

End of Life Care from the Perspective of a Hospitalist: How to Answer the Difficult Questions

As an Internal Medicine doctor at a small community hospital, I get the chance to see patients at all stages of life. The young dash in and out of the hospital, the infirmity that brought them through my doors leaving their body without a trace the second they step out. The elderly passes through with much more deliberation. They feel every bit of their stay, the unforgiving ER bed resting heavy on their bones, the repeated blood draws bruising their fragile skin, the long days dragging into disorienting nights asking for a familiar face. I'd like to say every patient that walks into my hospital walks out, but despite my best efforts, many do not. Time is undefeated, and despite all the advancements in medicine, everybody's time comes to an end. As a doctor, I often find myself at the intersection of life and death, and just as often, I find myself at a loss for words. Who am I to advise a family on what to do with their dying father? What would I know of the future to tell them how much time they have left? Why would they place their trust in a complete stranger whom until 5 minutes ago was unaware of their loved one's plight?

I have not yet found a good answer to these questions, but in my care of Mr. X, I found the answers to questions I have not yet thought to ask. The young can be treated with the subtlety of a hammer, pounding away their illnesses with antibiotics and procedures and their body is none the worse for the treatment. The old relies on the finely tuned edge of scalpel, every step balancing the risks of breaking down an already infirmed body with the benefit of giving them a few more precious moments with their family. Mr. X went through such a trial. He is a very pleasant 92 years old gentleman with advanced Parkinson's and a bad heart, and

when he presented with new atrial flutter, I knew he was in for a struggle. As his delirium waxed and waned with the rapid fluttering of his heart, I saw his energy drain away day by day. His son had not had a talk with Mr. X about his end of life goals, and up until this hospitalization, there was not yet even a thought Mr. X might pass away. Every day his son and I sat in Mr. X's room, and every day we watched helplessly as his life slowly sapped away. We sat and both asked ourselves the same questions that had plagued me in the past. How much time would he have left? How should we decide what to do if he cannot tell us what he wants? From a medical standpoint, there wasn't much to debate, he was not a candidate for anticoagulation or cardioversion, and his atrial flutter would stop when it wants to stop. From an ethical standpoint, there also wasn't much to debate, he would be a great candidate for hospice care. I just had no idea how to start that conversation.

In the end, it wasn't me who started the conversation, it was Mr. X. The body is very good at saying what it wants to do, but in my zeal to figure out available medical options, I wasn't paying attention to what his body was trying to say. He spoke in so many words that he was ready, through the rapid palpitations in his heart, through the gleam of confusion in his eyes, through the way his skeletal frame rested like a sheet draped over the bed. In the end, his body spoke more eloquently than I could ever could. I realized the decision of life and death is not mine to make, nor his son's, but Mr. X's. I cannot hope to predict how much longer he would live,

only Mr. X would know. And in the end, it would not matter how many medical interventions we try, Mr. X's body had made up its mind and all we can do is listen. As his son and I sat at Mr. X's bedside, it was as if a weight had been lifted off his son's shoulders. He had known as well, he just didn't know how to start that conversation.

Mr. X ended up going to hospice. I still see him every few weeks when I visit the nursing home. He is quite happy there. As much as there was to do in the first 92 years of his life, there is still yet much to be done in the end to make him comfortable. I still talk to his son regularly to ensure we provide him the very best care. I still don't know how to start a conversation about life and death or predict how long my patients would live, but now, I take a moment to look at my patient. I start by asking what their body is trying to say. I find that if I listen, and their family listens too, we get the answers to the questions we're all too afraid to ask.

Dat Le, MD

Về đây

*Về đây nghe âm nhân tình
Nghe đôi tim bạn, tim mình, nhịp chung
Những vòng tay, những khoát lưng
Những âu yếm giữ, những dùng dằng chia*

*Về đây nắng cũng theo về
Tiếng ai gọi với bên lề đợi nhau
Ngập ngừng, không ngập ngừng lâu
Nghìn câu tương ái là câu đón mời*

*Về đây người bốn phương trời
Ngồi nghe người đọc thơ người tâm giao
Một thời binh lửa lao đao
Một thời trôi giạt, quê nào quê hương*

*Về đây như nước với nguồn
Như chim về tổ, như buồn về vui
Hôm nay chợt trắng lưng đôi
Trăm con nhạn vượt trùng khơi hợp đàn*

Trang Châu