Taking Time

We paused as a nation to remember and mourn with those who lost dear family members, who paid the ultimate sacrifice—their lives—for freedom and a grateful country. Personally, my family paused for another reason. We remembered my father-in-law, who passed away from cancer four years ago. Since his passing, there are every day moments that happen, where my husband and I look at one another and would say “Dad would have loved this.” We feel the emptiness of his presence in these moments. In the early days of grief, someone said to my engineer-wired husband “Grief is not linear.” and we found that statement to be true and impactful for us. It gave us permission to grieve at our own pace and avoid frustration with our own expectations of where we “should be” in our grieving process.

I repeat this to all of us, weary and still recovering from this historic, yet very personal year. We served our communities diligently during the worst of several COVID surges, while balancing our own personal fears and anxieties for our loved ones. Grief is not linear. We will need time and patience to heal in a healthy and whole way.

When I reflect on the intense several months as my father-in-law declined rapidly, and the two years of his fight against his cancer, I think of several incidents that caused me avoidable pain. Often times, I would be with my father-in-law during his appointments and procedures, and when the clinician found out that I work in health care, they would talk over my father-in-law and engage solely with me. English was his second language. Often times I would do my best to translate what was being said, but I would feel my own limitations as I am not fluent. When this would happen, I could see my father-in-law not being respected. I don’t think any health care professionals meant any harm at all, but they didn’t pause long enough to consider how culturally inappropriate this was in his eyes. I was expected by his clinicians to not only be his daughter-in-law, but also involved in his care with lines that felt blurry at times. Of course, my desire was to do everything I could to help him. I don’t regret it, but with several years of reflection, I wonder if that was the correct choice. Is it not possible to be a family member, who happens to be in health care, but the main role be a daughter-in-law? The worst was when I was asked to review his code status over a weekend, and give the clinician an update at the next appointment. If you could put yourself in my shoes, I am not sure how I got through it to be honest.

Today, I know better. I now know that I would respectfully request a Korean translator to be involved especially in times where a difficult decision will need to be made about treatments and code status. During the last few years of his life, he was a patient in several health systems in our area. The one that we stayed with, and trusted the most to care for my father-in-law, was the one who made communicating through a trained translator a priority. He was able to ask questions with dignity and make decisions with more confidence. There was a difference in him when he felt respected by his health care professionals. And as a clinician, I certainly knew the sacrifice of time that was being made by his health care professionals during these difficult moments of his care. I felt grateful to simply be a family member as well.

I remember the above when I have spent over 20 minutes trying to get through to a translator on a busy day in cardiology. I remember how grateful patients are to be able to tell their story, in their language, and not through the limited English they might have acquired since they immigrated to the US. I also remember the health care professionals who took time for my father-in-law, putting his comfort above their busy schedules, and I push myself to follow their example for quality patient care.

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