

CODA | PATIENT PORTRAITS

a series by Seema Marwaha



Photos by Seema Marwaha

Christine Miskonoodinkwe Smith

■ Cite as: *CMAJ* 2020 May 11;192:E526.
doi: 10.1503/cmaj.200620

I was taken from my birth mom when I was a year old. I am a Sixties Scoop child. There are thousands of us.

I was adopted with my biological sister. We were physically and emotionally abused. From a very young age, I was constantly being told I was a little bitch. That I wasn't going to amount to anything. That I was stupid. I went into foster care at age 10. It wasn't until my third foster home that I realized that the people taking me in actually cared. I experienced trauma and rejection and was in and out of the hospital for much of my 20s.

I put myself on the adoption birth registry to reconnect with my birth mom. I found out she lived in Winnipeg. She was from the Peguis reserve.

I remember the moment I saw her for the first time. I thought, "Oh my God, I look like somebody." It may seem trivial to people, but I finally had someone I could connect to. It was an overwhelming feeling. And it was overwhelming for my mom. She ended up in the hospital while I was visiting her. I remember my mom leaving the hospital. I had to do up her coat. And it was like the roles were reversed. I was being the mom and she was being the child.

I went out and saw her almost every year until she died. I lost her almost 3 years ago.

I want people to know that the Sixties Scoop is not something you can just get over. It impacts you in more ways than you can believe. We should all have a basic understanding of why it happened and be able to be reciprocal in helping Indigenous communities and individuals get through it. This would have changed the way I interacted with health care throughout my life. To most health care workers, I was a poor little Indian girl that was lost or feeling lost.

Christine Miskonoodinkwe Smith is a Sixties Scoop survivor and from Peguis First Nation.



CODA | PATIENT PORTRAITS

a series by Seema
Marwaha

Photos by Seema Marwaha



Serena Thompson

■ Cite as: CMAJ 2020 August 4;192:E900.
doi: 10.1503/cmaj.201700

My sickle cell disease really affected me when I was 25, right after I had my daughter.

After I had her, I was going to the hospital quite often in crisis. But the crisis wouldn't come on until I was sleeping —usually about five o'clock in the morning.

When it was really bad, I would call an ambulance. Sometimes, I'd have to pack up my infant daughter and take her with me. Her car seat would be in the ambulance right next to me. She'd be on my stretcher. While they were treating me, she would be at the foot of my bed in the emergency room until someone could come and get her.

I have guilt — this issue where I don't want to disturb anybody. I thought it was just me. But in the community of people with sickle cell, I found out I'm not the only one who doesn't want to bother friends or family. I came to realize I can always count on

My relationship with the emergency room is that there is no relationship.

my dad. Even now, though I'm older, I will still ask my dad to take me to the hospital.

My relationship with the emergency room is that there is no relationship. Even though I go to the same emergency department several times a year, there is no one to call to let them know that I'm coming in with a crisis. I'd much rather be home than at a hospital, so I try to rest and use oral narcotics at home to avoid going in. If I have to go, by the time I get there, I'm in severe pain. People are usually not that sympathetic to my situation. It is often hours before I am taken to the back to get anything — fluids, warm blankets, oxygen, narcotics administered intravenously. By then, I can barely function; I can't talk. I don't know if people realize how much pain I am in by the time I make it there. I'm

usually silent, but I'll have tears running down my face.

When it takes too long to tackle the pain, it feels like it sets in my bones. But when it gets taken care of right away, I can sometimes avoid being admitted.

I have a fear of being ignored and not being attended to in a timely manner. That's part of why I avoid going to the hospital altogether. The hospital is my last resort.

I'd have to pack up my infant daughter and take her with me.



CODA | PATIENT PORTRAITS

■ VULNERABLE POPULATIONS

a series by Seema Marwaha

Irfan Mandozai

■ Cite as: *CMAJ* 2020 November 16;192:E1473.
doi: 10.1503/cmaj.202441

Photos by Seema Marwaha



My mom, Abida, is 87. She has diabetes, heart disease and kidney disease. She lives in a long-term care facility and gets dialysis 3 times a week. But she has a good quality of life and enjoys the time she spends with her grandkids.

During the [early pandemic] lockdown she was admitted to the hospital for delirium. No visitors were allowed, so all my conversations about my mom's

care were over the phone. She was having trouble swallowing, and there was no safe way to feed her; her doctor said she was imminently dying and recommended transferring her to palliative care. I agreed. This change in status meant I could finally come and visit her.

My mom was awake. She kept asking me in Urdu why they weren't feeding her. She clearly told me, "I can swallow." I asked the nurse if I could give her some applesauce. I had to agree that I would take full responsibility if something happened to be allowed to try. But she did not cough or choke. So they brought her puréed meals. There were probably cultural and language barriers that led to her not being fed for her safety. But it could have ended up killing her.

Her dialysis had been stopped, but she was not dying. I had to advocate to get her put back on. Ironically, my visit-

Ironically, my visiting privileges were revoked because now she was not dying. It felt like a punishment.

ing privileges were revoked because now she was not dying. It felt like a punishment.

You can't look at the individual as just a problem to solve. I would get the usual daily call from the doctors talking about Mom's blood pressure or blood counts. Medical information like that is meaningless to me. Every day, my question back would be: "How is she doing? As a person?" But I do not think they assess that.

