At a loss

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Loss is inevitable. Much as we do not like to think about it, the death rate remains unchanged over the millennia. It is always one per person, no matter what we do.

At the farm, death is a constant visitor. Between the literal wolf at the door and aging chickens, there is plenty at hand even if you discount the abattoir. The rural generalist physician might be shielded from the sundry misadventures of livestock, but death lies heavy for us as well.

The problem is that the death is personal, and the smaller the community the more personal it gets. You know the 16-year-old on the ATV who was broadsided for whom you are attempting, vainly, to establish two large bore IVs at this very moment. You will empty the hospital's blood bank knowing full well that he will not be skating on your son's hockey team this winter.

You know the 86-year-old smoker trapped by an air hose that inadequately compensates for his lungs and whose quality of life has led to his request for medical assistance in dying. You do not like providing that service, and yet you are the most appropriate person to do it. The patient wants you.

You, the physician they have trusted over the years. You, who have cared for them from the first Salbutamol prescription to the latest multi-component inhaler plus daily antibiotic plus hail Mary's of Roflumilast and Theophylline. You, who arranged for the oxygen, trying not to notice the heavy tobacco stains on their right index and long fingers (that root cause for which you had many, many conversations to no avail). You, who had the conversation on a prior admission for their first "do not resuscitate" order. You, who have been doing house calls to their rude hallway of an apartment with worn linoleum at the foot of their Lazyboy (TM) recliner; the recliner from whose prison they wish to release. A release for which they need and ask for your help.

It is a fine line we try to take. A line with understanding and empathy and courage, but also abstraction and professionalism to distance from the emotional maelstrom that can consume us. Sometimes that line is accomplished. Sometimes we fail the patient by going distant. Sometimes, we risk ourselves by getting too close.

Some outcomes we cannot change, but the manner of the outcome, and what we do in their presence, are important and meaningful. We were there for them. We cared and mourn their loss and our loss.

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