

Tragic childhood led to life as nurse

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Though her voice is bubbly, her manner pleasant and her replies full of insight, there is still something missing from a telephone interview with author Tilda Shalof.

As she speaks about her life's work from a hotel room in Vancouver, where she is touring with her book, it is not possible to see her hands.

To see first-hand the power these hands possess is something that must be left to the imagination. For these are the hands not just of a writer wielding a pen, but of a nurse -- able to simultaneously soothe a patient's forehead, dole out medications, monitor IV drips and reach into body cavities to do things that in any other profession would be utterly unimaginable.

As a staff nurse at the medical surgical intensive care unit at the Toronto General Hospital, Shalof has 20 years of experience dealing with life and death in all its variations.

Her recently published *A Nurse's Story: Life, Death and In-Between in an Intensive Care Unit* (McClelland & Stewart, 352 pages, \$34.99), is the first time the work of nurses has been documented in print in Canada in such an honest, no-holds-barred account.

In it, she details the evolution of her career as an ICU nurse, and the everyday trials of working in a world where lives constantly depend on her, and squeamishness or taboo subjects don't exist.

From a woman desperate to recover a sperm sample from her deceased lover so that she can have his child, to the unconditional love of a mother for a severely deformed and retarded child, to the not-so-delicate task of relieving a cancer patient's painful constipation -- Shalof has seen it all, and writes about it, too.

"In this book, I reveal secrets about the profession that can only help people understand us better," says Shalof, 45.

"My colleagues who read early drafts of the manuscript would often look up in amazement and say, 'Tilda, can you really say this? Are you going to get away with this?' They were worried for me because the book is very honest.

"I hope that readers of this book are able to have the hospital environment demystified for them. And I hope it encourages them to have those difficult conversations about end-of-life

issues, and how their loved ones would want them to act on their behalf.”

Shalof has been a caregiver from a young age, though she says she struggled with that role for a long time, growing up the youngest in a family of three older brothers.

Her mother, an opera singer, had early onset Parkinson’s disease and manic depression -- Shalof’s earliest memory of her mother is of her being ill, and having to help her with everyday tasks such as eating and getting dressed. Her father had diabetes and heart disease, and one of her brothers was schizophrenic.

Between the three of them, she had her hands full and all her free time was occupied by caring for them.

Nursing became a logical, somewhat ironical, career choice for her, as “those very skills that I had developed at home in my family provided the vehicle that transported me away from that house of sadness,” she writes in her book.

Born in Oil City, Pa., in 1958, Shalof moved to Toronto at a young age with her parents. After graduating in 1983 with her bachelor of science in nursing from the University of Toronto, she lived and worked for several years in Israel and New York, before returning to Ontario to make the kind of life-or-death decisions she would write about later.

Although her mother was critically ill at the time, living in a chronic-care institution, Shalof chose to resuscitate her.

“She had no pleasure nor understanding of life,” Shalof recalls. “She was able to breathe but not to read, listen to music or even eat for two or three years.

The worst part of nursing, Shalof says, is the thought that perhaps you have gone too far by prolonging the patient’s suffering along with prolonging his or her life.

“We as nurses see how we add all this technology, equipment, machinery so that we can prolong a life artificially. We think the patient is getting better but really we have just gone too far. It’s not about bringing benefit to the patient anymore -- it’s about families who can’t let go of the fact that their loved ones have no chance of survival.

“This book is the story of how I learned to deal with it all,” she says simply. “No one really knows what we do. I often don’t talk to my husband or my friends outside of nursing about this because I don’t want to distress them.”

Shalof credits her sons -- Max, 6, and Harry, 9 -- and her husband, Ivan, who works in the insurance business, for giving her the encouragement she needed to write her book, which is the first she has published, in a year’s time.

“The best thing about being a nurse is using your skills, your knowledge and your compassion to affect other people’s lives, every day and every night,” she says.

“But we need more nurses on the floor and more supports in place for them to be able to do their job. Our workload is huge. We need the supplies and conditions we require to be able to do our work.

“Doctors diagnose, prescribe, treat and then they leave. But, in the ICU, nurses are there 24 hours a day.”

Still, Shalof says she lives for the huge intellectual challenge of nursing -- and the complete synergy of the mind, body and spirit that it requires.

“I have a huge sense of gratitude for life and for health,” she says. “Every day is a miracle. I have seen human nature at its best and its worst. I am pretty much unshockable at this point -- I can handle any medical emergency, and I’m so proud of that.”