

Reflections of Physician-Authors on Death: Literary Selections Appropriate for Teaching Rounds

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ABSTRACT

Physicians constantly confront to death and respond in a variety of ways to the many deaths that they witness and to their own sense of mortality. Student-doctors should be exposed, prior to and during their clinical training, to these different types of responses, so that they can prepare for their encounters with the "ultimate mystery" and realize that their own reactions, uncertainties and fears are neither unique or unnatural. Writings of physician-authors provide an ideal medium for this exposure. Despite improvements in death education in medical schools, studies have described trainees' desire for more education and have documented deficits in the care of dying patients. This paper briefly describes the responses of physician-authors and their fictional characters to death, in hopes of interesting students in reading and stimulating educators to use these and other literary selections in the classroom and on teaching rounds, in order to facilitate introspection and discussion. Examples of brief readings, which can be used on ward rounds, incorporated into discussions of critical incidents, or read during teachable moments in the outpatient clinic are provided.

INTRODUCTION

MEDICAL STUDENTS AND PHYSICIANS are constantly exposed to death. A professor of medicine in Dr. Oliver St. John Gogarty's novel, *Tumbling in the Hay*, tells beginning medical students:

Turn back now if you are not prepared and resigned to devote your lives to the contemplation of pain, suffering and squalor. . . . Your outlook on life will have none of the deception that is the unconscious support of the layman: to you all life will appear in transit. . . . You will see . . . the pull of the grave that never lets up for one moment, draw down the cheeks and the corners of the mouth and bend the back until you behold beauty abashed and life itself caricatured in the spectacle of the living,

looking down on the sod as if to find a grave. . . . You can never retreat from the world, which is for you a battlefield on which you must engage in a relentless and unceasing war from which you know that you can never emerge victorious.¹

For students who accept Gogarty's challenge, writings of physician-authors provide an ideal medium for discussion with mentors and teachers regarding their reactions to death. Doctor-writers speak from the privileged vantage point of having seen, during their training and in practice, "human nature taken by surprise, . . . the mask of custom torn off rudely, showing the soul all raw."²

The *Death of Ivan Ilych*,³ Leo Tolstoy's story of an ordinary man coming to terms with his mortality, is the text most commonly used in literature and medicine courses to discuss death and

dying. However, many students and residents have never, nor will they be, exposed to required or elective courses in literature and medicine. While *The Death of Ivan Ilych* is a work all physicians—indeed all mortals—should read, there are shorter selections that can be used by attending physicians during teachable moments on ward rounds or in the outpatient clinic. These selections can serve as an entrée to the exploration of patient and physician responses to suffering and death. This paper briefly describes the responses of physician-authors and their fictional characters to death, in hopes of interesting students in reading and stimulating educators to use these shorter literary selections in the classroom and on teaching rounds in order to promote introspection and facilitate discussion.

DEATH AND DYING IN MEDICAL EDUCATION

Despite the increased number of medical school offerings in death education over the last few decades,⁴ recent surveys have documented the needs and desires of practicing physicians for further training in caring for terminally ill patients⁵ and other topics related to death and dying.⁶

Other studies have found that physicians' communication with patients about advance directives is less than ideal⁷; that patients leave routine advance directive discussions with serious misconceptions about life-sustaining treatments⁸; that a significant portion of patients misunderstand their options in end-of-life care⁹; that physicians are frequently unaware of their patients' preferences for site of terminal care¹⁰ and wishes regarding do-not-resuscitate status¹¹; and that family members are troubled by the amount of pain that they perceive their dying loved ones experience in their last days.¹² Western attitudes regarding discussions with patients about death have changed dramatically over the last 30 years, leading to a climate of much greater openness.¹³ Doctors have also become more aware of the economic and emotional impact of serious illness and death on surviving loved ones,^{14,15} as well as the benefits of follow-up communication with surviving spouses.¹⁶

Doctors respond in a variety of ways to the many deaths that they witness, and to their own sense of mortality. Student-doctors should be ex-

posed, prior to and during their clinical training, to these different types of responses, so that they can prepare for their encounters with "the ultimate mystery" and realize that their own reactions, uncertainties, and fears are neither unique nor unnatural.

Educational approaches to teaching medical students and residents about death and dying have been published and disseminated through national organizations.¹⁷⁻²⁰ Numerous excellent articles have been published that describe the dying process,²¹ symptom management in the dying patient,^{22,23} and how to discuss end-of-life care²⁴ and appropriately use do-not-resuscitate orders,²⁵ manage conflicts regarding decisions to limit treatment,²⁶ withdraw intensive life-sustaining treatment compassionately,²⁷ and face requests for physician-assisted suicide.²⁸

LITERATURE IN DEATH EDUCATION

The study of history²⁹ and philosophy³⁰ can be useful adjuncts to teaching trainees about death and dying. Nonmedical literature can also be a useful adjunct to death and dying courses. Literature is used in many medical schools to teach healers about the experiences of illness, suffering and death, and thereby promote humanism in the practice of medicine.^{31,32} Literature and medicine share a fundamental concern: the human condition. Through literature, readers experience new situations, meet a variety of people, explore diverse philosophies, commute between particular examples and universal truths,³³ and develop empathy with and respect for others.^{34,35} Reading and discussion can promote narrative knowledge, what one uses to understand the meaning and significance of stories, through cognitive, symbolic, and affective means.³⁶ The acquisition of narrative knowledge promotes narrative competency, the ability to listen to the narratives of patients, grasp and honor their meanings, and be moved to act on patients' behalf.³⁶ Finally, literature's power lies in its ability to call up and articulate feelings and evoke vicarious experience.³⁷ Furthermore, reading literature encourages us all to examine the ethical dilemmas created by medical science and the economics of caring for dying patients.³⁸

Physician-authors have described the many reactions doctors experience when confronting death. These reactions, and the associated literary

selections, are noted below. Hopefully, these brief descriptions will stimulate instructors to read the original selections and share them with students and residents on teaching rounds. Additional works are listed in Table 1. The Literature and Medicine Database at New York University School of Medicine (<endeavor.med.nyu.edu/lit-med/lit-med-db/topview.html>) contains an even greater annotated bibliography of literary readings related to death and dying.

Sadness/grief

While most doctors attempt to maintain an air of detached concern,³⁹ for emotional self-protection and to promote clear-headed judgments, they inevitably become emotionally attached to a certain degree to many of their dying patients. At times, sadness can overcome the physician, as in the case of the Bellevue intern, in Lewis Thomas' *The Youngest Science*,⁴⁰ who wept tears of grief while presenting a case at a morbidity and mortality conference.

William Carlos Williams' poem, "Dead Baby,"⁴¹ describes a funeral scene in which the corpse, "a curiosity—/ lays surrounded by fresh flowers" in a clean-swept home. The apparent order, however, can only temporarily conceal the powerful emotions of the mourners. Thomas' and Williams' excerpts are useful in encouraging trainees to share their grief with their colleagues, and to manage their emotional responses to their patients' suffering.

Fear

The poet John Keats dreaded the possibility of dying prematurely of tuberculosis, in part out of

anxiety that he would not accomplish all he wished to, and of which he was capable. He wrote:

When I have fears that I may cease to be
Before my pen has gleaned my teeming brain

. . . then on the shore
Of the world I stand alone, and think
Till love and fame to nothingness do sink.⁴²

Keats' vision of his early death encourages us to help our patients to set realistic goals, as indeed we all should.

Anxiety

Despite having witnessed many deaths and having developed various coping mechanisms, William Carlos Williams cannot face without immense trepidation the reality of his own and his wife's inevitable deaths. In "Danse Pseudo-macabre," he awakens terrified that his beloved wife, now lying next to him, could die unexpectedly at any moment, leaving him alone:

Christ, Christ! How could I bear to be separated from this my boon companion, to be annihilated, to have her annihilated? How can a man live in the face of this daily uncertainty? How can a man not go mad with grief, with apprehension.⁴³

Both anxiety and depression are common among the dying, and their recognition and management can help patients live fully their final days.

TABLE 1. OTHER SHORT LITERARY SELECTIONS RELATED TO DEATH AND DYING

"Medicine"—by Alice Walker: Poem on marital devotion and love as palliative medicine. ⁵⁶
"The Gift"—by Allan L. Kennedy: Brief story of physician duped by angry wife who requests continued aggressive care of her moribund husband in order to prolong his suffering. ⁵⁷
"Life's Brief Candle: A Shakespearean Guide to Death and Dying for Compassionate Physicians,"—by Hobart W. Walling: Quotes that parallel Elizabeth Kubler-Ross' five stages of coping with death. ⁵⁸
"Man is only a reed" (from "Pensées")—by Blaise Pascal: Cognition and awareness of death ennobles man. ⁵⁹
"Heads of eulogism on death" (from <i>The Autobiography of Benjamin Rush</i>)—Benjamin Rush: Sardonic excerpt on the positive aspects of death. ⁶⁰
<i>Medical nemesis</i> —by Ivan Illich: excerpt on the "victory" of technical death over a natural demise. ⁶¹
"In the room where my father died,"—by Joan I. Siegel: Death in the context of the modern intensive care unit. ⁶²
"Death be not proud"—by John Donne: Eternal life trumps earthly mortality. ⁶³
"Confluence at life's extremes,"—by David A. Silverman: Short tale on the rewards of geriatrics. ⁶⁴ Essays by Roger Bone: Well-known intensivist, who wrote searchingly and poignantly of his own death from cancer. ^{65,67}

Anger

Williams, in the poem *Death*,⁴⁴ expresses anger towards his dead dog for abandoning him: "He's dead / the old bastard / . . . / a godforsaken curio / without / any breath in it / . . . / . . . making love / an inside howl / of anguish and defeat." In the face of death, physicians sometimes displace their anger at themselves (for not having saved the patient) onto the dead individual, blaming that person for not having tried hard enough to live.

Resignation/acceptance

Dr. Andrew Yefimych, in Anton Chekhov's novella "Ward Six," accepts suffering and death as inextricable, even ennobling, aspects of the human condition: "To despise suffering [and death] would mean to despise one's own life."⁴⁵ The tuberculous Mr. Chester, in Somerset Maugham's "Sanatorium," grows to accept the nurturing companionship of his wife, whom he had alienated out of resentment for the fact that she would live while he must die. At the tale's conclusion, he says, "I don't mind dying any more. I don't think death's very important, not so important as love."⁴⁶ Yefymich's deterioration from functioning clinician to morose, passive asylum inmate, reminds us that while suffering may be ennobling, excessive rumination on suffering may excessively disconnect the dying from their loved ones and the world at large.

Meditative introspection

The great thinker Montaigne said, "To learn philosophy is to learn to die;"⁴⁷ the poet Rainer Maria Rilke wrote, "Each man bears Death within himself, just as a fruit enfolds a stone."⁴⁸ Richard Selzer, in his essay "In Praise of Senescence," opines that one way to confront death is "to think about it, to philosophize, and thereby to peel away the fruit to discover the stone within ourselves."⁴⁹ These simple statements alone could form the basis for a student-teacher, or a doctor-patient, discussion or therapy session.

Denial coupled with insecurity

In "The Exact Location of the Soul," Selzer describes a physician who, uncertain of his ability to heal, "pretend . . . that there is nothing to fear, that death will not come so long as people de-

pend on his authority. [Yet] later, after his patients have left, he may closet himself in his darkened office, sweating and afraid."⁵⁰ Excessive reliance by physicians on authoratative pronouncements can backfire, given the hard-to-predict life expectancies of terminally ill patients. Cardiologist John Stone's poem, "Death," illustrates this uncertainty: "Death / I have seen / come on / slowly as rust / sand / or suddenly / as when / someone leaving / a room / finds the doorknob / come loose in his hand."⁵¹

Humor

The exhausted interns in Samuel Shem's *The House of God*⁵² use sick humor as a defense mechanism against the tragic and unexplainable deaths they encounter. This humor serves a protective function, allowing them to laugh at "what—when seen in normal, rather than grotesque terms—might make [them] quake or cry."⁵³ Trainees need to manage appropriately their frustrations, so that these feelings do not spill over into the care of their patients or their personal lives.

Frustration/futility

John Stone, worn down by the death of neighbors, patients and friends, expresses his frustration and feelings of futility when, in the poem "Answering the Phone," he pick up the receiver / and say not hello but / now what / *now what?*⁵⁴

CONCLUSIONS

Larry Churchill, recognizing the value of using literature to teach students about death, writes:

Death [is] a non-technical solution problem—[a] problem of the human condition. [It] call less for the mystery of quantifiable factors in formal knowledge than for depth of insight, acuity of perception, and skills in communication, namely, the sort of expertise which is traditionally association with literature.⁵⁵

Meditative analysis of these authors' perspectives can provide medical students with valuable insights and may alter their outlook on life and death. It may increase their empathy and com-

passion for the dying patients they will inevitably encounter, and help them to acknowledge their own mortality and better prepare for their own deaths. Each of the works described can be used by teaching physicians, in whole or in part, to stimulate introspection and promote discussion among medical trainees, practicing physicians, nurses, and even patients.

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