

## ENCOUNTERS

## Just terrific

If this keeps up then you'll be good for at least another 98 years." "I hope not," he replies laughingly, swinging his bowed hips to transition from the examining table and plunk into his wheelchair. After a few heavy breaths, he looks up at me from his hunched position. "Getting old is for the birds, doc, not us elderly."

Another encounter with a truly singular man. Mr. Roberts is a gentleman from another era, literally. Despite the fact that he is old enough to have lived through two world wars, every encounter he brings some new technology: first the motorized wheelchair. Then the typed list of his medications, updated after every consultant visit and printed from his new laptop. Then the emails. I joke that I'll break my personal policy and follow him when he begins to tweet. I'm even more impressed when his eyes sparkle and his thin lips curl up his white moustache with "Nah, too much work."

I squeeze his shoulder gently as the chair's motor reawakens with a whir and wheezes out of the room. He says goodbye and finishes the visit with his usual salutation: "Doc, thanks so much. You're just terrific."

Exhausted from the challenges of a hectic day in the office, I almost believe him.

He is a clock in my work week. He always comes early and positions his wheelchair in the same spot. I have never seen him read the office magazines — probably a good measure in reaching the age of 98. Instead, he sits contentedly staring ahead at our receptionists. Always smiling, never a look of consternation or resignation. Even the time that he arrived in florid congestive heart failure, kind words passed from his pursed lips in between laboured breaths as he rolled away with the paramedics. "Don't ... worry ... about ... me. Just an ... old man."

"Your 99th birthday is coming up."



Fred Sebastian

"Well, I can't take all the credit. Besides, at this age, the days all get to be the same."

He is dressed in his signature three-piece suit. Despite hardly walking, he has put on his best pair of dress shoes and shined them to a glisten. I am humbled by the show of respect and try to reconcile my shameful frustration at the extra time that it will take to remove all the layers for the examination. I always think to ask the secretaries to book extra time for his visits, and I always forget, enchanted as I am by Mr. Roberts' zest

for life. It energizes me in the same way as my care of children, their innocence providing perspective during the intense family medicine workday, reminding me of the world outside my office walls, renewing my optimism that love is pure and intentions are good.

"I would ask you how I can help today, but I've learned better."

Indeed, he hands me the printout. I comment on the new font and the paper quality.

"You're worth it, doctor."

The dance begins anew with familiar

steps. I read the note, complete with updated medications and a list of humble complaints; as always, the note ends with THANK YOU, DOCTOR! typed at the bottom of the page. Then there is the taking off of the jacket and vest, the rolling of the crisp sleeves. The pulse check, my hand holding his at the wrist, the warmth of his frail pulse beating irregularly in my grasp. The huffing auscultation, stethoscope skipping across scoliosed spine. The check of the legs. The search for timid arteries. It's an unstable equilibrium, trying to balance to the alphabet soup of ailments — COPD, CHF, HTN — in the time that we have.

"Well, Mr. Roberts, everything looks steady. I don't think we have to make any changes."

"That's good, doctor. But this is not an easy world for an old man. Everything eventually changes." He laughs, coughs a few times, sighs, and then peers up at me and smiles.

"Happy birthday, Mr. Roberts."

"Thank you, doctor. You're just terrific. Have a good holiday and don't worry about me."

The wheelchair sputters out of the examining room and I continue my day, happier than I had been before his visit.

Upon my return there is a message from Mr. Roberts' family. Mr. Roberts had fallen and fractured a hip, then contracted pneumonia in hospital and passed away. The funeral would be the next day. It's all so sudden. My wife notices the tears in my eyes and asks what is the matter. I barely register the confusion on her face when I mumble, "But he was too young. Too young."

Back at the office, life continues uninterrupted. But I notice that there is no wheelchair. That people are reading magazines. The absence of printed notes and dearth of three-piece suits. No nonagenarians showing off new tablet computers. The morning floats by on a cloud, a haze of sadness. But as the day goes by, I think about Mr. Roberts' last

words to me. I think of his smile as I hear neonates giggle. Reminded of Mr. Roberts' suits, I don't mind spending extra time helping mothers undress their infants. I think of his friendly moustache when I see a preteen in need of a first shave. I recall his dignity when breaking news to a stroke victim who can no longer drive her car.

I realize that I am not yet ready to say goodbye, although Mr. Roberts surely was. I need to move on to learn the lesson that he was teaching me with every encounter: cherish life and the experiences that make us feel just terrific.

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Editor's note: The patient's name has been changed, and his family has given consent for this story to be told.

CMAJ 2012. DOI:10.1503/cmaj.111189

## More Humanities online

### Poetry

*Trainspotting in the clinic*, by Majid Mohiuddin, MD, Houston, Tex.; *scribing death*, by Rebecca Zener MD, London, Ont.; *What we wear*, by Ryan E. Childers MD, Baltimore, Md.; *Competency parfait (a common sense-based clinical practice guideline)*, by Michael J. Passmore MD, Vancouver, BC.



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*Swallow: Foreign Bodies, Their Ingestion, Inspiration, and the Curious Doctor Who Extracted Them*, Mary Cappello (The New Press; 2011). Why would anybody write such a book? The answer lies in the author's uncritical fascination with Chevalier Jackson, a laryngologist known as a pioneer in endoscopy in the early part of the 20th century. — Paul Moorehead MD, Kingston, Ont.

*Morgue Drawer Four*, Jutta Profijt (translation by Erik J. Macki) (AmazonCrossing; 2011). While this book is fiction, and fantastical fiction at that, it is essentially the story of a man with a health problem: he's dead. — Paul Moorehead MD, Kingston, Ont.

### Books

*The Grandest Challenge: Taking Life-Saving Science from Lab to Village*, Dr. Abdallah Daar and Dr. Peter Singer (Doubleday Canada; 2011). Outsiders tend to focus on the catastrophic events in Africa; this book provides a welcome balance by focusing on successes rather than failures. The authors explore how science can be used equitably for the benefit of all humans. — Fikre Amare Germa, Brantford, Ont.

*Medical Innovations in Humanitarian Situations*, Jean-Hervé Bradol and Claudine Vidal, Editors (Médecins sans Frontières; 2011). These essays deliver the history of Médecins sans Frontières and its role in medical innovation in crisis situations, such as improvements in diagnosing infectious diseases. It's an honest book where failures and oft-times political controversies are noted alongside successes. — Gretchen Roedde MD, Temiskaming Shores, Ont.

CMAJ 2012. DOI:10.1503/cmaj.121061

