

Dying

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To cure sometimes, to relieve often,
to comfort always'

My father, in his duties as a church elder, was visiting a dying parishioner. At the foot of the stairs, before my father went up to see the man, his wife said that her husband was dying, that he did not know it, and asked my father not to tell him. During the visit, the husband stated that he was dying, that his wife did not know it, and asked that his wife not be told.

Should a patient be told of impending death?

A number of years ago, I had occasion to give some unpleasant news to a young patient, a girl of about 19 years of age. Her irate father stormed in to see me, and a discussion ensued about whether such information should be given to patients. He stated that, as an example, he would not want to be told if he had cancer. It happened that only a few months later he developed headaches for which he was hospitalised. Subsequent investigations disclosed intracerebral malignant deposits. As soon as he was discharged from hospital he came to see me to apologise. He said that as soon as he saw the face of the doctor who came into the ward to tell him the results, he knew that he had cancer.

Knowing that death is imminent gives one the opportunity to make a decision about completing life, about deciding what is personally important. It gives the patient time to go through the stages of grieving:

- shock or disbelief
- grief and despair, and
- adaptation and acceptance.²

Furthermore, what degree of trust will a patient have in a doctor when they realise, as they inevitably will, that their condition is terminal? Lies and inappropriate reassurance can lead to distrust. In a situation where a husband and wife are hiding facts from one another, precious time for communication is being lost.

Fear of the unknown

Much of the anxiety associated with dying is associated with specific fears related to pain, isolation and the unknown. Patients can be reassured about their fear of death being associated with pain. Use of adequate pain relief is now paramount in standard palliative care. Fear of addiction is not considered a valid excuse for withholding narcotics in terminal illness. Relief from anxiety and relief from loneliness may also help to mollify pain.

Fear of the 'unknown' is more difficult. There is no evidence based medicine that discloses what happens to us after we die. In *Life before death*,³ the authors stated that: 'information could not be collected from the persons most concerned - those whose deaths they were studying.' Not even Lazarus⁴ disclosed what happened to him after he died.

With the decline of religion, so too have the belief in heaven and hell declined. If there is a hell, those who go there presumably deserve their fate.

Those who believe in heaven have belief on their side.

What about the rest of us – what comfort can be given?

Dr Raymond Moody has investigated people who have died and been resuscitated - people with 'near death' experiences, and published his findings in a book, *Life after life*.⁵ His findings were that most commonly the 'dying' person experienced a feeling of floating up in the air, being drawn to a bright light up above, often seeing the body below with resuscitators working on it. The feeling was described as being pleasant and it was only with difficulty that the person was brought back to earth, to their body.

What of euthanasia?

In recent years there has been a lot of media coverage about euthanasia, ie. there is a move for doctors to terminate the lives of patients at their request. People are demanding 'the right to die'.

The word euthanasia means:

- a quiet and easy death
- the means of procuring this, and
- the action of inducing a quiet and easy death.⁶

Would it not be possible to procure a quiet and easy death without killing the patient? For a doctor to terminate a patient's life is a contradiction of their training.

*Life before death*³ points out that: 'possibly because we are embarrassed, inarticulate, or afraid of death we may

tend to ignore these needs when we can, and consider them hastily and inadequately when they are thrust on our attention’.

We are all going to die. Let us treat our dying patients with the same respect as we would like for ourselves when the time comes.

References

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