

ART OF DOCTORING. COMMENTS ASSIGN 1: LOSS AND GRIEF

Thank you for sharing the loss of your friend's mother. It is the kind of "shadow" emotions that occur almost daily in medicine: you are not the one losing the mother, father, sister, brother, child, but you are a witness to the grief and feel a measure of it yourself. It struck me how differently people react to loss – the jolly father crying, the young adult children calm and gracious. I wonder what enabled them to act like that, and what that behavior meant – to them and to you. Perhaps we can discuss further in class! I hope your friend continues to do well. Best, Dr. Shapiro

--, I was very touched by your essay. You expressed so many good insights – the terrible helplessness many of us feel in the face of death; how much of medicine, especially EM, focus on action, protocols, the *beginning* of things rather than their end. I hope in class we can explore a bit further why it was so hard for you to be "totally straight" with him about his prognosis. Was this because of the uncertainty of his medical course; your own discomfort with death and dying; or both? In any event, what seems really important to me is that you did not abandon this patient, even though many others in his life had; but were able to be present with him until he passed. It was very beautiful to me that you were able to cry for this patient. It sounded as though perhaps there weren't a lot of people who did. Thanks for writing this. Dr. Shapiro

I am very sorry to learn of the premature death of your mom, followed so closely by the deaths of your grandparents. That is an awful lot of profound loss to cope with at a very young age. Yet I also understand what you're saying that these losses have made you the person you are; and part of that person is someone who understands loss at a core level, has come to terms with it in a way, and therefore does not have to run and hide in the face of death. I also appreciate your sharing about your experience in the Zambian hospice. Death, like life, is inextricably mediated by culture; and we can learn a great deal from other cultures about alternative and complementary ways to respond to death and dying. It sounds like you have taken great personal loss and incorporated it in a way that has strengthened both your compassion and your courage. Thank you for sharing, --. Best, Dr. Shapiro

--, I have no problem with this format; in fact, sometimes it is what emerges before our inner censor kicks in that can be most valuable in terms of insight and originality.

The contrast you make between these two deaths is very telling. With your grandmother's loss, you felt the kinds of terrible, but consistent emotions that arise when you are grieving for someone who is not only a close family member, but also your cherished friend and confidante. I especially resonated to the word "broken." To me, that really sums up that excruciating sense of having sustained irreparable damage. By contrast, your comatose patient's death triggered a more complex mixture of emotional responses.

Your reaction will always be influenced by your relationship to the person who has died; not only personal versus professional, but also in terms of familiarity and connection with the patient him or her self. A lot of patients who die on your watch to be honest you barely knew, and you simply will not have the same feelings toward them as you would toward a patient with whom you had journeyed on the path to death. Further, the circumstances of the patient him/herself and the particular situation do evoke very different emotions. Sometimes, even for family members, the death of a loved one can contain elements of relief. I appreciate the honesty with which you generated both lists. And yes, absolutely, the main thing is that everyone who dies is someone's grandma (mom, dad, brother, sister, child). That pinch you talk about is often called a "shadow emotion": the family members are broken, the doctor is scratched (or cut or wounded, depending on the situation). And no, you don't want to "lose control," at least not right then, because that is probably not going to help the family; but just as you must believe in the family's resilience, so too must you have faith in your own ability to heal from contact with suffering.

Wow, so how did I manage to become so verbose about such a "short" assignment? It clearly stimulated a lot of thoughts, and I think is proof you did a great job (.

On a personal note, I am truly sorry for the loss of your grandmother. My 87 yo mom is very, very close to my three adult children; and they would say of her exactly what you said of your own grandma. When we lose her, it will be a devastating loss not only to me, but to my kids as well.

Thanks for sharing, --. Dr. Shapiro

Dear --, I was incredibly moved by the story of your patient X. The way you told it, as the lived story of a patient, her family, and her medical student, brought to light the tragedy, courage, devastating loss, helplessness in the face of the limits of medicine in a way the patient's medical chart never could (which is not to say the medical record does not have its own great value). By choosing to tell the story as a story, you allowed yourself to continue your own grieving process for X.

There were many aspects of the story that struck me. One was how well you captured the transitions from fighting spirit to letting go. I've come to believe most of us, especially in this culture, try to hang on, for loved ones and ourselves, up to a point; and then it is no longer possible, no matter how much will, determination one has. Many times, death is simply not under our control. We like to think that people with energy, faith, love, people who are wonderful people, will somehow survive. Sometimes they do, and sometimes really annoying people who basically couldn't care less survive too. And then, as in X's case, beautiful wives, mothers, daughters succumb. We like to think this is a just world, but it isn't, at least not on a simple human level.

It was also a remarkable thing that you were able, through a quirk of fate, to "follow" this patient to her death. As patients change primary care doctors because of insurance,

geographic mobility, and specialists because problems change, it is becoming rarer that that essential continuity between doctor and patient exists. As you learned, making the diagnosis is not the end but the beginning of an often overwhelming process for the patient and family; and what the patient desperately needs is someone to accompany him or her on this difficult, sometimes terrifying journey. I think it was probably a vital lesson for you to be able to be with X in these different manifestations of her living and dying.

I thought about your saying that you were unprepared for X's death. This was the first loss you'd experienced as a physician; and to me it is not at all surprising that you were "unprepared." How does one prepare for such a thing, especially in a culture as death-phobic as ours; and in a profession dedicated to arresting, delaying, and outwitting death? I hope that X's death – and the subsequent deaths you have experienced and will continue to experience – will help you to reflect deeply, to explore intellectually, emotionally, and spiritually, what death means to you, and to your patients. This can be an amazingly rich although painful process.

Finally, I read and reread the ending of this experience. "You haven't lost a thing." What does that mean? Did X's husband feel that you, the medical student, hadn't lost a thing by her death? Did he imagine you couldn't yet have experienced personal loss in your own life? These are difficult interpretations to contemplate. Yet, at the same time, he is hugging you and crying. Did he hope you never would lose a thing? The ambiguity and complexity of his statement sums up for me how difficult and important the practice of medicine can be.

Best, Dr. Shapiro

Dear --, of course we will respect your privacy. I did want to say that relationship loss can be truly devastating. As you've discovered, time alone does not necessarily heal, but time in conjunction with honestly facing our feelings of anger, hurt, betrayal; grieving for what is lost by accepting the fact of loss are the things that allow us to move forward. In loss I truly believe there is also opportunity for learning – who we want to be in our next relationship, what kind of person will be a good life partner. You are absolutely right that grief makes us vulnerable – we are afraid of not having it all together, or not being perfect. Yet if we can access our own vulnerability, it can help us connect more deeply to the vulnerability, frailty, and fear of other people. It's a very hard path, as I well know (!), but I believe it is worthwhile – and eventually, one we all have to walk. Thank you for this reflection. Best, Dr. Shapiro

Hi --. I've missed you too. Thank you for confiding this impending loss and real grief. Mundane, not unusual... except when it's yours. I don't want to make everything about medicine, but you know that's how patients feel so often. To the doctor, it's just another routine diabetic. To the patient, it is the devastating loss of a known self and way of being. Back to love and longing. It is a hard thing to accept that love is sometimes not

enough, but sometimes it isn't. That is when the grieving starts. There is no way around that pain, which can be as deep as death. But I think when love is not enough, we can trust that eventually letting go is what we need to do. I know you will eventually find your way through this, --. If you ever want to grab a cup of coffee anytime and talk, just say the word. Best, Dr. Shapiro

--, thank you for sharing this difficult experience. I really appreciate your honesty in recounting your own behavior and assumptions. It's interesting how the sad outcome of this patient encounter provided an entirely different, and much more somber, lens through which to view and interpret your previous actions. If the patient had survived, I doubt you would have thought twice about the giggles, or about following the patient because he seemed "easy." What made his death particularly painful, I think, is that you went into the situation with one set of assumptions and expectations; and all of a sudden you were confronted with a much more horrible and tragic development. But I can see from the way you reflected on your patient's death that there was much of great importance to you in this event. We are not perfect people, and so a stress-relieving laugh here and there or an impulse to "brush off" a patient is going to happen. The patient's death brought these small but telling things to your awareness. Forgive yourself for being fallible, and thank this patient for all he taught you. Best, Dr. Shapiro

--, I'm glad you made it to class and found it valuable. I know it can be hard to be in two places at once :-). In terms of your essay, I admire that you dug deeply for these difficult emotions of anger at the nursing students and guilt at your own (perceived) shortcomings. This might well be one of those situations where, in large part, your anger is "righteous indignation." Positioning an elderly patient during eating is not in any way a trivial issue – in this case, it was literally life and death. So, when the emotional dust settles, that anger might propel you to be more vigilant in future situations. On the other hand, no amount of vigilance can completely guard against error, rushing, or inattention; so that we can never guarantee perfection in ourselves or others. Partly, your anger may have been due to this realization. In fact, the very things that might have made the nursing students less than meticulous with this patient were similar things that sometimes made you not want to linger in his room. Just being aware of these reactions can help you work with them more consciously.

In the presence of loss, we often have "unfinished business." In this case, on reflection, you wished that you might have shared some of your positive feelings about your patient with his family. It's pretty hard to know what would have been right at the time, and hindsight is always 20-20. But since you still have that feeling, you might want to write the family that letter now (maybe not a "real" letter, since you probably have no way of finding them, but as an act of closure). And then you might consider forgiving yourself for not sharing just how funny and spirited you found this guy to be. I agree with you – it is hard to kill a vet. It seems to me he has the potential to live on in you in a healthy, healing way. All the best, Dr. Shapiro

Hi --. It was nice to see you in class today. Thank you very much for this heartfelt essay about your grandma. I was so touched by the discovery of your sister's kindergarten essay. Out of the mouths of children, right?

I think when we lose someone we love, there are usually both regrets and gratitude – regrets that we did not make better use of the time we had together; and gratitude that we had that time at all. I don't know how to change that response, or whether we even should try. We have to forgive ourselves for not being perfect people, and accept that we loved that person as best as we were able.

It is striking both that your grandmother had such a prescient awareness of her impending death; and that you were the one who listened and received her "legacy." What a profound experience, both a burden and an honor. However, no matter how we try, I agree that there is no way to "prepare" for the emotional tidal wave of the death of a loved one. It is something to ride out, hopefully held up by family and friends.

Thank you again for sharing your memories, thoughts, and feelings. Best, Dr. Shapiro

Dear --, you said two things in your essay that really struck me. One was your ongoing effort to find the right balance between not becoming hardened to the loss and grief that will inevitably surround you as part of EM; and at the same time being able to contain this suffering so that you are not constantly emotionally overwhelmed (if you are able to attend the class session next week, we will be talking more about this issue). I have great admiration for your asking this question – I think the answer will be constantly evolving and shifting. I also could hear how, since your friend's tragic death, you've struggled honestly and authentically with questions of life, death, and meaning (or lack thereof). I think you are right that these questions can never be satisfactorily answered (and when they are, the answers tend to be somewhat simplistic). The physician Rachel Remen once said, "An unanswered question is a fine traveling companion. It sharpens your eye for the road." It seems to me you have already learned to deeply appreciate "the road," which sometimes may be more important than understanding it. Thank you for sharing your thoughtful reflections. I think you're going to make a superb EM doc. Best, Dr. Shapiro

Dear --, thank you so much for fulfilling this grief and loss assignment with a poem. As you've probably figured out, personally I believe poetry can sometimes get at the depth and complexity of experience more powerfully than an essay; and that certainly seems true in this case. Something that I felt strongly in your poem is the "ripple effect" of suffering: like dropping a pebble in a pond, the circles of loss just keep enlarging, touching not only the "patient," X, but your mom; and less noticeably, but just as authentically, even your father, and of course you, the author, the person moved to write this poem. I also appreciated the way you juggled your different roles – the "eager" medical student, the concerned daughter of your bereft mom, the observer on the "outside" of a beautiful yet tightly sealed relationship. Your writing is filled with loss –

of life, of friendship – and the emptiness of the refrain “nothing matters” is piercing. Yet paradoxically what lingers in the mind is how *much* this relationship mattered; and how much it still does. Thank you for sharing this story. Dr. Shapiro

--, thank you for your beautiful, heartfelt, and honest writing about your grandmother’s death. I think that combination of guilt and regret we feel at the passing of a loved one is a natural and widespread response. You say so well what most of us too often feel – that we don’t realize how precious people are to us until they have vanished forever from our lives. It is one of the paradoxes of ordinary life that we never are able to appreciate it – or the people in it - as fully as we know we should.

The image of you and your sister in the “wrong” cemetery, mourning at the “wrong” grave is incredibly powerful on so many levels. To me, it speaks of the inherent imperfection in being human – which extends to imperfect memories, imperfect grief, imperfect love. Ironically, for me, there is something perfectly “right” about everything that was “wrong” about that experience.

Another image that really affected me was your being reminded of your grandma’s sewing while looking for dress material for your wedding. The intensity of this experience suggests to me that it may be important to “include” your grandmother somehow in your ceremony, perhaps some brief acknowledgment of her importance in your life, what “gift” she gave you that you will try to carry forward into your future.

Interestingly, of all the many images that your essay conjures, the one that for me will linger longest is the wild, slightly provocative, rule-bending, teenage --, driving daredevil with her newly acquired license, her golden-toothed grandmother riding shotgun and laughing, partly perhaps with terror, but certainly with joy in her remarkable and free-spirited granddaughter. That says a great deal about your relationship with your grandma, and what it says is pretty amazing.

Thanks --. I always feel honored when you allow me a window into part of your life.
Best, Dr. Shapiro

Hi --, it’s nice to have you with us! Dr. X will be responding in more depth, but I wanted to let you know I read your essay. It was a very interesting reflection, and unique as well. I’m glad you see that really tough “losses” do not always have to involve terrible sickness or death. Your camera was your way of memorializing and making sense of this significant experience in your life. It was filled with your creativity, your journey filtered through your own eyes (literally). It was just a “thing,” but it did hold a precious part of you. Worse, this random theft violated how you wanted to see the world, a world in which you were justified in being trusting and optimistic, a world in which people are kind, loving, and gentle. I really liked what you said about losing the “youth of your mind.” What a thoughtful phrase. Every time I bump against some of the harsher realities of life I tell myself I am naïve, even stupid for expecting the best of people. Then I step

back and think: Do I want to be a bitter, paranoid, and cynical person, because sometimes life appears to “justify” that response; or would I rather be hopeful, even a bit ingenuous, even though sometimes the world might prove me wrong. I guess you can always be as “young” as you’re willing to be – take it from an old but happy lady :-). Thanks for sharing your insights. Dr. Shapiro