

FEMALE PATTERN HAIR LOSS? | THERE'S SOMETHING NEW FOR YOUR PATIENTS

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I remember Martin

WRITTEN BY MARIJKE VROOMEN DURNING ON DECEMBER 1, 2015

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**Nursing
 Evolved**

by [Marijke
 Vroomen
 Durning](#)

I remember Martin. I was 20, barely a nurse. He was 53 and about to die.

While I was studying nursing in the late 1970s and early 80s, there wasn't much emphasis placed on dying. We were focused on saving patients, teaching them how live with chronic diseases, or helping them heal from various medical procedures. Patients did die of course, but that was when we failed to keep them alive. Palliative and hospice care had been introduced, but were not yet mainstream. We were taught that nurses helped save people, and this is what I believed. Until the day I met Martin.

Martin was admitted to our medical unit to die—to 514, a private room across from the nurses' station. He had been living with cancer for a few years and had reached a point that chemotherapy was no longer providing a good quality of life. He stopped all treatment, including

kidney dialysis. On his admission papers, we were told that he would likely die within three days—four days at the most.

I was next in line for admissions that day, so Martin became my patient. I watched as he came out from the elevator. He walked slowly, deliberately towards the unit. He had piercing blue eyes in a round, creased face, and fading blond hair. He was so polite, so nice, so alive.

I was told to complete the admission like all others—take a nursing history, ask the questions, fill out the forms. In other words, I was to act as if he was like every other patient on our floor. But he wasn't. At least he wasn't to me.

Other than a few patients who had died while I was on duty, and grandparents I barely knew who had died in country on another continent, I had little experience with death.

For the first few hours, I didn't know what to say to him. I went in and out of his room more than I normally would have. I was looking for a way to connect with him. But I didn't know how. What to say? What to do?

His daughters came. They were my age, another thing to think about. Martin wasn't just a patient. He wasn't just a dying patient. He was a father of two young women who would soon be losing their father. His wife came. She quietly cried in the hall for a few minutes before composing herself. She would be a widow in a few days.



I had been warned that Martin would start to lose mental function as toxins built up in his blood—he would become confused, disoriented. I wanted to connect with him before this happened. But I had no idea how. What I didn't know was that Martin did.

During one of my visits in his room, he said, "Can I talk to you? Do you have a moment?" I had more than a few. I had cleared away all my other work so I could have time for him. He asked me to sit. I did.

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Nurse CONNECT: Stroke Prevention in Atrial Fibrillation
 By Kori L. Leblanc, BScPhm, ACPR, PharmD, Cardiovascular Pharmacotherapy

Upon completion, pharmacists will be able to:

1. Reviews the goals of therapy for patients with atrial fibrillation, with a particular focus on current atrial fibrillation management guidelines regarding stroke prevention;
2. Discusses best practices in patient care for those with atrial fibrillation;
3. Understands when and why warfarin therapy and novel/ direct oral anticoagulant therapies are appropriate in specific patient populations.
4. Understands current challenges with anticoagulation in both primary care and long-term care settings;
5. Reviews common counselling strategies/checklists for patients receiving novel oral anticoagulant therapies.

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Nursing
Evolved

by Marijke
Vroomen
Durning

I don't recall all that Martin talked about, but I do remember him saying how he was afraid that he might start not making sense. For the rest of that afternoon, I took care of Martin's physical needs as he talked about his life, what he had done, and his love for his wife and his daughters. He talked about his regrets and the things he wouldn't get to do. And he talked about dying. How he was afraid, but he knew it was time.

I went off shift at 4 pm. I didn't want to go to work the next day. I didn't want to witness Martin's decline. I didn't want to see him die. But I did, because that is what nurses do.

The next morning, I listened to our change-of-shift report and the nurse described Martin's night. It hadn't been an easy one. The team leader had given me a lighter patient load so I could spend time caring for Martin. As I entered his room that morning, it was obvious that the man

I knew the day before was already gone. He barely opened his eyes, barely responded to my questions.


I tended to him, talking to him every step of the way. I talked about some of the things he had mentioned just the day before. And sometimes there was just silence.

The rest of the day, there was always a family member in Martin's room and I didn't want to intrude. I popped in to do what needed to be done, and then left the family to themselves. I left at 4 pm again, after saying my good-byes to the family. I wasn't scheduled to work the next day. I would likely never see them again. I had no idea what to say.

I thought a lot about Martin that night and all the next day. When I returned to work for my next shift, there was a new patient in 514 – someone with hopes of recovering and going home. Martin was gone.

Twenty-five years later, I began working in hospice. The time, the place, and the situations were all very different from that first experience with an expected death. I knew what to do. But I never forgot Martin. When I think about him from time to time, I don't see him as he lay dying, but as the 53-year-old man who walked onto our floor. And those piercing blue eyes.

Marijke Vroomen Durning is a registered nurse and health writer. Visit TheNurseWriter.com





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