HEALING ARTS

Materia Medica

Describing Death

Mounika Kanneganti, MD

Department of Internal Medicine, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas, TX, USA.

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I was on my Geriatrics rotation as a fourth-year medical student when my attending told me about a death certificate she needed to fill out. The patient was switching between clinicians, so he did not have a primary care physician when he died. When a patient dies without a clinician, it falls upon another clinician in the past to pursue the circumstances of the death. My attending's name had been used recently to order labs for the patient after he was discharged from the hospital, in anticipation that he would see my attending in person. The family was looking for us to fill out a legal form, but it was more than just a formality to me. His death had been unexpected, and we still needed an answer.

We looked at his electronic medical chart—pulmonary hypertension, volume overload, congestive heart failure, and many other conditions were noted. All of these could have led him over the tipping point. But *exactly* how did it happen? I mean, how did he die? I was never a fan of putting large puzzles together, but here we were trying to put together the puzzle without knowing if we even had the right pieces.

We had met him on the last page of his life story, waiting for us to complete it. “How did he die?” I wanted to ask the family, without sounding like a novice medical student. But it was our job as medical professionals to determine what led to his demise. The reason for death on the death certificate was staring back with a blank face.

Could it have been “respiratory distress”? There was no one to witness it, but that explanation might have tied everything together. My attending said she was not certain if we could use that terminology alone—there were restrictions in how we wrote the story. The art of describing life and death on paper is anything but simple, albeit alarming when a physician who has never met the patient and has no clear knowledge of the cause of death would be charged with attesting to the cause of death. This was not the first time my attending had faced such a situation, but she was just as frustrated.

Whether patients die at home or in the hospital, oftentimes, they may die with no one at the bedside. In his book *How We*

Die, Sherwin Nuland states, “Modern dying takes place in the modern hospital, where it can be hidden, cleansed of its organic blight, and finally packaged for modern burial.”¹ There are times in the hospital when patients pass away overnight and are gone before their primary medical team comes in to see them. The handoff may be brief or encapsulated by one cause of death. However, death is not usually a neat narrative and can be more subjective than objective. Although the layperson may find it sufficient to say someone passed away due to “sickness,” it would be an oversimplification. Describing nuances in a patient's death adds clarity to their story and is something we owe to the patient.

It surprises me how I felt so engaged in this patient's death, even though I had never met him. Perhaps my curiosity about the details is also my desire to know if something could have been different, an alternate ending. Perhaps I felt that the patient deserved more, a respectful conclusion to his story. As physicians, we need to deal with healing as well as dying on a regular basis. Exploring patients' deaths may not only relieve remorse for the clinicians and families, but also provide a final touch to affirming our patients' humanity.

Corresponding Author: Mounika Kanneganti, MD; Department of Internal Medicine, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas, TX 75390-9030, USA (e-mail: mounika630@gmail.com).

REFERENCE

1. Nuland SB. *How We Die: Reflections on Life's Final Chapter*. New York: A.A. Knopf; 1994: xv-xvi.

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