

Close encounter with destiny: Lessons learnt

Sir,

Three days of symptoms – severe abdominal cramps, constipation, and mild distension. That’s it. I was in for a deep shock. As the gastroenterologist decided to perform a sigmoidoscopy in an unprepared bowel, my thoughts were racing. I kept reassuring myself that nothing can go wrong with me! But lo and behold – the next minute my world came crashing down. I could see the concentric growth on the monitor, occluding my descending colon. The subsequent events unfolded at a rapid pace – surgical resection, chemotherapy, and FOLFOX regimen in full swing. As I (and my family members) gradually accepted the reality – my moods went through phases of disbelief, anger, denial, feeling of “why me?” despondency, and ultimately meek submission and acceptance of the inevitable.

No matter how scared or overwhelmed we feel, regarding the emotional trauma and its effect on the psyche, time is a great healer. We adapt to the circumstances and move forward. Probably that is the way it should be.

After two rounds of chemo, since my counts were behaving, my doctor permitted me to attend outpatient department for an hour every day before I turned insane, sitting at home.

As I started talking to patients, I realized how important each complaint was, however, trivial they may seem. I understood nausea, anorexia, fatigue – all these terms. I also realized my folly in ignoring these in many. Now, when I inspect the vascular access, the counter punctures, the minor hematomas, etc., I feel the pain. I realize that this is their life-line; it certainly deserves tender loving care.

While interacting with the dialysis patients, I started realizing the subtle signs of depression. Regarding the non-compliance to the dialysis schedule and the medications/irregular follow-up, I realize that they are related to the emotional disturbances, which we very often overlook. I could see the enthusiasm with which my dialysis medical officer would correct the ultrafiltration rate, calculate the spKt/v, to achieve a “good” dialysis. Little did he analyze about the quality of life (QoL). The medication prescription written very often resembles a mini pharmacopeia. How often have we analyzed their sleep disturbances, social support, and QoL of the care givers? I feel many of us could do better.

As I look back on the day of my surgery, how well the nurses tried to pep me up, as I was wheeled into the theatre, how well they received me in the surgical intensive care unit (ICU) and took care of all the lines with utmost care and concern. Each member of the team excelled in bestowing that little extra tenderness.

Our social worker walked in for a long gossip session. When I enquired how she felt working in Oncology, she came out with a very relevant observation and said “Doctor, the ‘cure rates’ in several malignancies are very good, thanks to the excellent chemo agents and innovations in radiation therapy, so targeted with minimal side effects, that I find it any day better than many other chronic ailments.” How true.

‘Cure rate’ is a phrase unheard of in several departments – including Nephrology. A very buoyant statement from our social worker!!

Friends and well-wishers continued to drop in to give pep talks. Many of them spoke at length about how Lance Armstrong could bounce back after advanced malignancy, to win the Tour de France – a race famed for its grueling intensity, how Steve Jobs could achieve the iPad/iPhone revolution despite his terminal malignancy.

I recollected my days in the bed with the continuous chemotherapy pump that was set for 48 h. I would eagerly look for the oncologist to drop in and reassure me and my family members that all is well. It also made me ponder –

how often have I sat down beside the patient and heard him or sat with the family members to tell them about immunosuppression.

The practicing nephrologist needs to be an all-rounder – physician, well-wisher, psychotherapist, and a good soft-spoken gentleman. Let’s recollect our undergraduate teaching that health is defined as not only the absence of disease and infirmity but also the presence of physical, mental, and social well-being. I reckon that our post-graduate training empowers us with lot of skill in tackling disease, life teaches us the rest – how to deal with people.

Life is more accurately measured by the lives that we have touched than by the materials we have acquired.

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