



Paper 5

A Rainbow Draft by a Senior Intensive Care Physician

This should be read with the paper below which only shows the piece in black and white not colour.

de Cossart, L Fish, D and Hillman, K. (2012) Clinical Reflection: a vital process for supporting the development of wisdom in doctors. *Current Opinion in Critical Care*; 18;6: 712-716.

Vital Signs: The angel of dying

(Hillman, K. Vital Signs. Stories from Intensive Care. Sydney, Australia: University of New South Wales Press: 2009.)

Vital Signs: The angel of dying

Bullet points created after a brief case discussion: The starting point

- Inherited the case of severe postoperative complications two months following a Whipples procedure
- Forty year old woman, Rosemary, married with husband and two sons
- An interview with the husband to bring him up to date
- Meeting with the sons
- Surgeon interviews the husband
- Discussions about the impending death of the patient
- Family present at the death.

Clinical Reflective Writing (A Rainbow Draft)

The key to the colours

Clinical Reflective Writing used to explore what was driving the actions of the clinician with respect to: **Context and the kind of person you are (Blue)**, **Professionalism (Green)**, **Knowledge (Red)**, **Clinical Thinking (Purple)**, **Professional Judgements (Brown)**, **Seeing wider (Grey)**, **Therapeutic relationship with the family (Turquoise)**.

I inherited the case of severe postoperative complications two months following a Whipples procedure. I am a senior physician in the intensive care unit and have over the years watched patients succumb to the awful complications of this difficult major surgical procedure and like many others who care for such patients it strikes fear in one's heart. The operation removes part of the pancreas and joins the tail of the organ to the bowel. Breakdown of the anastomosis result in bowel leaks and abscess formation. If I was told that my only hope was to have a Whipples procedure I would get my affairs in order and discuss any outstanding issues with my loved ones. Rosemary had the classic cascade of complications and was only surviving with the complex technology of the ICU.

Forty-year-old woman, married with husband and two sons. Rosemary was 46 years old and married to Terry, who I observed to be a fine man who loved his wife very much. He was putting his trust in me and this was an awesome burden and my professional veneer was being challenged by his openness and honesty.

An interview with the husband to bring him up to date. I told him that his wife was dying and there was nothing more that we could do and he said he already knew. He expresses the worry of whether he was capable of bringing up the boys alone. I talked to him about involving the children in this important event and offered to talk with them.

Meeting with the sons happened the next morning when in my anxiousness to gain their trust I was probably 'a little too bright' in my greeting of them on the corridor. I noticed how well turned out they were. My initial intention of talking them through the test results was soon abandoned when I realised that they were not really interested in this element of the conversation. I tried to engage them in talking about their mother. I was daunted by the thought that she would die today. I stopped trying to engage them in medical conversation and just sat quietly asking them about the photographs around their mother's bed.

The general Surgeon interviewed Terry without the boys and explained the hopelessness of the situation the husband. As the expert in intensive care it was left to me to explain how we would proceed.

Discussions about the impending death of the patient. I chose to take them to a quiet room and for just the four of us to talk. I felt personally vulnerable I was very conscious of the young boys and their bravery in departing themselves so well. Terry was saying that he was going to arrange to get his sister to take the boys home and that he would stay with his wife. I made a professional judgement to press them all to be with their mother as she died. I said that I believed that it would be what she wanted (imagination and empathy are a form of knowledge). I did not have the evidence that it would be the right thing for them however but some things elude science.

Family present at the death. The events that followed called on all my professional and personal reserves. Father and some were with their mother when she died. I made a professional judgement to take a few minutes for myself to recognise my own humanity in this family's story.