myself to get up numerous times during the night. I am glad that I haven't turned to sedatives/hypnotics and that I don't keep any on hand as, at 2 a.m., when you haven't slept, you can't pop what you don't have.

The problem with all of this is that something natural has now become unnatural and associated with all sorts of rules. My pre-insomnia brain didn't even register not sleeping as a possibility so this option didn't exist. Now, despite my best efforts, I have anticipatory anxiety wondering if I am going to sleep. This battle is real and making it a conflict in the first place is part of the problem. Perhaps I have developed insomnia so that I can be more empathetic to those of my patients who also struggle. In case anyone up there is listening, I would like to point out that I already have tons of compassion for patients suffering from urinary retention and kidney stones. I'm sure I will soldier on, but if anyone has suggestions for some good book titles, please send them my way.

—DRR

So long, thank you, and good night

This will be my last *BCMJ* editorial. The editor has politely refrained from asking if I'm thinking of leaving the Editorial Board . . . but now it's time. To everything there is a season.

As well as bringing freedom, stepping away from something often brings regret. In my case, I regret—among other things—not having used the *BCMJ* editorial bully pulpit as effectively as I could have. I wish I'd done more to try to bring rationality to our system of delivering care. Canadian politicians and medical political activists are too cowardly (or too controlling) to permit real discussion about ways to introduce private care into the country. The arguments in favor of a mixed public-private system, as used in every other sensible country, are widely known, and I know that they make sense to all but the most blinkered among us. If you or anyone close to you has been a patient within our system of care, you know that there are—and always have been—multiple tiers of health care for Canadians. It all depends on who you are, who you know, and how much money you have. And that's not right if we are also to be restricted by a legislated universal system of care.

My parents lived their whole lives in Australia. In their later years they were able to direct the level of care they wanted, and to die at home, because the Australian system permits its citizens (if they wish) to pay for the level of care they want. If Canada is going to allow medically assisted dying at a patient's request, why will it not allow patients to determine the care they will receive while alive? It flies in the face of logic. And the arguments used by governments and activists to sustain the status quo simply don't make sense—worse, they reek of hypocrisy. We've all heard the stories of politicians and bureaucrats quietly arranging to have their own elective procedures done privately, while they publicly denigrate those who provide such care. To denigrate sincere people like Dr Brian Day, as has happened, is simply appalling. But my fear is that nothing will change until someone in a position of real power finds that, like the majority of the population, they must wait—and wait—for care. Sadly, because Canadians are ridiculously tolerant and forgiving, that may never happen. Still, I can hope.

But allowing private-pay care in Canada is the only thing I regret not shouting about. I don't like lecturing people. For me as an aging clinician to tell others, colleagues and trainees, how they should practise is largely inappropriate and unnecessary. I have spent enough time with medical students, residents, and fellows to know that essentially we are all responsible for our own education, and most of us have the smarts to know this. Nevertheless, please indulge me as I make one final related point.

The cleverest people I know are not afraid to admit that they don't know something, or to enter a discussion knowing they could be wrong. Appearances don't bother them. So, as I disappear out the door, my parting advice is this: never be afraid to ask, even publicly, for clarification of something that puzzles you, or to speak up knowing that you may well be wrong. We must trust our more knowledgeable colleagues to have the same motivation that we do: to keep learning and sharing knowledge. The future of our profession depends on our basing what we do on evidence and constantly trying to improve. We have to be honest with one another to do this.

I've enjoyed every minute of being on the *BCMJ* Editorial Board, and I'll miss not being part of it. And to those of you who have told me that you read what I wrote: thanks! I believe you. Honest.

—TCR