

The Medical Side



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The irony of death may be that it is an anticlimax. All of us devote at least some time to the contemplation of the final appointment that we all must keep. Perhaps our dread and fear on the one hand, or our joy and anticipation on the other may never be quite fulfilled.

Such thoughts are not, however, the purpose of this contribution, and I open in this way merely to illustrate that we, the onlookers of this final act in life may attribute to death an anguish, or significance which is not a reality but more the canvas of our imagination, which in turn has been moulded and influenced by the cultural and religious milieu in which we exist.

More often than not, I think, the dying patient is reconciled to the inevitable, and death in itself may hold little fear. What does cause suffering is pain, the inability to cope with bodily functions, or the failure to pass the remaining days close to loved ones. Most irritating of all must be a dismissive attitude from doctors and nurses.

Cicely Saunders, whose experience in caring for the dying is second to none, summed this up rather well - 'I once asked a man who knew he was dying what he looked for above all in the people around him, and he paused a moment and then he said, 'for someone to look as if they are trying to understand me' ''.

The dying patient and his family will usually come into contact with two types of doctor - the family doctor, and one or more hospital specialists with their entourage of junior staff.

Ideally, death should take place in the comfort and security of the home, and in the presence of family and friends. with the family doctor (often physician and friend to both patient and family) alleviating suffering to the end.

But society being what it is, more and more deaths are occurring in hospitals to which the family doctor usually does not have access, and in this situation the hospital doctor, (often junior in years but not necessarily in experience) has to

take over this difficult role.

Both the family doctor and the hospital doctor share one great weakness - neither have ever been taught how to deal with the dying, and both tend to regard death as failure - after all, doctors are trained to cure disease.

Surely it must be a great sadness for the dying patient to sense the doctor's feeling of helplessness, and then to witness a change in attitude as he dons the mantle of self-righteousness to conceal his own inadequacy. Is it not a far greater achievement for a doctor to support a dying patient and his family through the last illness than to merely write a prescription for an antibiotic to cure what would at one time have been a fatal pneumonia?

As has been said before the doctor's role is: to cure sometimes; to alleviate often; to support always. How often we fail in the latter objective.

The doctor's involvement with a dying patient is an extremely complex one, and it cannot be considered in isolation from the depth of this relationship with the patient and the patient's family.

To this good physician the problem of what to tell the patient, and when, will not have been great, nor will he have had difficulty in choosing that member of the family most suited to bear the brunt of the sadness which must inevitably occur in the course of a serious illness. By establishing this precious rapport with the family albeit over many years, this doctor will have secured the essential understanding so necessary for successful home care of the dying.

It goes without saying that the hospital doctor is rarely, if ever, in the unique and privileged position of the family doctor and all too often he blunders, ignorant and alone, into the now delicate, and for all he knows, previously precarious emotional world of family and patient.

Nurses and doctors can and do much to alleviate the physical suffering which may precede death, but much could be done to improve what I will call without apology the quality of death, if at the outset, there was co-operation between the hospital doctor and nurses, and the general practitioner and social worker, so that an understanding and trusting relationship could be established with the patient and family.

In the last decade society has shown an awareness of the problems associated with dying, and the medical professions have begun to consider the concept of death with dignity.

It seems so simple and yet, I think, we fail to realise the awesome loneliness of the last farewell; how very lonely it must be if there is no one to bid adieu.

"When it happened, the first thing I felt was great surprise, and then a certain irony. I would never have thought that death was of such little importance..... It was an event, but it was scarcely suffering". Andre Malraux.

LIVING WITH DEATH

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