# The outsized impact of kindness

orking in health care leads to a one-sided perspective of the system's nuances and challenges. By becoming consumers in the system, some of us will experience a different side, which recently became my reality, as my wife is unwell with an uncertain future. The tendency is to ask of the heavens, "Why us?" but in truth, after watching so many patients go through similar situations, the real question is, "Why not us?"

As a result of this transition from physician to proxy medical participant through my wife, I have been thinking a lot about kindness. A definition that resonated with me is as follows: "The quality of being friendly, generous, and considerate without expectation of praise or reward."

My wife's health care journey has brought us into contact with many different individualsdoctors, nurses, therapists, porters, administrative staff, hospital workers, and more. I would like to thank all of them for their care and expertise. A lesson I have relearned is how the smallest act of kindness can elevate someone from just doing their job to being an angel of

caring. The difference this makes to a vulnerable unwell patient and their family is immeasurable.

So many have been so kind that it is impossible to list them all, but a few examples stand out.

The ER charge nurse who found my wife a place to lie down while waiting for a bed on the ward upstairs, even though she was a direct admit and not this nurse's responsibility. She noted how long we had waited sitting in chairs and could tell by my wife's demeanor how poorly she felt. This nurse took time out from her busy shift to make a difference—kindness.

The porter who asked how my wife was feeling and listened with interest and compassion to her answer-kindness.

The radiation technologists who greeted my wife with such caring and treated her with gentle calmness when she was at her most vulnerable—kindness.

The doctor who took her by the hand and reassured her that even though she didn't know where this was all going she would do her best to make her feel better-kindness.

The hospital staff who dialed her phone when she wasn't able to so she could stay con-

> nected to her family when she needed it the most kindness.

> The nurses who visited her even though she was no longer on their ward or in their care—kindness.

> These examples and so many more serve as a re-

minder to me to do better when faced with opportunities to perform similar acts. Being on the receiving end of such kindness lends itself to a new perspective on the positive power of slowing down and taking the time to be a little more human.

The take-home lesson is that a little kindness goes a long way when it comes to our patients.

-David R. Richardson, MD

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## for Practice Closure / Transition

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# On spider bites, blood clots, and lions

oyal BCMJ readers appreciate that the worldwide outbreak of COVID-19 constituted a pandemic long before it was officially designated as such, and now tirelessly await confirmation of its conclusion. It is my pleasure to humbly answer their prayers with the following incontrovertible evidence, gleaned from the trenches of emergency medicine.\*

#### Regulars have returned to the ED, including the spider-bitten

At the start of the pandemic, BC patients, as they have since the dawn of time, sustained

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spider bites daily. But COVID-19 fear drove them to shun the emergency department, instead electing to stay home and bang pots

at 7 p.m. daily in tribute to health care heroes. The spider-bitten, no longer fearful of COVID-19, have returned to the ED alongside other regular patient cohorts constituting the ED faithful,† on a scale recalling the annual Okavango Delta migration.‡

**COVID-19 topped** headlines for over a year. But in journalism the old inevitably makes way for the new.

COVID-sick patients have given way to COVID-free patients fearing vaccine complications

During the various COVID-19 waves, many patients arrived with cough and some tested positive for COVID-19—strong evidence that the disease was rampant. But now we see only patients fearful of vaccine-induced blood clot complications. This is cause for joy and celebration. First, they do not have COVID-19 and are unlikely to get it by virtue of vaccination. Second, emergency doctors, even the lowest functioning cohort (e.g., the author), are expert in managing not only the fear that

grips patients concerned about blood clots, but also the occasional clot we are able to confirm.§

> The news cycle has moved on COVID-19 topped headlines for over a year. But in journalism the old inevitably makes way for the new, never to return (i.e., The Moving Finger writes; and, having writ, Moves on). For example, in the May/ June CPSBC College Connector, the pandemic has lost

top billing to antiracism, including the decision to retire the College's 135-year-old colonial crest. Distinctly medieval, the crest features a crowned lion standing on a larger crown. II The crest was in fact emblazoned on the BC flag from 1871 to 1906. The noble lion is balanced on all fours, with its head turned left facing the viewer (in heraldry the statant guardant attitude). This heraldic lion motif is a feature of the royal crest of England. 9

I wish each of you health and happiness as we and the public we serve emerge from a time of prolonged suffering.

—David J. Esler, MD

†Other ED faithful include patients concerned about hypertension (cura elevatum pressura sanguinem) and those in need of work notes (litteras excusationem ab opereor) or prescription refills.

\*The spider-bitten are well known to BC's emergency doctors. They present with red spots/blisters inflicted by the many species of BC's nocturnal human-biting spiders (BCNH-BS). These remarkable arachnids bite only at night when the unsuspecting victim is asleep. On waking, the spiders have retreated to camouflaged web-sites, there to rest weary legs and fangs in joyful anticipation of the next busy night of human predation. Only suffering is left in their wake.

§Recently one of my EP colleagues sustained a serious head injury while mountain biking. On waking from a prolonged coma she was unable to speak or recognize her husband and children, yet immediately and accurately reproduced the Wells blood clot algorithm. Now free of family responsibilities, she continues to mountain bike and scour the ED for blood clots.

"The "Hat on a Cat on a Hat," (i.e., coronam super leonem

Barbary lions, cited by British monarchs for their virtues-nobility, royalty, strength, stateliness, and valor-did not lead fulfilling lives as guests of the Crown at their official residence in the Tower of London menagerie. Notwithstanding their royal status, they would doubtless have preferred chasing Barbary sheep and stag over the sunny sands of North Africa to languishing in a damp, dreary, and wretched British prison/zoo.