The Acceptance of Death & Dying

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I am a fourth year medical student. This afternoon was my eighth day interning at the hospital. Dressed up in blue slacks and a printed blouse, I am 'assigned' a patient every morning to interview and examine. Each morning as I trot to the wards, I still take a deep breath before walking in. I still get nervous at meeting new people. Why? Every experience is a leap. Every jump behind the ward curtains a sudden transportation into the world of a patient. New to the ways of sickness and suffering, I am often not sure how to react. I am swept by the degree of human suffering that I see, moved by the human experience, the pain that is treated behind hospital walls.

The case that I am about to talk about was different. How? Well when a patient is sick, we often see them struggle. By this, I mean that there is often a sense of physical or psychological discomfort. Perhaps what we often note a subtle sense of strain - a desire, or want that comes with the underlying struggle to ward off the contracted illness as they fight for better health. What happens then, when we meet someone who has accepted the imminent? This afternoon, I met somebody who had come to terms with their death, and through this way chose a different way to live.

The atmosphere was surreal. She had simply sat there on the bed - a small thin body tucked in by a hospital blanket raised up against the mattress. As I approached, lucid blue eyes opened and gazed at me from behind wired metal frames. I smile and offer my hand: 'Hello, my name is Carmen Chan. I'm a fourth year medical student from the University of Auckland. Would it be alright if I ask you little bit about what's brought you to hospital and also with your permission, perform an examination on you?' Her eyes light up and she gives me a warm smile. She assents and we begin the interview.

It took me two hours. This was my first experience of talking to a person who had 'come to terms' with their death, it was the first time that I had examined the eaten body of a person who knew that she was going to die. The experience was both liminal and moving. I am a medical student. I have spent over half of my tertiary life studying about how to answer the question of 'how to save a life'. That afternoon however, I was left without words.

How does one seek their death?

I was given an analogy from a psychiatrist last week that the brain was 'like a city'. That if we survived long enough, our bodies would too be ravaged by the metastases of cancer, and subject to the plaques of dementia. It seems that increasingly as medical interventions improve, perspective turns not towards only prolonging life, but choosing just exactly how our 'Walls of Jericho' will crumble.

This woman was in an immense amount of chronic pain from the metastasis of her cancer and yet, right from the discovery and onset of her disease eight years ago, she had intentionally decided not to seek medical intervention. She had accepted that the developing cancer was a 'natural course of life' and over the course of eight years, continued to live and watch it grow throughout her body. From right breast to leftbreast it metastasized, from left breast to the cervical grew, and as it ate away her tissue, harsh nodules changed and altered the contours of her skin. It was not until November last year that she elected to take pain medication when she experienced the onset of chest pain and fatigue.

As a medical student, I found the tale of 'non action' very difficult to ingest. I wanted to know 'the facts' and barrage her with questions– what medical interventions and treatments had she tried? Radiation? Chemotherapy? Resection? Surely she had taken some medications to stave off the progression of cancer? What was her 'past medical history' and things that she had done to 'fight off' this disease? Was it fear of establishing a malignant diagnosis? How can one find the suspicious indications of a cancer (nodule in the breast) and choose to do nothing? For a period of time, her answers made me feel somewhat frustrated. I felt wholly helpless as a training healthcare professional not being able to provide 'interventions' for her condition, for her physical pain.

There are several aspects of this interaction that have left me mulling. One was the concept of the physical examination, and the second was the pre-imposed concept that all dying patients were intrinsically 'suffering'. How much of my own pre-conceptions were clouding my objective lens? After all, she had said was that she was 'already at peace'. What did the patient really want? Unlike me, she had already embraced the concept of death.

The purpose of examining a patient is to elicit further information to enable us to form a diagnosis. From there, we are taught to design a treatment plan that has the intended effect of alleviating the patient of their malady. What then happens when the patient is on the road to death? How does one auscultate the heart of a dying woman, percuss at the walls of struggling lungs, gaze into the eyes of one who knows and accepts that they too would soon end? What was the point? I was reluctant to ask her to sit up, and engage in movements that might cause her pain. Yet to my surprise, as much as I was hesitant to perform the procedures, she was almost as insistent that I examine her. I still remember her smiling as she completed the movements of the neurological exam.

This experience makes me wonder over the role that we play as 'doctor'. Dr Abraham Verghese an infectious disease physician discusses the role of the physician and the 'power of the human touch' and sitting back from this experience, I wonder whether this concept has an element of veracity. One of the greatest onuses of dying is the burden of loneliness. No one else can join us along for the journey…but perhaps as a healthcare professional

unable to offer medical intervention, what I can do as a training doctor is to 'be present'. I can still listen, I can examine, I can demonstrate that for the brief period of time that I am with a person that I am wholly there for the benefit of their care. After all, at the end of the day, that is what I am supposed to be there for.

> *"You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die."*
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> – Dame Cicely Saunders

This experience has reminded me that at the end of the realms of the medical road map lies the welfare of a patient. This patient is a Person - An individual with their own hopes, dreams and story. Each Person has their own perspective on how they choose their death, and as a doctor, it is not my role to judge. Each person comes to peace in their own way and ultimately, like many people, what they want for that brief, liminal moment of examination is somebody to care. What a patient chooses is up to them.

I have spent the past few weeks so entrenched in learning the interviewing structure, note writing and presentation skills that such aspect of practice had been sheathed until the stacks of case histories. Why else had I decided to enter medical school? I was reminded from this case that as a clinician, it is still of importance to be fully 'present' for a patient - To consider their 'ideas, concerns and expectations' along with their medical history. We are there to care. Despite our studies to become a clinician, perhaps it's important to remember that.

"Death, Be Not Proud" by John Donne (1633)

Death, be not proud, though some have called thee
Mighty and dreadful, for thou art not so;
For those whom thou think'st thou dost overthrow
Die not, poor Death, nor yet canst thou kill me.
From rest and sleep, which but thy pictures be,
Much pleasure; then from thee much more must flow,
And soonest our best men with thee do go,
Rest of their bones, and soul's delivery.
Thou art slave to fate, chance, kings, and desperate men,
And dost with poison, war, and sickness dwell;
And poppy or charms can make us sleep as well
And better than thy stroke; why swell'st thou then?
One short sleep past, we wake eternally,
And death shall be no more; Death, thou shalt die.