

Absorbing the hurt

BY JOHN MCGARVA

In this article, taken from his blog, ENT surgeon **John McGarva** reminds us that while we can't fix everything, we may still be able to help.

It was a long time ago. I was a scarily young Houseman, barely 22, the last generation of preregistration doctors to work unsupervised in what were then called Casualty departments. With surgical ambitions, I was straight from central casting: brash; callow; and untroubled by self-doubt. There was a moustache, very much of its time, which stated "I want to look older and be taken seriously".

I was quite clear why I was there; I was there to fix stuff. To make broken things better. I dealt with what came my way; infarcts, stabbings, the fallout from weddings where the father of the bride developed chest pain and her brother gave the best man the kicking which had been in genesis since school.

Occasionally I was puzzled. The father of the teenager who brought his son up to A&E having found him smoking a joint. He wanted... I am not sure what he wanted. Advice, I guess, for himself; guidance and a talking to for his wayward son. He left disappointed – without either.

One of these nights the staff approached me. They wondered whether I would talk to someone. It was a bit awkward; he wasn't really a patient; he wasn't ill... He told me his story. His young daughter was in the children's ward. She was dying. This was a time when hospices barely existed, let alone

"It is only left to us to own our vulnerability, to allow our essential humanity, to remember the lesson taught me by that father."

children's hospices. I could only listen; he was completely dignified, matter of fact. There was no trace of the self-pity, anger or resentment to which he had every right.

He spoke of chemotherapy, disfiguring surgery, hope and despair. He spoke of where they had taken her, what they had gone through. Above all he spoke of the dawning awareness of how this was going to end; of how it was about to end.

He was kind to me. He knew I was unequipped to deal with this. He made it plain that I was not expected to fix this, that all I had to do was listen; not to share in his pain, nor help him understand it, but simply to absorb a small part of it.

We talked well into the night. At least, mainly he talked. I mainly sat listening, absorbing, taking the whole story in. I offered no advice, no guidance. I had none.

He finished, stood up, shook my hand, thanked me for listening, returned to his daughter.

Over 30 years later much has changed. The moustache is long gone as is the requirement for props to make me look older; I am an experienced senior clinician.

Much is the same: I remain largely expected, by myself as well as others, to fix things. The majority come with clear expectations that symptoms will be resolved, or at least explained. I have a mainly oncological practice: enormously rewarding, challenging. Lots of people benefit from the treatment our team deliver. That treatment, however, can be distressing, harrowing. Success is, of course, not assured. Treatment related morbidity, long and short term, is considerable: dental, aesthetic and swallowing problems are common; some never swallow again.

So, mostly I try to fix things: I endeavour to diagnose, treat, manage,

explain, mitigate. That is my default setting. It is what is expected of me, not least by myself. We are largely consulted for our knowledge, our expertise, our technical skills.

There are times however, when knowledge, techniques and skills are not enough.

Times when knowledge, skills and techniques will not deal with the problems, answer the concerns. In those times we can only listen; let them talk, let them speak with words or with silence; absorb the hurt and pain, the disappointment, the regrets.

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