

## The office with 1001 stories

“You will go into the wrong room,” my colleague stated. “No, I will not.”

“Yes you will.”

“Will not!”

“Will too!”

“Will not,” feeling a little like a third grader, I hesitated.

“Your exam rooms were across the hall from one another in the old office and now they are side by side,” my colleague explained. “Trust me, when the doors are closed you won’t remember which one you were in and you will go into the wrong one.”

Sure enough, on day one I burst into one of the rooms expecting to see an older, overweight diabetic male and instead was faced with a young lady in a vulnerable state of undress. At the same time we both exclaimed, “Aaahhh!” Not wanting to linger I muttered, “Oops, sorry, wrong room,” and left. Don’t worry, it’s okay, the College already has me on speed dial.

My colleagues and I had decided a move was in our future because we had outgrown our space. Since our lease was also coming due, the time

seemed right for a two-block migration to a new and shiny office.

Moving day arrived, and as I wandered through the empty rooms of the old office, faced with bare walls and empty shelves, I wondered if I would miss this place. I had spent

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over 20 years of my working life moving across the hall from room seven to eight and back again. Staring at the vacated space I was flooded with memories of patients past and present. These recollections weren’t really about my old exam rooms but revolved around the stories told during thousands of patient encounters. What a privilege to have listened to

the intimate details of my patients’ lives as we grew together through the years. It is this privilege that is the real gift of general practice. How special to be at an infant’s birth and then to watch with wonder as they learn and develop through life’s stages. What a blessing to build rapport with patients young and old, easing into a relationship of trust and guidance.

Admittedly, not all of these visits have been pleasant. Many of them have been filled with heartache and sorrow. Bad diagnoses and poor outcomes were discussed, often followed by despair, anger, and tears. Even then, what an honor to be so trusted that individuals feel safe baring their soul and exposing their heart to scrutiny.

I have been entrusted with the care of many extended families, and as I spent my last moments in my old office it was their faces that came to the forefront. I realized that when all is said and done, it won’t be the walls I remember but the people and their stories.

—DRR



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## Community to the rescue

I would guess that most of us who practise medicine feel as though we are pretty independent, self-motivated, and self-reliant. We work hard, we have made sacrifices to get here, and we feel pride in our autonomy. I have written before about the essential partners I think we need to make our professional and personal lives work, but surrounding us and providing the keystones in our professional foundation is our greater collegial community. This is easy to overlook until you are specifically reminded of it.

I recently had to deal with some serious health issues that forced me to leave my practice for about 9 months. I have just returned and all seems well so far, but now I am in constant discovery of the importance and ubiquity of our collegial community. It exists around all of us and quietly buffers our personal supports, family, and friends when the need arises.

My office partners, busy and already overworked, never showed even a hint of anything but extraordinary support for me despite the fact that they were left managing the brunt of the departmental work on almost no notice. Even with that extra work, I had regular uplifting visits and deliveries from them just to make sure I was okay. My department head and hospital administrators were willing to help with some necessary creativity to keep our division afloat, with me providing clinical care during the times that I was well enough. My long-overworked and now more stressed secretary dealt with, and is still dealing with, an uncertainly scheduled balance of patient care and my energy level. I keep telling her that she is earning some pretty good karma! She was, in turn, supported by my colleagues' office administration teams when patients, consults, and ORs had to be rescheduled at short notice. A locum left her family

in Switzerland for long enough to get us through the early crunch. The College came together to finalize the ridiculously complex licensing process on the Friday of a long weekend so that a locum could do call relief. Colleagues not usually on the schedule offered to help with call. Referring

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physicians were understanding of the chaos. This community came together without question and with nothing but good wishes, at least from my perspective. And almost all without me asking. The community I mostly took for granted became the village that looked after me and my professional life when I needed it.

They even looked after me personally. My generous clinical teammates put together a weekly schedule of delivered meals for us, making my regular cooking look pretty shabby. A cleaner arrived magically. I was e-mailed regularly scheduled jokes and serialized stories to lift my spirits. My research team kept my projects going. I even received e-mails, gifts, and cards from colleagues I have known for years in only a casual or professional manner, who went out of their way to tell me they were thinking about me. Many of them shared with me their own stories of illness and recovery about which I had been completely unaware, and belatedly wished I had been able to help with. All of this happened organically, generously, and seamlessly. I had an idea

that my crowd was great, but I think many of us are unaware of how lucky we are to share the majority of our colleagues. I'm not convinced that this type of group support exists in all other professions.

Back at work now I am seeing more of the previously invisible professional foundation that buoyed my recovery and helped me and my family in so many ways. I see that I am also a part of that fabric. I am more consciously looking for it, and being grateful and trying to be proactive in being a more supportive member of the greater community as well.

We all need to take care of patients, but we also need to take care of each other, as only a colleague can. Even in the smallest ways we truly don't practise in a vacuum; we are only able to be autonomous because we are together. And when you eventually need your community, how much better is it to have first been a giver of support? I don't mean just with illness. Mentoring, volunteering, teaching, listening, backing someone up, going above and beyond for no other reason than to help someone who needs it—all are opportunities in your medical community. You have no idea how much a small gesture can change someone's professional life, personal life, or both.

And if I may be much less lofty in a conclusion that invokes the spirit of the golden rule even professionally, it has become clear to me to acknowledge the implied suggestion in this meme of wisdom: karma is only a bitch if you are. Good to remember when you are part of a career-long village.

—CV

