

Bridging from Memories to Hope

By Robert Johnstone, M.D., ASA Vice President for Professional Affairs



As an anesthesiologist, I care for patients and their families through major surgeries and critical care. I rely on scientific knowledge and technical skills to administer anesthetics, and also on what I call bridge-building to manage some patient fears. This bridging technique allows patients and families to find a way from a present shaped by memories of a feared past to a hopeful future. I learned the science and technical skills of anesthesiology during my medical education and training, while bridge-building emanated from my life experiences.

I may build a mental bridge for a patient for whom, during a preoperative visit, explanations of plans and risks don't seem sufficient. Upon further conversation I may have learned that one of the patient's relatives had received a terrible postoperative diagnosis, or even died soon after surgery. Acknowledging what happened, and bridging from the present to the future, instead of from the past to the future, often brings relief. The past can hold unhelpful emotions. In the future there is hope for something better, and also feelings that may help arrive there.

Surgery for cancer, organ removal, or limb amputation can leave lasting memories of the associated surgical suite. When patients and relatives return to such an environment, they may remember what happened and relive the emotions. A logical mind would say that there's little connection between a past location and the present plan. Minds, however, often link the unrelated.

My own life has taught me about such illogical memories. Before dying of cancer, my wife of 30 years underwent four surgical operations in three years. I've since found a meaningful life, but this hasn't removed memories and emotions of those days that may return when some experience connects me to them. The bridge back often is seeing the sites where her cancer was diagnosed, or its recurrence treated, or where she died. Because I practice in the hospital where my wife received her treatments and surgeries, I often enter these sites. Now, though, I usually connect forward from these sites to my new life and the understandings I've gained getting there.

Bridging from Memories to Hope (cont'd)

After my wife died, family and colleagues helped me to arrive at a new stage of life, one that is productive and happy, and so now I understand more about life stages and passages. I better comprehend the anxieties of healthcare and the desperation of worry, and share these insights—and how to bridge to the future—with patients and families.

During a recent stat call to the Cancer Center, I found a thin, sparsely haired woman slumped unresponsive in a chair, and a frantic and agitated husband beside her. She had a radial pulse, so I just lowered the head of the chair and raised her legs until she recovered from her faint. She now was fine, but I stayed to talk with her husband. He told me that his grandmother had died years ago of cancer, and in pain. Circumstances were different, though, for his wife, I explained, in that she had no pain now, that we could treat pain well if it were to occur, and that there likely were courses of chemotherapy to try before that. Indeed, he saw a plan and a future, and how he could continue to be hopeful and supportive.

I've experienced site-connected memories and emotions throughout my life, as have many others. I was in a college dorm room in 1963 when I heard radio reports that President Kennedy had been shot and died. When I visited that room during an alumni reunion, I remembered the news reports and my stunned feeling. Moreover, I was in our surgical break room on September 11 when I saw television images of the hijacked plane fly into the World Trade Center. During succeeding months when I saw that break room television, I recalled the images and remembered the sadness. Understanding the powerful and potentially harmful sequelae of certain memories, though, now helps me to interpret history better and understand people.

Through the uniqueness of my life, I have a fuller comprehension of the situations of some others, and how memories can burden patients when they return to hospital rooms and surgical suites. I talk with them about these memories, and I explain what is different today, how their treatments and surgeries can help them, and how the future can be a better one than they perceived. I guide them back over the bridge from the past, and help build new bridges to the future. I do this more effectively now than earlier in my career because I have crossed both ways.

Dr. Johnstone is Professor of Anesthesiology at West Virginia University. He enjoys writing, having authored approximately 120 articles and 950 newsletters. He published the personal story, "Call Dad for My Epidural," that appeared in the CSA Bulletin, Volume 56, No. 53, last year. Dr. Johnstone attended both the CSA legislative review and annual meetings this year.