



HEALING ARTS

Materia Medica

Seeking Silence in Suffering

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On one of the characteristically busy days on the inpatient medicine service, I had been charged with obtaining Ms. L's history. My senior resident gave me the quick run-down. "Ms. L is a 51-year-old with metastatic breast cancer. Looks like it's been five years since her diagnosis and it's not looking good. The cancer is all over. In her liver, bones, and brain." I jotted down my notes and made my way to her room. I was surprised by how scared I was to meet Ms. L knowing she was reaching her last days.

The dark room was barely illuminated by the jaundiced light that trickled through the spaces between the curtains. Once my eyes adjusted to the low light, I could make out a woman reclining on the bed, asleep. Ms. L was visibly wasting away from her illness as it consumed her from the inside. Her forehead was sunken at the temples while her abdomen was paradoxically distended, protruding through both her gown and the bed sheets. I paused to collect myself, unsure of how to proceed. I can still vividly remember that image of her sleeping. She looked peaceful, her unlined face surrounded by floating dust that shimmered in the dim light.

I woke her gently from her slumber, and, though groggy, she answered my questions through labored breaths. Once I was done with the history and physical exam, she implored me to pull up a chair and keep her company for a while. I learned that since her diagnosis, the cancer continued to spread, unrelenting, in its takeover of different parts of her body. She expressed an utter lack of control over the way her life had played out. Moreover, during COVID, her family was not able to visit, even though the prayers of her family members were the most effective analgesic. Tears welled in her eyes as she said, "I'm so tired. I'm so tired of the pain. Why? Why? I ask God. Why has my life been full of suffering?" As she talked of her hurts and her fears, I listened with tears in my own eyes as I shared in her pain. I reached out to take her hand, and we stayed silent for

a while, our fingers intertwined, neither of us needing to say a word to feel the weight of her sorrow.

The same week, I met Mr. C, an elderly man who had end-stage kidney failure and had decided not to pursue dialysis. The team had discharged him the previous week on medications we hoped would stabilize him long enough for him to sort out his affairs. We didn't expect to see him back in the hospital so soon, in a markedly deteriorated state. He was a man of few words, mostly watchful when others were in the room, and asleep when alone. He reminded me a lot of my own grandfather whose once vibrant life had become stymied by Parkinson's disease. Seeing Mr. C now compared to a week ago, he looked like a different person. His skin was sallow, head rolled to one side, eyes fluttering, and mouth agape. We called his name and attempted to rouse him, but once his eyes closed, I never saw them open again. The thread of his life was fraying and unraveling effortlessly before my eyes and everyone in the room knew it too.

Mr. C was the first person I ever witnessed actively dying. I had seen cadavers in gross anatomy and autopsies at the morgue, but the process of dying, seeing someone become unresponsive while their pulse diminished steadily to nothing, was an incomparable experience. He died in the most peaceful way I can imagine someone could die. His breath slowly diminished until a final sigh; it was almost a quiet slumber.

There was a long pause.

"Call it."

"Time of death. 11:33 am."

The intern pulled the white sheet gingerly over Mr. C's body as the team stood in a semi-circle around the bed. There was a second pause. Then the bustle of the day picked up again, and we left Mr. C behind, neatly tucked under the clean white hospital sheets.

After the discussions about hospice and the flood of doctors when a code is called, the machines are turned off, the beeping finally stops, and the door is closed. Death is the only moment of silence in the hospital. And even then, it is a barely perceptible silence as illness and death become so commonplace that it stops affecting much about the pace of a day's work. Silence is what I wished I had more of with Ms. L and Mr. C. In the midst of Ms. L's worsening condition and Mr. C's passing, I couldn't muster the capacity to take it all in. It's only now, as I have time to reflect on what I experienced, that I realize how much I wish I had more *time*—to be silent, to contemplate the

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importance of my patient's lives, and to acknowledge the significance of their passing. I was often torn between the responsibilities I had as a student and choosing to spend extra time with my patients. It became a constant battle to commit to investing meaningfully in a patient's life when it took time away from all I had left to do in the day. Yet the moments I felt most filled by medicine were the days I spent that extra time with a patient. And surprisingly, I found the fulfillment in the realization that patients have so much more to give me than I have to give them. I feel myself change every time I get to know a new patient, and through their example, I gain the ability and perspective to continue encountering human suffering with the compassion, empathy, and resilience that is required.

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