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Death and Dying: A Personal/Professional Journey

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Talking to the Family

John Stone

My white coat waits in the corner
like a father.

I will wear it to meet the sister
in her white and organza dress
in the live of winter,

the milkless husband
holding the baby,

I will tell them.

They will put it together
and take it apart.
Their voices will buzz.
The cut ends of their nerves
will curl.

I will take off the coat,
drive home,
and replace the light bulb in the hall.

John Stone is a cardiologist/poet.

The Physician's Role

This poem illustrates the powerful role that physicians play in the part of families who have lost a loved one. These singular and often poignant moments with families are typically juxtaposed within the context of the physicians every day, mundane life. At times it can be difficult to navigate the emotional currents that these experiences stir within the physician. This article is dedicated to addressing some of the complex personal and professional issues raised in work with the dying. Given the weighty subject matter, all the complexi-

ties of this topic simply cannot be addressed in such a brief format. My hope is that it encourage readers to explore their thoughts and feelings about this topic at greater length on their own.

Attitudes towards death in the U.S.

With the tremendous advances we have seen in medicine throughout the past century, people are living longer and healthier lives. Physicians are able to achieve amazing feats of healing that may create the illusion or the hope that death can be put off almost indefinitely. As a result, our society has become increasingly "death-denying." For some, MD has come to stand for "Master of Death" and consequently death is often seen as a "medical failure" rather than as a natural and often unavoidable part of life. Although better educated on the subject of death, physicians are not exempt from this cultural Zeitgeist. As a result, many physicians struggle trying to cope with the death of a patient or their work with the dying.

Wisdom from Rabbi Harold Kushner

"One of the things I've had to do for the doctors in my congregation is try and help them get over the sense of self-blame and inadequacy when patients die. I've had to say to them "You know, if you define success as helping a patient live forever, I've got bad news for you. You're just not that good a doctor."

Oscillating between Connecting and Disconnecting with the Dying Patient

Research suggests that residents typically oscillate between working towards connecting with a dying patient and facilitating a "good death" and discon-

necting from the dying patient. This disconnection may manifest in some of the following ways: ordering more tests, transferring care to a different service, or limiting information to the patient.

Disconnection of this sort is typically preceded by physician anxiety. Many physicians, particularly less experienced and well-meaning residents, worry about how they will talk to the patient or family about death. Others may be faced with their own fears of mortality – especially if they identify with the patient or family in some way (e.g., a resident with children of her own pronouncing the death of a young mother).

In order to reconnect with these patients and families, physicians must face their own feelings about death – their own fears about death and pain. Perhaps Emmanuel puts it best with the following words:

Fearless Healing

"...to heal, one must witness pain without fear. Healers can hear pain, healers can give people permission to show pain, healers are not afraid to see pain." (Emmanuel, 1995)

Caring for the Dying Patient

One important lesson in the care of a dying patient is that treatment does not always equal "cure." When working with patients, physicians should always focus on providing the best care for the patient. This means that treatment does not stop when someone is dying. However, the nature of caring may change somewhat (e.g., shifting to more palliative care). Recognizing that an individual is dying is an important step in being able to provide the kind of care most needed. It is important to

note that this is not always a straightforward or easy call to make.

What Is a "Good Death"?

Physicians can serve an important role in helping patients to achieve a "good death." Most people want the same things: to die in a comfortable and peaceful setting with loved ones nearby and without too much pain and indignity.

Most people have important tasks to complete – to say "I forgive you" "Forgive me" "Thank you" "I love you" and "Good-bye." By acknowledging that an individual is dying, physicians can serve a crucial role in facilitating the completion of these tasks.

Reflections on Dying

"With all that is available to delay death – but not to make it optional – the most important task is to recover humbleness before an awesome moment and be with the patient, one human being to another, knowing that dying is not always open to solutions." (Holstein, 1997)

Remember That the Patient Who Is Dying Is Also Living:

Although acknowledgment of impending death is an important part of caring for the terminal patient. We must also remember that the dying patient is still living and should be treated accordingly. As Rabbi Kushner puts it:

"Don't bury your mother while she's still alive. As long as she is alive, treat her like a living person. That is one thing you can do for her. But that's hard. It's hard for family members because we feel so helpless. It's hard for physicians."

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