

CHSC @ UF Weekly Newsletter

OUR NEXT MEETING:

- **Date:** Thursday, October 6th at 7:00 PM
- **Location:** Rinker Hall Room 110
- **Speaker:** Henrietta L. Logan, *PhD, Professor and Director of the Southeast Center for Research to Reduce Disparities in Oral Health.*



- Information about running for an officer position will also be given.

Upcoming Events

- **Next General Meeting:** Thurs, October 6th at 7:00 PM
- **Kaplan Course Auction:** Ends on Sun, October 11th at 11:00 PM

TWO ESSAYS FROM DR. GUYER

& DR. HARDT:

- The Quickness of Death
- Why We Do What We Do
- At the end of the newsletter

FUNDRAISING EVENTS:

- **Cici's Fundraiser:**
 - Thank you to everyone who came to the Cici's Pizza fundraiser last week.
 - These fundraisers help us purchase the much needed supplies to host our upcoming service projects throughout the community.
- **Kaplan Course Auction:**
 - CHSC is auctioning off a full tuition Kaplan course certificate which can be applied to any test prep class including the LSAT, MCAT, GRE, GMAT, DAT, OAT, PCAT.
 - You can bid by writing on the wall for the Facebook event (<http://www.facebook.com/event.php?eid=270218083008510>).
 - The auction will run until October 16th at 11 PM. See event page for more details.

THE QUICKNESS OF DEATH

The Quickness of Death I wonder if they can hear the footsteps? Starting off as a whisper, far away in the dark, but then amplifying into a roaring cacophony, drowning out the prayers and the get-well soons. Then there is silence. It was over almost as fast as it began, with heads now being scratched and decisions being second-guessed, we stand with incredulity written indelibly across our foreheads. The family reads our faces, sentence after sentence punctuated by teardrops until they have to look away. Words of comfort and explanations are caught in our throats and come out awkwardly, misaligned, but sincere. There is no longer the need for science or medicine, but for something less synthetic and more human. The doctor reaches out her hand to the now widow and their hands meet like strangers who were somehow looking for each other on a crowded street. The embrace is uncomfortable at first, but quickly becomes familiar and rather reassuring. The footsteps were quick and they never heard them coming. The suffering is over as his soul soars past the balloons lining the sealing through the cold walls and into the infinite sky. I look up and wonder how this could happen so fast. We need warnings, reminders, and alarms; second notices, memos, and last chances. The unexpected is not welcome around here in the company of facts, figures, and statistics. We often hear the question asked by patients, "How much longer do I have?", insinuating that the end is near...within reach. I think I always imagined the way people died as a slow and indolent process similar to watching sand passing through an hourglass grain by grain. But it can be a tidal wave, knocking you down and holding you under despite desperate attempts to resurface. The weights some patient's carry can be oh so heavy and we just cannot tell when their bodies will buckle under the tremendous forces of disease. This is a piece of knowledge you won't find in the thickest of textbooks or in the latest literature. This is the knowledge of experience and it is unfortunately something one must stumble onto often unexpectedly. As I look back on these experiences that somehow found me I can't help but feel blessed. In that I mean to have the opportunity to help and guide patients and families through this unfamiliar transition in life. The footsteps still echo down the halls and the patients will pop their heads out of their rooms to see if the footsteps are coming to see them. This wont change, but I certainly have.

WHY WE DO WHAT WE DO

What makes us get up before the sun and spend our days in cramped work rooms choosing between different antibiotics, between a stress test and a cath., between greasy pizza and granola bars? It's not money, recognition or glamour. We are human and we are apt to become frustrated with non-compliant patients, inefficient hospitals, and our litigious society. We are often overworked and almost always exhausted. We are vulnerable to forget why we chose to undertake this challenge in the first place. So, I would like to tell you about my friend Jim.

I met Jim the first day of my medicine rotation. He was in the MICU after developing a small bowel obstruction the night before. He had slept even less than I had and was obviously in pain, but when I introduced myself, Jim gave me a big smile and a warm handshake. He told me his medical history; he told me about his chronic leukemia that had transformed into something scarier, about his liver infiltrates, and about the intense pain in his belly that had developed just 12 hours before. He told me he was ready to fight it all.

In the 13 short days I knew him, I learned much more about his story. He had two daughters, (one who shared my name), who had changed their wedding dates so their father could attend. I looked through pictures of his family with him and discussed favorite vacations, memories of his kids, and how he wished he were at the beach. He told me that he was happy his room had a view of the football stadium, which launched a long conversation about the Gators and Tim Tebow's Heisman win. I discussed wedding plans with his fiancé and held her hand when she found me outside his room to tell me how scared she was about losing him.

Only a few years older than my own father, Jim simultaneously treated me as a member of his medical team and as one of his children. He trusted me with his care while still feeling a need to protect me. When he told me that he was finished fighting, that he wanted no more treatment, he did so with compassion and sensitivity and care. He was certain about his decision, but he wanted to make sure I could handle it. He was an amazing man.

In the last few days of his life, I got the privilege of meeting his family. I cried with his fiancé and his daughters. I hugged his closest friends and explained how we would make him comfortable. I also got the privilege of watching the physicians around me. As, one by one, we stopped his chemotherapy, his intravenous feedings, his antibiotics, as we withdrew the medical and pharmacological technology prolonging his life, we never lapsed in our care. Instead, we spent long hours talking with his family, assessing his pain, taking care of him for as long as he was our patient. When he asked us to pray with him, we joined hands and prayed. We provided him the opportunity to die well.

The day before Jim died, his fiancé asked me to stay with him for a few minutes while she took a break. She had not left the hospital in days; she was tired and emotionally broken, and when she asked me to sit by him so he wouldn't be alone, I rejoiced at her request. He was lethargic and only minimally responsive, and for the majority of the 15 minutes I spent alone with him at his bedside, he slept. I cried openly and unabashedly for this man I had known for less than 2 weeks. I cried for his kids and his fiancé and for myself. I cried because every once in a while, Jim would squeeze my hand and shoot me that same wonderful, warm smile. He was an amazing man.

We do what we do because it is a privilege. I had the privilege of being welcomed into a man's life when he was most vulnerable. I had the privilege of joining his family in prayer when they were most desperate. And I had the privilege of being part of a team of physicians who cared for their patient when others would have said they had nothing left to contribute. I hope to never forget how lucky I am.

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