Illness in a friend

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The match had finished with its usual bonhomie and good will. We had, as often happened, been beaten by two brothers of a collective age of 130. Our collective age was 80. I returned home that Thursday evening in a tranquil state of mind and security. The summer sun sank slowly over the neighbouring churchyard casting lengthening shadows against a fire red sky. Little was I aware that the relationship with my tennis partner would rapidly take on a much more serious and painful tone.

I was amused on Saturday when I saw his card among the files of patients to see me that morning. My heart lifted at the thought of a few minutes' crack and quick biting wit against one another to enliven the dull mundaneness of Saturday summer surgery. There was a long stream of Offa's Dyke knee and summer dog bites and all manner of exposed parts nipped by passing adders while their owners lay in the succulent summer bracken.

The first cloud on this azure blue horizon appeared when he was ever so slightly short of breath as he walked into the room. This was well disguised by his charming and warm greeting. This way of contact was one of the great attractions of the man, his joy for living and for his friends. The cold clinical facts showed an area of consolidation in his right lung, with a cough introducing the illness four weeks earlier. There was no fever. Suddenly this man, who had walked laughing off the tennis court with me only 48 hours before, looked ill. I felt a chill go through me, a feeling I increasingly recognise as a prognostication of disaster. Fighting hard against this little man in my head and gut telling me what I did not wish to hear, I arranged an emergency x ray examination for my friend. Lobar pneumonia, effusion but apyrexial—I shuddered at the prospect of a 44 year old with a bronchial carcinoma.

The poker face was down now. With a smiling countenance and as much reassurance as I could muster I made optimistic noises about pneumonia, mycoplasma, and the power of tetracycline. He left to go home to bed. I spoke to his wife on the telephone; more reassuring platitudes but a caveat of a further x ray examination and perhaps a referral. As I sat back into my surgery chair it felt as if my head would sink into my chest and my bones would crumble under the possibility that faced me. If and only if this turned nasty: the effects of such an illness ran through my mind. I was one sort of professional in the village, he another. We were of the same age, same interests, and the same social circles. After only a few seconds of such thoughts my mind fused, a useful psychological trick we all possess to shut off the unacceptable.

Five days later he was feeling better, although the clinical signs had changed little. A repeat x ray examination, which I hoped with all my heart might show an improvement, had cleared enough only to show what I had feared and dreaded most. A bronchoscopy was arranged for the following day and it was with a heavy tread and an immense weight on my shoulders that I made my promised visit.

Drawbacks of general practice

Perversity being what perversity is, I arrived in the middle of a family tea. My friend was holding court at the head of the table, mockingly chastising his three children and wife for poor service during his illness. I partook of a classical happy family tea knowing that in a few minutes I would utter words that would set in motion

a train of events that would mean that that family would never be the same again. I decided general practice had its drawbacks.

The deed was done, the bronchoscopy undertaken, the frustration of an inclusive result, and then on to surgery.

Hospital visiting has never been my strong point, but I went to see him before his operation. The bottom line was that if he lost his lung it was good news, if it was open and shut it was bad news. Having imparted this pearl of medical wisdom, I went to enjoy the enlightenment of a trainer's workshop.

The next day the only good bit of news in this whole tale came by telephone from a kind thoracic surgeon. A clear pneumonectomy and the glands looked clear; the histology was not yet available. This transiently good news was received in the family home with much rejoicing, at last a ray of hope. The histology arrived two days later. It was devastating: an oat cell carcinoma.

It really is a strange quirk of the human mind that when confronted with the really appalling the inclination is to laugh. I did not laugh; all I could see was the effect of the next few months on the family, the friends, the village, and on me. It came in flashes, as with the horror cinema, each one seemingly penetrating deeper into my soul further than the last. Where, I asked myself, was my professional sangfroid.

Over the next few months the chemotherapy followed. I visited him when he had just returned and he was still terribly sick; I visited him when he was well. The hair went and then as if just to taunt us all he began to look well. We watched his hair regrow, the sap rise, and the sparkle return to his eyes. Even a couple of Sunday lunchtimes in the pub he was there to share the nonsensical word games and banter. It all seemed to be coming together and friends were beginning to believe in God and miracles. My attendance at church had quadrupled its previous levels in a vain attempt to prevent the course of small cell disease and help us all to keep our friend.

Just before Christmas I stood with him on the terrace of his cottage on a mild December day. He had just returned from a morning's work, tired but confident. We looked over the valley below and spoke of the future. He really looked well. For these few moments I let myself believe that the miracle had happened, that the impossible had come true.

Ironically, the call that I knew in my heart must come rang out just as I was to sit down to my birthday tea with my wife and children. The minute his wife, dear lady, spoke I knew what was happening. "A little wobbly on the left side—been overdoing it, needs reassurance." The evidence was obvious, difficulty with coordination, numbness of the face, increasing sleepiness. The brain scan showed three increasing blooms rapidly ripening their blossoms to wreak their havoc among the grey cells of my dear friend's brain. I decided that general practice had its drawbacks.

The radiotherapy was hastily arranged and its effect was rapid but twofold. Initially, a profound depression ensued that caused considerable upset to his wife and family but then as the effects became more apparent and the large doses of dexamethasone began to take effect, the mood lifted, and the re-emergence of the man occurred.

What contributed to what is difficult to say, but the improving neurological symptoms coupled with the fading effect of the radiation and the euphoriant effect of the steroids combined to produce a superman state of mind. Not only did he have his bounce back again but he also became wittier, sharper, and quicker thinking than ever before.

His family and friends were amazed at his rapid response and again were tempted to think that the miracle had happened. His insight and energy in these all too few weeks were almost overwhelming. His positive attitude and determination were so characteristic. For a few brief moments, like the evening he and

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his wife came to us for dinner with two other close friends, we enjoyed him at his best. So full of life and vitality. I began to think that general practice had its good points.

"So the paper chase continues"

It was two days later when he said that he was getting pain in the right hypochondrium and lower ribs that we all felt the next blow. My abdominal examination confirmed the enlarged irregular liver. For the first time in this whole illness I was caught off guard; perhaps because he was so well or because I was not on full alert. I suddenly realised, as I knelt beside his recumbent body on the living room couch, that I had not got any prepared answer. I looked at him and he immediately knew. I could not lie to him. I explained that his liver was enlarged. I think he knew anyway. He later wrote in his diary that I had confirmed his worst fears. His words to me at the time were, "So the paper chase continues."

We all sat somewhat stunned in silence contemplating the future. I heard myself talking on and on about arranging more chemotherapy. This was done and given within 24 hours. This time we opted for a less demoralising substance and the treatment could be done at home.

Over the next three weeks I gave the intravenous injection and watched his jaundice increase, his liver grow, his ascites increase, but his optimism remain. Pain relief became the talking point of the consultations and it was not until three days before he died that I felt his spirit begin to weaken.

He died early one Sunday morning, sitting in his bedside chair with his head cradled by his wife. I sat at his other side and held his hand. He had always been very dignified and his death was completely in character. He just gradually stopped breathing.

I have been in this practice for quite some years and I have never felt as I did then. I felt that I had failed him, not because he had suffered or been in pain but because I was his friend and I was his doctor and the science of medicine had not made him better. My rational mind was telling me that I had done all I could, the consultants and hospital staff had done all that they could, but I

just felt that we had failed to win that fight. I comfort myself that he would not have felt that way about it and I have gained great strength in coping with the aftermath throughout the village by trying to imagine how he would have coped.

Needless to say, the church was overflowing at his funeral, but we were all trying to remember him as he was, strong, funloving, witty, and a formidable intellectual talent. It has been our privilege to have known him.

It is amazing, in such times of crises, that people can dig into reserves of strength and energy that they had not recognised previously. I will always keep a memo written to me by his wife the night after his death. She had recognised my feelings, my loss, and my sense of failure and although this was infinitely smaller than her own loss she summoned the energy to write a kind note to me expressing her gratitude for my support. She rejected the idea that we had failed and encouraged me to think that her husband had won by having such a dignified death. This memo was of a great comfort to me and helped me overcome a great deal of my sorrow.

I was asked to read the lesson in church at the funeral. It was an honour and it somehow made the ordeal of the funeral easier. As I spoke to that mass of friends in the church I tried to put power into my voice but, interestingly, it would not come. The whole service was an exercise in self control.

General practice is essentially about caring for people. To care for people in the true sense of the word you have to give of yourself. This cannot be achieved without making yourself vulnerable and this is where the difficulty lies. You are trapped on a merrygoround of—to care is to give, is to be vulnerable, is to feel pain. Doctors cope with this problem in many ways and give in varying degrees. Even the same doctor will give in different amounts to different patients. We tend to stop giving to those who either ask or demand too much. In general practice, however, and in a circumscribed community you can be taken into deeper emotional areas than most people ever experience.

These experiences may cause immense pain for the doctor and, as with the death of my friend, the emotional penalties are high, but the rewards are more so and this is what makes the job so fascinating.

Death of a brother

Nearly two years have passed since John, my brother, committed suicide. He chose electrocution, which was clean and, I hope, speedy. He was middle aged and heterosexual, a highly intelligent bachelor who drank far too much. Because of his drinking he lost his job as a lecturer in a college of higher education, and at the time of his death he was unemployed, in increasing debt, and had little income. He lived with my other brother, Brian. Brian is an odd person and possibly psychotic. He is unmarried, has never worked, lives an isolated and friendless existence, and relies on his relatives for financial support. He considers it inappropriate for someone from the middle classes to depend on the aid of the state.

I live several hundreds of miles away from my brothers, and saw them only about once a year, although we telephoned each other regularly. They lived in squalor, and my annual visits were usually preceded by frantic efforts to make the place a little more presentable. John killed himself on the day that I was due to visit, probably less than an hour before my arrival. I cannot escape the conclusion that the two events were directly linked. When I arrived there were two fire engines outside the house. My immediate conclusion was that my brothers had, in their hurry, overdone the clearing up and set the place on fire.

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A policeman was standing at the door. He was talking to two firemen. I asked who was in charge; he asked me who I was. Then

he told me that there had been an "accident." He asked me to identify the body. John was lying fully clothed, on his side, in the bath, his hair streaming in the water. There was an old bicycle inner tube lying on the floor. It must have looked very deviant, and I was asked, suspiciously, why that might have been there. That was easy. The hot water tap had not worked for several years. No one had done anything about it. After all, you could always use a bicycle inner tube to take hot water from the tap on the washbasin.

According to the textbooks, I should have been numbed. I do not think I was. There was no doubt that John was dead. I had not noticed the electricity cable, and assumed that he had drowned himself. People sometimes threaten to do such things: I had never believed that it was possible.

The police officer was kind. He thought I had noticed the flex. When he referred to it I did not know what he was talking about. Later, a police inspector came round. He was curt. I said that it might have been an accident: perhaps John had made an extension in order to clean up the bathroom. The inspector said that people who clean up bathrooms do not lock the doors behind them. There was nothing more to say.

Then we had to wait for the police surgeon. He had to certify John's death. He was kind, too, but a little embarrassed. It is always difficult when you have to deal with a professional colleague. Besides, what of Brian? Clearly he could not now be left alone in the house. A bed in a psychiatric unit was arranged for