

Little things

■ Cite as: *CMAJ* 2018 April 30;190:E543-4. doi: 10.1503/cmaj.180114

It had been more than two weeks of continuous call piling up, the days blurring into each other such that I was sure it was still April but couldn't say for certain exactly when. Adrenal glands sputtering along, running on the fumes of a few last molecules of cortisol and epinephrine, the shortfall not quite made up by the increasing number of daily coffees. Yet hope guided my steps as I walked into the clinic room, looking forward to a light day at last, a chance to leave early, the tantalizing dream of adequate sleep in the offing.

Full stop. The stack of charts caught my eye, a tower topped off with a behavioural consult, which, had been a no-show earlier in the week, to my great relief. Now, unexpectedly, it had been rebooked for today. I swore, a little too loudly, and picked up the charts. For an eternal second, I thought about maybe throwing them across the room, but settled instead for dropping them back on the desk with a thud.

I took a deep breath and sat down, leaning back in my chair and wondering how I had got to this point. Residency interviews swam back into my consciousness, a chief resident telling me that my personal letter was noble but, despite our best efforts, you know, we can't be catchers in the rye. Through the veil of time, I watched myself lean forward and argue back that you just had to give a little more, dig a bit deeper, fight a bit harder, refuse to waver. I loved that version of me for his unshakable optimism and simultaneously hated him for the stark contrast he provided to the

jaw-clenched individual trying now to will himself to care.

A knock abruptly pulled me back into the present. I took another deep breath and stood up, composed myself and walked over to open the door. An almost five-year-old boy and his mother stood there, looking back at me. It turned out they had missed their appointment three days earlier because, as I quickly found

lator was there, pretended she was too busy, then laughed, put her arm around me, and together we walked back to the clinic room.

As the visit progressed, the contours of the issues at hand began to reveal themselves. The boy had been born on time, was developmentally appropriate and essentially physically well, but he had witnessed physical violence from his father toward his



VOGOPHOTO/istock

out, his mother was far stronger in her first language and had gone to the wrong building. As they walked in, I was struck by the irony that while I continued to rail against the growing power of *lingua franca* English's ability to colonize government institutions and cultural vocal cords, I was able to say only a few words in her language. Conscious of time, as always, I sighed and trudged down to the reception desk. The ever-present, effervescent trans-

mother for years, until the former had finally, mercifully, left. This exposure had left him aggressive and angry at times, but particularly defiant against limits. His mother in turn struggled with setting them, because she felt wholly responsible for what he had seen. We talked about what I thought was at the root of the issue, that the violence he had witnessed at his age probably played a key role in his current difficulties. We talked about how important

it was for them both to receive mental health counselling and be seen by family services for support. We talked about how what had happened for years wasn't okay, even for a second, and by no means was it her fault.

As we talked, the boy watched us from across the room. He started hiding behind a chair, playing the small-boy version of hide and seek, still a bit young to grasp that just because he couldn't see you didn't mean you couldn't see him. And like a curious cub, he approached, ever so slowly. He stopped short of the examining table he had earlier thrown a tantrum about going on and looked up at me —

relaxed, and he stayed like that for the remainder of the appointment.

As we finished, I set him back down carefully and walked him and his mother back to the clinic waiting area. The translator asked him if he wanted a sticker, which he of course did. He'd scarcely started running toward the box, though, when he stopped. Turning back to me, he reached out his hand. I reached down and took it, and together we went to go look at the options. He chose one, let go of me, and then walked off with his mother.

As I stood in the hallway and watched them slowly disappear from view, I wasn't quite sure what to think. The

convinced he could confront them head on and fix it all, now starting to grasp for the first time that this well-intentioned approach was nonetheless asking for death by a thousand disappointing cuts.

Lost in thought, I heard the translator calling to me. Her fierce irises illuminated her face as she washed her coffee cup and talked about the boy's visit, the violence he had witnessed, that it didn't seem fair to her at all. Age had accentuated her cheekbones and I was somehow reminded of wisdom and the words popularly attributed to Oscar Romero: that we cannot do everything. That there is a sense of liberation in realizing that, because it enables us to do something and to do it very well. That it may be incomplete, but it is a beginning, a step along the way. For so long I had desperately wanted to stand up to something big, yet now it felt far more important to stand up for someone small. Someone with a name, someone with a face, someone I could put my arm around and let know that he mattered. A few of those residual cortisol molecules bounced across my heartstrings, and for the first time in longer than I could remember, my old friend optimism stirred, rearing his head just beyond the field of my vision, his presence palpable if not touchable.

Brett Schrewe MDCM MA

Department of Pediatrics, Faculty of Medicine, and Department of Educational Studies & Centre for Health Education Scholarship, The University of British Columbia, Vancouver, BC

This article has been peer reviewed.

This is a true story. The mother of the patient has given consent for her child's story to be told.

Funding: Brett Schrewe's scholarly activities are currently funded in part through the Pierre Elliott Trudeau Foundation, with which he is affiliated as a 2017 Scholar.

For so long I had wanted to stand up to something big, yet now it felt far more important to stand up for someone small.

man, pediatrician, stranger — perched on its edge. Without thinking much of it, I looked down and asked him if he wanted to come up. There was maybe a quiver of a nod in response. I reached down and started to lift, nearly losing my balance. The boy jumped away and ran back behind the chair.

The conversation resumed, but the same scenario repeated itself two minutes later. I reached down again, and this time, he let me pick him up. I sat him down next to me, and without really knowing why, I put my arm around him as I talked with his mother. Why had I done that? The boy leaned his head against me and seemed content. The muscles in his body, previously so powerful with the titanic resistance of a young child who does not want to do something, were now

short amount of time I was given for each patient in clinic felt bitterly laughable on many days. And that made sense; after all, the subtle yet powerful effects of structural violence and colonialism that infected the lives and families of so many children I saw weren't knots that could be neatly and quickly unravelled in an hour. But I realized I wasn't immune to these effects, either. If anything, attempting to address the social havoc these twin demons wrought was like grabbing the blade of a knife and expecting to walk away unscathed. Their legacies slashed at all of us, whether you were a boy of five who did not comprehend how they threatened centuries of built-up wisdom and traditional roles and quite possibly left your father precarious and lashing out, or a tired pediatrician who was naively