Lessons On Dying

What Patients Taught Me That Was Missing From Medical School

By Amberly Orr
“Carve your name on hearts, not tombstones. A legacy is etched into the minds of others and the stories they share about you.”

Shannon L. Alder
The topic of dying is a subject that is underexplored in medical school. Current education does not prepare medical students as they enter residency to have frank discussions about death with their patients and families. By integrating patient narratives into the interaction between the physician and a terminally ill patient, both can find meaningful ways to cope with dying.
Our culture of dying

- 80% of Americans prefer to die at home.
- 60% of Americans die in acute care hospitals, 20% in nursing homes and only 20% at home.
- Patients are spending more time in the ICU in the last 90 days of life.
- Less than one in three Americans have a living will.
In the book *Narrative Medicine*, Rita Charon argues that listening to stories of illness helps doctors to recognize patients and diseases, convey knowledge, accompany patients through the ordeals of illness, and can ultimately lead to more humane, ethical, and effective health care.

At MD Anderson, palliative care patients work with artists to produce poetic narratives on topics that help them cope with dying.
Family members are an important but often overlooked aspect to patient care.

Studies show that up to one-third of partners and one-quarter of children of palliative patients can experience significant psychiatric morbidity.
On Family

“My image is of cooking and baking. I cook everything. It relaxes me, and it interests me. I do it for my family.”

“She survived more than two decades, and she had two stem cell transplants. She was able to see her sons grow up, get married, and have kids.

“My image is of a hawk. It’s very special to my husband and me. I believe it will be my connection to my husband.”
On Doctors

- Physician’s choice of words and display of empathy has been shown to impact decision-making by the patient and their families.

- Expression of empathy and a strong physician-patient relationship has been linked to better patient outcomes, greater treatment adherence, lower physician burnout and lower rates of malpractice suits.

- Patients regarded doctors that took a course on empathy as more understanding and comforting than those doctors who had not taken the course.
In His Arms

I think I have the best doctors in the world.
If there was a way to save my life,
They would have done it.
I have a good team behind me.
These doctors are passionate about their patients.
My doctor takes the time
To explain what’s going on.
He asks me if I understand what he’s telling me.
Before I leave the room,
Both of us are almost in tears.
That kind of care is amazing.
Sometimes I think
God put me in his arms.
On Religion

- Cancer patients are less likely to die in an ICU if their spiritual needs are addressed.
- Studies show most patients with a serious illness want their spiritual issues addressed.
- Results in increased trust in physician-patient relationship, feeling that their wishes are respected, and feeling hopeful.
“His strong point is his faith. It keeps him grounded and directed. He knows where he’s going, which makes it easier for us.”

“One thing that’s really special to me is my church, and when I see a cross... I see visions of love and caring.”
While the topic of death is difficult in our culture, it is important for both physicians and their patients to be able to discuss end-of-life care.

Narrative medicine is a way to help physicians understand the dying process better, and a way to help terminally ill patients and their families heal.
References