

The fix

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There are two photos of her on my mantelpiece. I seem to have a myriad of photos of our children, but I wonder where all the other photos of just the two of us went. Maybe I deleted them to save device memory. Maybe they'll be replayed in my mind when space and time and work allow. But these are the photos that matter. They tell the beginning, and the end.

In the silver frame, it's the mid-2000s. We're at a stadium in Manchester; a Coldplay concert. Thousands of lighters, high in the air, illuminate the background, an oscillating tide of light. We are toasting one another with warm beers, ignoring the drips escaping down our sticky wrists, as we sing along.

'Lights will guide you home, and I will try to fix you...'

Ours was a friendship that faltered at first, despite our similarities. We were born on the same day, and started the same postgraduate training-scheme, in the same hospital, on our twenty-fifth birthdays. She'd moved back to her home city after training in London; I'd headed North for a change of scenery after studying and working in the Midlands. She was long-legged, sported an engagement ring and shone with confidence after working in Emergency Medicine near a major London motorway where she'd witnessed innumerable horrors unfold. I didn't pause to wonder about the impact that must have had on her; rather, she became my go-to for clinical advice. Stunted by impostor syndrome, I was anxious and over-analysed, but it seemed nothing could faze her.

Hospital medicine's appeal soon faded for us both. At first, we'd enjoyed its intriguing, bright coin-face where drama and adrenaline and excitement gleamed. But, waiting on the other side, we learnt, was its tarnished face of trauma and death and failure. Whilst non-medical friends had holidays and weddings and babies, we existed in a cold half-light, eating vending-machine dinners in a landscape of starched blue curtains, scratched taupe walls and screeching cardiac-arrest calls.

She and I grew apart, separated by night-shifts and frantic fistfuls of social lives crammed into tiny roster gaps when they appeared. But when we saw each other at an end-of-rotation function, we found out we'd both decided to transfer to GP training, and had places on the same scheme. And we would start, on our birthdays again, at the same GP practice, in adjacent rooms.

And it was here that our friendship flourished. That small, hesitant flame that had faltered before was rekindled- rekindled by shared experiences of relationships ending, parents ageing, and discovering that impostor syndrome twisted its ugly tendrils around us both. GP training saw us both develop an interest in medical education, and whilst she trained to become a GP with a special interest in addiction medicine and substance misuse, I developed my interests in women's health.

And fix each other we did, as we danced, camped and travelled around the UK and Europe. We fixed sunburn, hangovers, makeup disasters and carefully styled hair destroyed by torrential Glaswegian rain. We fixed car windscreen-wipers on a motorway, broken tent-zips and, later, shared breastfeeding nightmares, fussy toddlers, and the same toddlers' tantrums. We celebrated marriages and postgraduate exam successes and supported each other when our fathers died, remaining the very best of friends despite my move to Australia in 2016.

But then came the phone call with the problem that we couldn't fix, although we would both try.

A routine MRI of her spine had shown her to have widespread lymphadenopathy. Poring over blood-test and inconclusive CT results, we discussed possibilities, both desperate for an explanation that would silence the fear gnawing at us.

'The haematologist said it's almost definitely a lymphoma. But what do you think?' she asked, the slightest waver in her voice.

'It sounds like it, and that's rubbish, but it's a lot better than many other things it could be, right?', I remember saying to the stars. It was dark in Australia, the sky was clear, but a breeze agitated the bamboo in the silence that we weren't sure how to fill.

'I've almost done my Christmas shopping', she said.

'You always were more organised than me', I reflected, and then, uncomfortable on this course that felt too normal, too mundane, I twisted the conversation back to our shifting universe. 'Ring me as soon as you know the biopsy results.'

And it was a week later, on Christmas Eve, that she found out. They were playing a board game; I remember that detail. In my mind I've added the Labrador-retriever puppy under the table; advent calendars, doors feverishly torn off; bowls of multicoloured wrapped chocolates; the sweet smell of pine needles. Her two excited boys with flecks of glitter on their faces and Christmas music playing in the background.

And then her phone rings.

'Hang on while I get this. You have my turn', she says, standing up, wondering if this could be the moment that it all reshapes, forever. Hearing the middle stair creak as she mounts it, suspended in that space between this existence and another. Knowing that the next time she hears that middle stair creak everything will be different.

One of the many cruelties of the COVID-19 pandemic meant that life-changing moments like this came from faceless voices. Voices that couldn't gently touch you or hold you or cry with you when you're told that, aged 42 with two little boys, you have an aggressive stage 4 gastro-oesophageal cancer. And, sorry, but the assurances from a colleague that it was a curable lymphoma weren't 'quite' right. Faceless voices that say things like, 'Well, try to have a good day tomorrow regardless and we'll see you in clinic soon'.

I often wonder about the oncology registrar who was tasked with making that call on Christmas Eve. I imagine him putting on his coat and heading out across the same hospital carpark that we'd also parked our cars in. Sometimes you could smell thick chocolate in the air from the chocolate factory nearby. Perhaps he would have started the engine and looked up at the still, leafless trees, stretching their arms across the dark sky, and smelt the dense, cloying cocoa. Perhaps he thought about going back across the emptying carpark and finding the cream manila folder again and re-dialling her number. But to say what? To ring back would only reinforce what was done and raise cruel hope that perhaps the wrong person had been called. He would have heard her voice, thick with tears, in a lounge-room shattered like a child's dropped snow-globe.

When she recounted this to me, I was angry, incredulous that this awful news had been tossed to her, without apparent care. But, always kind, her concern was for the registrar. 'What a terrible call he had to make, why didn't his consultant make it?' she'd wondered, and she'd hoped he was able to debrief afterwards. And from her empathic and kind viewpoint I wondered if perhaps he was rushing to get back to his own family to pretend that his life was normal, to try to enjoy Christmas festivities and not be the burnt-out oncology registrar who is himself forever altered and faded and battered by a career of delivering dreadful news. So perhaps 'Try to have a good day tomorrow' is not a heartless statement but one that understands life's fragility and the need to enjoy all it offers knowing that, in a coin flip, everything can change.

The importance of the language we use to communicate with patients was manifest to us weeks later by another oncologist. Again, I was annoyed by the words chosen, and focused my medical student teaching that week on making careful word choices. But she was forgiving, and understanding, when told, commencing Clexane[®] injections for a pulmonary embolus, 'You'll need anticoagulating for a year, so, that'll be for the rest of your life then'.

I was upset by that casual reference to time as if it meant nothing, as if its truncated line was insignificant. But she helped me see that perhaps the nature of his work had blunted him, or burnt him out, to this awfulness, allowing him to sprinkle casual comments and hasty words into conversations with his patients. Words that later, when it was quiet, would writhe and gasp and struggle in the heads and eyes and ears of patients and families and, maybe, their doctors too; indelible words, etched and scrawled on pillows and walls and ceilings.

She commenced palliative chemotherapy, and we clung to the chalky, friable hope that we could, as doctors and best friends, fix this, too. I researched, studied and read, sought second-opinions for her in Australia, shipped her green tea and melatonin. And she enrolled

in trials, conventional and unconventional, taking melatonin with statins alongside chemotherapy. She adopted a vegan diet, started running and yoga and acupuncture.

Despite chemotherapy's awful side-effects, she crafted a colourful, noisy spiral of memorable holidays and day trips, filled with love. She continued to work and teach, using her exceptional medical skills to care for vulnerable people on the fringes of society, people experiencing homelessness and living with substance-use disorders.

When she told me the cancer was HER-2 positive and she was starting Herceptin, she asked if I thought that was a good prognostic indicator. I replied with an unresearched 'Yes, I would think so'. But it transpires that, for gastric and gastro-oesophageal cancers, this is not the case; instead, HER-2 positivity indicates a poorer prognosis, a more aggressive cancer. And perhaps it was my belated Google scholar search at 2am that made me realise that I could not, and should not, try to fix this any longer.

Although it was through our medical careers that our paths had crossed and re-crossed, ours became a friendship deeper, more complex, more intricate than one that could be defined by our shared careers alone and now it was time to care for her as my best friend, not as my medical colleague or my patient. And that meant no more researching, reading or speculating over tumour-markers late into the night.

But it did mean a trip back to England to go glamping with her in fields of early spring bluebells, and tasting the sweet ooze of marshmallows toasted by our sons as we warmed our hands and feet. It meant talking about music and TV shows and if we were too old to wear Doc Martens and promises that her sons will stay with us in Australia one day, and we'll do that carefully planned east-coast trip thwarted by COVID-19 in 2020. It meant watching our three sons run and play and whittle at sticks, listening to the woodpecker's drumbeat and the bittersweet liquid song of the robin.

Two weeks later began the relentless march into rapid progression, characterised by jaundice and pain and intractable pruritis and vomiting and admission after admission. We managed only one video-call in that time, and then came her text message which signed off with 'It'll be touch and go but hopefully I can rest, get my LFTs normal and then start chemo again'

'It'll be touch and go'

I recalled using the same expression, sliding it out from my drawer of euphemisms as I perched on wipe-clean mauve chairs in anonymous relatives' rooms, hands clasped, enveloped by the smell of disinfectant, and unwashed flesh.

I was grateful for the latent meaning in those five words because we both knew the reality that was coming. We'd seen that sickly morning light suffusing the blinds, watched the raindrops slide past the sodium-orange haloes of the streetlights as the family weigh the uncertainty that we've hung in the room. And I knew then that this was her goodbye, a goodbye that circled and took us back to where our friendship had begun, born from a shared landscape, spoken in a shared language. It was a goodbye that was at once soft,

cushioning me from immediate pain with its peppering of hope, but, at the same time, a goodbye that was final and awful because we both knew what those five words really meant.

Just under twenty-four hours later her husband confirmed the finality of her goodbye. I woke at 6am to his message, and lay, motionless in bed, trying to balance the enormity of her loss with the need to get up and go to work for a system that rewards presenteeism and discourages self-care.

That morning was one of the only clinics that I have run to time. My final patient of the morning, a lady who lives with chronic pain and depression, commented on my uncharacteristic timekeeping before embarking on her long problem list. I remember searching her face, hunting in its lines for something that would, despite my grief, spark in me some empathy for her, but it evaded me, a slippery-skinned fish that flipped and writhed through my fingers.

At lunchtime I took my sandwich and sat on a wet bench in a small area of bushland near the clinic. I toyed with the rain-soaked sandwich for a while, before I gave up and let the tears fall, gulps of angry, salty noise.

She had never lacked kindness or empathy for her patients. And as the weeks ticked by and empathy remained elusive to me, I remembered our conversations about burn-out and I knew that now it was time for me to step away from clinical work, to find space for my other interests and my family; find time to grieve, and, in doing so, allow empathy and kindness for my patients to regrow.

Neither of us could fix her final challenge, in the conventional sense, and time has taught me that there is no fix for grief either-not mine nor my patients'. Grief becomes integral, embedded, making us forever a little sadder, but in doing so, enabling us to carry that person with us.

And perhaps I was looking for the wrong remedy. As Henry David Thoreau said, 'There is no remedy for love, but to love more'. Maybe I will find a different kind of fix through nurturing the friendship of our three sons, creating from our story another generation of best-friendship.

On my mantelpiece, next to the photo in the silver frame, is the photo in the raffia frame. It's spring, 2022. A woodland in North Yorkshire; glamping tents and log cabins just visible through the trees.

Our three muddy boys are high on a giant swing. They are a tangle of limbs as they struggle to stay seated. Their heads are flung back, eyes closed, their faces all broad smiles and dimples. A shaft of sunlight slants through the photo. Around them, the trees boast nascent spring buds. She is just visible in the background. Her smile, too, is broad, but there is a gauntness and a fragility in the skin stretched across her cheekbones. Arms outstretched, she has pushed the swing, and our three sons, into the forefront of the photo, into the hopeful beam of sunlight and the unfurling potential of the spring buds.