

Being with a Dying Person

The doctor is the familiar of death. When we call for a doctor, we are asking him to cure us and to relieve our suffering, but if he cannot cure us, we are also asking him to witness our dying. He is the living intermediary between us and the multitudinous dead. He belongs to us and he has belonged to them. And the hard but real comfort they offer through him is still that of fraternity.

John Berger

For physicians and health care providers, dealing with a terminal diagnosis can be difficult, because many still view a patient's death as a failure, instead of part of the life cycle. I realized early in my career that physicians are not invincible, or infallible. There comes a time when a patient has a terminal diagnosis, when as a physician you know there is nothing more you can do to stop the disease process. These are the times when a test, a study, or an x-ray can no longer make a difference. Even with all of the modern medicine and technical skills, we can only strive to make a person more comfortable.

It is only when we truly know and understand that we have a limited time on earth—and that we have no way of knowing when our time is up—that we will begin to live each day to the fullest, as if it was the only one we had.

Elisabeth Kübler-Ross, MD

Dying is more than a physiologic process—the cessation of life. It can be a time of great personal discovery and connections for both the dying and those caring for them. People who are in the dying process continue to need intimate, natural and honest relationships. This time can be one for rekindling or enriching friendships. It can also serve as a new method for exchanging and expressing love, a means of aiding in reconciliation and transforming experience for those involved. Most significantly, dying teaches us to focus on the moment and to cherish the simplest things.

...the secret of the care of the patient is in caring for the patient.

Francis Weld Peabody

In being with a dying person, it is helpful to trust your innate compassion and intuition to lead the way to care for the patient. Bring both your strengths and vulnerability to the bedside. It's all right to cry. Other suggestions include:

- Remember to care for the person, not the patient or the illness.
- Listen, unconditionally and attentively.
- Have empathy for the person's suffering.

- Learn how to be with emotional pain rather than trying to alleviate it.
- Allow expression of feelings—guilt, anger, sorrow, depression—without judgment.
- Share your own feelings, other experiences and emotions if it seems appropriate.
- Honor the spiritual dimensions and cultural aspects of the dying process.
- Reduce distractions to create a calming and peaceful environment.
- Simple acts of compassion can be more precious than gifts to the dying person.

It is particularly important in the final days, to slow down and be ready to share the silence.

*We experience intimacy not by sharing words,
but by sharing the silence.*

Rachel Naomi Remen, MD

A cool cloth on a perspiring brow, a kleenex offered when needed, a hug, sitting and listening to a lifetime of stories, these simple acts can convey more caring than mere words. There is a healing power in human presence. In my experiences, what has made the difference is taking the time to just be, to hold a hand and give support. This lesson is one that I learned many times over from my patients, those who were in their final days of life. Their strength and courage taught me that often the most difficult role of a physician is knowing when to "let go," and just "to be."

*Be yourself and relate person to person.
Be ready to listen again and again.
Be respectful.
Be aware of feelings and non-verbal cues.
Be present.
Be comfortable with silence.
Be human.
Be genuine.
Most of all—Be there.*

Kirsti A. Dyer, MD, MS

Resources

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