

# End of Life

**Praveene Thachanamurthy**

4th Year Medical Student  
Wellington School of Medicine  
University of Otago

Praveene is a fourth year medical student based at the Wellington School of Medicine. She is under the Malaysian government medical scholarship to study in New Zealand. She enjoys writing Tamil (an Indian language) short stories, and is planning to get a degree in Tamil Literature.

As a fourth year medical student, I was required to visit the Mary Potter Hospice and talk to a patient who is "at end of life", or dying. This formed an important part of the Palliative Care module. This article presents the patient that I met with, and reflects on what I gained and learned from the experience.

I have been around deaths before. I have seen my bed-ridden grandfather kissing his daughters goodbye before finally 'embracing' death. I have seen my cousin with leukaemia crying and begging his mother to not let him go because he did not want to die. I have seen my uncle going to bed, only to not wake up the next morning. I have seen relatives wailing and mothers and wives fainting. I have experienced the quietness that settles just as the funeral services come to an end. So yes, I am familiar with death and dying. And since I have been around death, I did not expect much out of the Mary Potter Hospice visit that I had to undertake as part of the course requirement. I was mentally prepared to face the worst. One has to admit that visiting a cachectic, dying patient in a worn down, dingy building is not a picnic. My aim was to collect as much information as I could and leave before tiring the patient out. I was mentally preparing myself to face a crying patient. Somehow in my mind, crying goes along with dying.

I was truly surprised as I entered the hospice. The whole building was well lit, with big windows and sun roofs. There were bright flower bouquets everywhere and the hallways were lined with exuberant paintings. To me, the hospice resembled a day care centre or a nursery. Then I passed by the Family Room, where I caught a glimpse of a crying lady being comforted by a group of people. This served as a reminder for me that I was, in fact, in a hospice.

I was greeted by Dr. Brian Ensor, who was holding a light bulb. He was about to change the fused-out bulb of a patient's bedside lamp. How often do we get to see a bulb-changing doctor, who goes the extra mile to ensure patient comfort? I have met doctors who would rather wait for hours for a technician or orderly to arrive for a trivial job such as this, because it does not fit their job description. Dr. Ensor inspired me, simply by holding that light bulb.

Dr. Ensor then introduced me to the patient, BW. He was a 74 year old man, who looked very thin and frail. His clothes were too big for him. He did not have anything much around him, except for some books on his bedside locker, which suggested to me that he might be a new admission. This was later confirmed by him. He had come in the day before and was adjusting to the new environment.

BW's voice was very soft, almost a whisper. His voice, together with his

shrunken frame, gave away his current health condition, regardless of the strong emotional and mental status that he projected. I started the interview from the medical point of view, hoping that it would then lead to the psychosocial aspect of his illness. Thus, I asked him to tell me about his condition.

BW presented to his GP in 2007 with severe constipation for which he was treated with laxatives and dietary modifications. But six months later, his constipation returned so the GP made some further investigations and referred him for a colonoscopy. A number of polyps were discovered and removed. His constipation cleared after the colonoscopy. He did not have any problems until two years later, when he again presented to the GP with severe constipation, abdominal pain, loss of appetite and weight loss. The GP was surprised to see him and asked him why he had been missing his follow-up appointments with the gastroenterologist that the nurse had scheduled. The GP and BW later discovered that the nurse had indeed made appointments for him but had failed to inform BW about it. By the time BW was referred to the gastroenterologist and the diagnosis of colorectal cancer was made, and it had already metastasised to his liver and bones. BW had noticed bone pain before, but attributed it to ageing.

By the end of 2009, BW had lost a total of 17kg and did not qualify for chemotherapy treatment. The oncologist feared that his body may not have the strength to withstand the chemotherapy, given that he had lost so much weight. So little could be done besides symptom relief. He was prescribed morphine for his abdominal pain and two tubes were inserted into his abdomen to drain the ascitic fluid. He kindly showed me the tubes and the bags that were attached to them. He then said to me:

*And now I am here. The doctor told me that he can't do anything else for me and I don't blame him. [He] has been really good and the medical staff were amazing. I can't complain [sic]. Even the people here [the hospice] are good. [I] can't complain.*

I asked him about his family, and he told me that he has two daughters and both were coming in the next day to visit him. His wife had died ten years before and he had never remarried. He used to work at the New Zealand Dairy Board before retiring.

What struck me as unusual was the fact that BW never once did mention the word 'death' or 'dying' or even 'cancer'. He just replaced these with the word 'it'. When I asked whether 'it' meant cancer or death, he would simply reply, "Yes." Maybe because he had just come in to the hospice the day before, he had not yet had enough time to grasp the gravity of the situation. Or he may still have been in denial of the prospect of death, and did not want to use the word. Or maybe he was getting used to the idea of death and was simply trying to find the courage to use the associated language.

I was inclined to ask about his feelings because he came across as someone who is very stoic, and in the back of my mind, I thought that he would not volunteer such information unless asked for. But the reply that I got was, "I was diagnosed [with colorectal cancer], so now I just got to get on with it." When asked if he blames the nurse (who failed to inform him of his appointments) for his condition, he shrugged and said that he does not blame anyone for his condition and that he has accepted it. His reservation

of using the word "death" and his acceptance of his condition served me as a reminder that every patient is different, thus every patient may have a different way of handling their terminal disease.

Retrospectively, I noticed that our conversation had some gaps. Sometimes, he would pause to catch a breath, and sometimes the both of us would run out of things to say. But, interestingly, the silences were not uncomfortable. It felt natural, like they were supposed to be there. And neither of us felt like saying anything to break the silence until it was appropriate to do so. I believe the silences and gaps add to the melancholic tone that usually surrounds the topic of dying, and it just felt right.

Furthermore, I realised that I enjoyed the surreal calmness of the hospice and the consultation; there was something almost spiritual about it. People come here fully informed that they have less than a year to live. How do you live a life that is on a definite pathway to doom? All throughout our lives, we are taught not to do things that have been proven to fail or be futile. How do we alter that state of mind and re-orientate our thinking when we know we are going to die? I guess one way is to redefine death and to find a meaning in it before finally accepting it. Maybe some patients see death as a natural end or a release from the sufferings that they are undergoing.

I do not believe that his inability to communicate his feelings was caused by a lack of rapport between him and me, as he answered questions about his condition willingly and we even shared some jokes. But after the session, I did feel inadequate for not being able to explore more about his feelings; to ask the 'right' questions. If I had been more capable in terms of handling this kind of situation, then perhaps he would have spoken more about his feelings and views on the end of life. This concerned me the most. I was disappointed with myself, but quickly realised that this provided me with

a window of opportunity to learn from my mistakes and to be better equipped for the future.

Medical students are often taught about diseases and ways of curing them, ultimately to avoid disability or death of a patient. We are taught to battle with death every day, and a good outcome means a patient who is alive. So it is that much harder to sit back and do nothing. I feel it is more difficult to 'let go' than it is to treat. Feelings of guilt and anger may develop as a result of being 'useless' in these circumstances. I realised that four years of medical education has not prepared me to accept the fact that not everything needs cure. Sometimes the best thing we could do is to sit back, hold the hands of the patient and reassure him that he is not alone in this journey; that we are there to support him. Being supportive and caring is incredibly important for patients. It is also self-rewarding to help someone else in this way. However, it is important not to go too far when offering this support, and to keep in mind professional etiquette. Reflection, peer review and professional supervision may provide guidance towards managing this.

If given the chance, I would like to redo the interview. Although I may be dissatisfied with my approach, a good thing came out of it. I was given an opportunity to review my skills and a chance to realise that no matter how many experiences with death and dying I have had, every one of them is unique.

I have a newfound respect for people at end of life. So much courage is needed to carry on living; to change our perception of death as being a stopover, not a destination. So much bravery is needed to accept death and to welcome it with open hands. Different people treat death differently. Some find freedom in it. Some feel they have been cursed. Some accept it and some avoid it. However, handling death will always be part of the job description of a doctor. Death; it scares me a little.

