



Sometimes, you encounter a person or a situation that fundamentally changes the way you look at things. Emily Donald was one such person for me. It was my first year out of university, straight in at the deep end. Of course, I relied on the training, acted like I knew it all but sometimes, I was just struggling to stay afloat. Every new patient was a fresh problem to solve, but I wasn't seeing that beyond the problem was a person. Emily was having difficulties breathing and her vital signs were deteriorating.

**Harry**

Our best course of action is to begin non invasive ventilation, and then we can consider a move to ITU.

The whole time I was speaking she just looked at me - looked through me, it felt like. And when I'd finished, she simply said...

**Emily**

No.

**Harry**

No?

**Emily**

No.

**Harry**

I, I, I understand you must be tired, but there are still a number of treatment options available to us.

**Emily**

I understand all that love, I've been on this merry-go-round a long time. It's time to stop now. Be a dear, call my daughter - I'd like to see her.

I had no idea what to do. I'd been cruising on auto-pilot, when suddenly... I'd crash landed in unfamiliar territory. I looked for some guidance from my consultant.

**Consultant**

Hello. Is she with it? Does she seem depressed?

Harry, do you think your discomfort says more about you than it does about Emily? Death is a natural part of our job, and accepting it doesn't mean failure. I think it's time to call her family.

I was dreading the next call. I guess it was habit, but I found myself slipping back into auto pilot, laying out all our options, the procedures, the pros and cons.

**Julie**

Well, what does mum want?

**Harry**

She wants to stop treatment.

**Julie**

And... I mean, is that what you think is best?

I could almost see her, just from how she asked the question, there was something in her voice, hope, longing - she was looking for permission to let go. It was then that I began to realise all the signs were pointing in one direction, and the only thing holding back was me - whether through stubbornness, arrogance, fear... / was the problem.

**Harry**

I've spoken with the consultant, and she agrees - if that's what your mum wants then it's our best course of action.

### **Julie**

I'll be there soon - tell mum I love her.

And so the shift carried on. I talked with the team about how we could make Emily as comfortable as possible. All the while, I couldn't quite shake the feeling that I was missing something, that there was more I could be doing. I found myself back in Emily's room.

### **Emily**

I'm not afraid you know, I just know I've had a good crack of the whip.

We talked a while and for the first time all night, I really saw Emily. Not the patient in ward 207 with respiratory problems, but the woman. I listened, and I began to understand that when she said 'no', it wasn't giving up, it wasn't failing and it wasn't the end of our responsibilities. It was the right decision and it mattered.

Emily died that night. As my shift drew to a close, I found myself going over and over it all. All it took to pull me back were three simple words.

### **Consultant**

Harry, are you okay?

We can never underestimate just how important it is to talk. Often in those first years, as I finished a long shift and headed home, that feeling would follow me. An indistinguishable presence of uncertainty, guilt, fear. But that day, as I turned to look back, there was nothing there.

I was looking at a familiar scene, but something was different. I had a new perspective.

The film was produced in June 2018 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or <https://vimeo.com/271700671>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) or contact [supportarounddeath@nes.scot.nhs.uk](mailto:supportarounddeath@nes.scot.nhs.uk)