

Brief communication

Granting wishes beyond medical care

Nishardi TW Wijeratne, MD, MHSc. Bioethics
Resident in Psychiatry, Queen's University, Canada
Email: nishardiw@yahoo.ca

He was the most cheerful patient on the ward where I was a resident. With his wide grin and boyish charm, he made everyone smile, even the grumpy consultants. There were bags under his eyes from fluid retention and peeling skin from toxic metabolites but none of this dampened his eternal cheerfulness. He was told he ailed from "advanced kidney failure" since his childhood. By eighteen it had eaten away the once strong body and numbed the once sharp mind. Although lingering very weakly, he refused to give up his spirit, which endeared him to me.

We all knew his disease was advanced and that daily dialysis was not helping him regain stamina to endure the renal transplant he was looking forward to. His mother had volunteered to donate her kidney and all the preparatory work was done for the transplant, but his body kept giving in. Everything we tried seemed to lead to yet another closed door. We never verbalized these frustrations to him. Neither did he voice his silent desperation. We just knew that he knew. The end was coming to his aspirations of marriage and finding a decent job. As ordinary as they may seem, these unattainable goals weighed heavily on him.

It was my on-call night and I was busy when he walked up to me sheepishly and asked in a whisper "can I go out and get a haircut?" On any other occasion, this question would have angered me. With five new patients awaiting clerking and many more waiting to go home, this was hardly a discussion that was a priority at 5pm. Yet something in his voice caught my attention and urged me to be gentle; it was the recognition of quiet despair. "Why not allow the hospital barber to give you a hair cut?" I questioned him. "He only knows to shave heads; he has no idea of any trendy hairstyles!" came the reply.

Medical sense warned me of the grave consequences I would face if I allowed an admitted patient to leave hospital premises, not to mention the seriousness of his condition. Yet a more humane self told me this was not a simple request for a haircut; this was something far more profound. I recognized that he needed to do certain things to make himself ready to greet death. Getting a haircut was important to him as he was always conscious of how he looked. He was requesting an end of life wish from me and no way was I letting him down.

I allowed him one hour to go to the salon across the hospital to get his haircut. I warned him that if he took beyond one hour I would have to inform the hospital police.

He did come back within an hour and looked so dapper in his new haircut that all I could do was smile. Even though I expected a backlash from the senior nursing staff, they kept surprisingly mum and pretended nothing out of the ordinary had happened.

When the consultant commented on his new trendy look the next morning, he shared a knowing smile. He never improved during my stay in the ward but seemed somehow different. The look of desperation was gone and replaced by acceptance.

I moved onto a new ward two weeks later and lost touch with him. Many weeks later I met his mother in the hospital corridor. Without having to ask I knew instinctively that he had passed away. She confirmed the hunch. "He died a few weeks ago peacefully. He spoke about how you let him have a haircut so that he would look nice during his passage to another world. That meant so much to him." She sobbed and a wave of sadness took hold of me. I remembered how this little gesture I had granted in his last few weeks had been so poignant.

Quality end of life care requires more than ICUs. Sometimes, all we need to spare

is a little love and understanding. Each individual is unique and so is each dying process. If we take the time to ask our patients what they most wish during their last days or at least allow them the opportunity to tell us of these dying needs beforehand, end of life care would be more

satisfactory for our patients and perhaps for ourselves.

This is the lesson he imparted to me, an impressionable resident. One that will stay in my white coat pocket with my stethoscope and knee hammer, to the day I retire from this noble practice.