

“TIME FOR CLOSURE”
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As I sat listening to the closing speakers at the 2008 ORNAA Red Deer Conference, “Patient Safety & CSI: When the Patient Simulators Speak”, I heard the heartwarming stories of three health care professionals. They all spoke of their experiences with the health care system and the events that surrounded the death and near death of their loved ones. They experienced first hand an **unanticipated event**, leaving them emotionally frustrated, disappointed, helpless, devastated and unresolved.

As health care professionals, in the care of our patients, we try to prevent such “unanticipated” events from occurring, to alleviate the suffering for the patient and their families. But what happens when we become the patient or family member, and these events happen to us?

As a “family member” and as a “health care professional”, we carry with us a double edged sword. The “family member” is expected to accept the medical treatment and nursing care that is provided for us or our loved ones. The “health care professional” is expected to defend the health care system, justifying the administration of, or lack of, medical treatment and nursing care for ourselves and/or family members.

For ninety minutes, I listened, to the closing speaker session and was constantly being reminded of my own life experience, “my father’s story”.

A little over a decade ago, I was faced with a situation that for the longest time left me devastated and unresolved. My father, at the age of 77 years, passed away, dying of complications of bowel cancer. Dad was admitted to the hospital with hemoglobin of 69, which at the time was being treated with iron medication that was prescribed by his general practitioner. To make a long story short, a consultation to a gastroenterologist diagnosed Dad with, “cancer of the cecum with a secondary tumor”.

Dad’s surgery was extensive. It left him with a “Bowel Resection for Obstruction, Creation of Ileostomy and Repair of Superior Mesenteric Vein”. He died on his birthday, five weeks after his initial diagnosis.

I was, at that time, grieving and feeling a great loss, but I was also feeling the grief and anger from my mother and siblings. I tried to explain Dad’s death, and at the same time, even tried to justify everything that happened to Dad at the hands of the health care professionals.

For me, many questions arose, after Dad’s death. How could this have happened? Dad had bowel cancer, which is documented as a slow growing cancer that takes years to develop and envelop. Granted, Dad had a

complicated medical history that spanned a 10 year period. I suppose that could be a physicians' defence. Then again, complacency in one's profession could result in lack of vigilance in obtaining a proper diagnosis. There was no stool testing, no sigmoidoscopy, no barium enema, no colonoscopy, just treatment of anemia with iron medication.

During the months that followed, obtaining information was difficult. Many of us are unaware of the great lengths the health care system goes to protect itself and those working in it. I went searching for answers. I was not going to be passive and just accept Dad's death for what it was. After all I was his daughter, and I was a nurse.

I spoke with my siblings, regarding initiating an investigation into our father's death, having them join in my campaign. Their reaction was mixed. My mother, after losing her husband, companion and best friend, did not want me to persecute the general practitioner that cared for my father all those years. How would she "face" this doctor ever again, if she was seen as responsible for an investigation?

Dad's surgeon was most helpful, and resourceful, providing me with the most information, guiding me in the direction in which I needed to proceed. He was most supportive in my crusade, understanding my frustration. With his help, an investigation was launched.

The Investigating Committee was provided with my father's history and health records. After a year and a half, a process which included numerous letters, meetings, and interviews, the Committee found that my father's general practitioner "provided satisfactory standard of care" with "no evidence of neglect".

In the end I felt broken and frustrated. After all, I was not seeking financial restitution, as that was never the issue. Instead I wanted retribution. I wanted the general practitioner to learn from his lack of insight. I wanted him to become educated in bowel cancers, so that the next patient he cared for with the same symptoms would not again fall victim due to his lack of knowledge. I wanted to spare the future patients and their families of having to endure the grief and loss of a loved one, as we had.

I wanted "Acknowledgement", I wanted an "Apology", and I wanted "Action". I wanted someone to "acknowledge" that this did happen and that perhaps there was wrong doing, I wanted an "apology" from the general practitioner, and I wanted "action" through education.

I received **acknowledgment** that this did happen, not necessarily that there was "wrong doing". Instead it was indicated that, perhaps, my father himself was to blame for his demise. It was indicated that **action** would be taken as far as education for the general practitioner, although I don't know if it ever occurred, or

how it had been implemented. An **apology**, sincere or otherwise, was never given to my mother, my siblings or myself.

As one of the seminar speakers so eloquently stated it, "One can deal with the loss, but it is difficult to deal with the **lack** of acknowledgement, apology or action".

I have gone on with my life. I have done my best to educate patients, family and friends, on the topic of bowel cancer. I have learned about prevention, screening, warning signs and treatments. I have attended speakers, conferences and stay informed on the latest information and research, regarding bowel cancer, with its medical and surgical treatments.

I've done my best to get over it. I rationalized my father's illness and the events that surrounded his death. As a healthcare professional, I realized that Dad at the age of 77 years had reached his average life expectancy. But as a daughter, 77 was just a number. I wanted and needed to have more time with him, I wanted my children to know their grandfather.

Selfishly I took steps to advocate for my father after his death. It was something I felt was necessary, to find solace and resolve, something I needed to do for myself, for my father, for my family.

As a Registered Nurse, I felt it was a situation that needed to be pursued.

Now, years after the grieving process has past, every now and then I still wonder. Had I done the right thing? Would Dad have approved in the course of action I took? Was I just, in my quest? Would Dad have been proud of me?

Deep down, I believe I know the answers.

But in the end, when all was said and done, it was...

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Bibliography

Bullis, D., Robin, S., Scott, E., & Prowse, D. (2008, October). *Patient Safety and CSI: When the Patient Simulators Speak*. O.R.N.A.A. Red Deer Conference 2008.