HEALING ARTS Materia Medica Words of Grief

Paul Rousseau, M.D.

General Internal Medicine and Geriatrics, Palliative and Supportive Care Program, Medical University of South Carolina, Charleston, SC, USA.

I sat there as mistruths were told, yet I so wanted to believe them. You have no idea how much I wanted to believe them. Grieving family members do that, they want to believe that everything will be okay.

Pamela, the mother of our two daughters, lay dying in a bed in the intensive care unit.

"Our hope is that she'll go home, albeit with her arm amputated," the attending physician reassured us.

She lay dying, kidneys failing, left arm and right hand gangrenous, petechiae painting her skin, her eyes closed half way to heaven, and she was half way to heaven, and she was going home after amputation of her arm? Alive? Really? Oh how me and my two daughters wanted to believe that, we really did. Mom was coming home.

Yet a mere 24 hours later, I found myself agreeing to a "donot-resuscitate" order and then to deactivation of her newly placed defibrillator. The metaphorical gun was loaded and cocked. The end was clear—no words could change it. Death was just around the corner.

"What's that mean, Dad?" my youngest daughter asked. The bedside monitor showed a brief run of ventricular tachycardia. "It's not normal—it's an abnormal heart rhythm," I told her. Then another, longer run. "What's that mean, Dad?" she asked again, her voice fearful and pleading for reassurance. "It means Mom is dying." I choked on my words.

"Noooooo!" she screamed. "Noooooooo!"

My older daughter sobbed, as did I, Pamela's sister, and my sister-in-law. Sobbing filled the room, a sort of mournful music common in intensive care units, our cries joining the troubled souls that preceded us in the struggle with death.

Pamela's heart began to slow, and after a few brief minutes, stopped, and she was dead. What a cold sounding word, but it is what it is—dead, without breath, without anything. Gone, gone forever.

A chaplain and social worker entered her room. We were told, "She's in a better place." Oh really? She's in a better place? What better place is there than here with her daughters? Please, tell me! Answer that question: what better place than with her daughters? I know they meant well—but words can hurt. And those that are grieving never forget words, especially words that wound or confuse.

A physician came in and pronounced her dead—a necessity to make her death legal. Like if he didn't say so, she wouldn't be dead. "Would you like an autopsy?" he asked. "No we wouldn't," I answered. An autopsy is such an intimate invasion of a loved one, a cutting open of their essence. "No we wouldn't." Then we collected our things, said our final goodbyes and left.

As we walked to the elevator, a surreal air surrounded us. We knew we would never see Pamela again. My youngest daughter worried whether her mother would be shown respect in the morgue and on the ride back home to Phoenix in the cargo hold of an airplane. I assured her she would, not really knowing the truth.

The 800 mile drive home from Los Angeles to Phoenix allowed for time to think, as the car was necessarily silent. I thought about the words that were said and not said, of the frequent absence of physicians and of the presence of nurses. In fact, the only names I can remember are the names of the nurses. So telling, and in a strange way, so comforting. Pamela's nurses were honest and their words were unafraid of the truth, and I am forever grateful to them. We physicians can learn much from them.

And now, as I relive Pamela's death over and over, I wonder what this free fall into grief and loss has taught me. To be honest, I'm not sure, but the staggering strength of denial and the overwhelming desire to hear the words one wants to hear, no matter how unbelievable, blinds the heart. Did I really think Pamela was going home after her arm was amputated? The absurdity (and frankly, the dishonesty) of those words from six-plus years past seems so obvious now. And while the starkness of truth is painful and oftentimes unwanted, I have no doubt that it facilitates the process of grief, bereavement, and moving forward.

So what I have learned is that in the end, our words mean so very much and weigh so very heavily; use them carefully and with honesty. For words are final and forever—just like death.

Corresponding Author: Paul Rousseau, M.D., General Internal Medicine and Geriatrics, Palliative and Supportive Care Program Medical University of South Carolina, 81 On The Harbor Drive, Mount Pleasant, Charleston, SC 29464, USA (e-mail: palliativedoctor@aol.com).

J Gen Intern Med 29(10):1423 DOI: 10.1007/s11606-014-2826-9 © Society of General Internal Medicine 2014