Death is a Kaleidoscope

Chapter 9

The Forgotten Text

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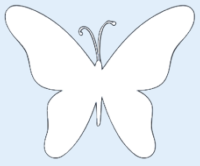

Kaleidoscope. Death along with the dying process is simple yet complex (~_~). It is simple because practically everyone is going to die, that is a fact (._.) . We don't when, where, with or how, but the moment we enter into existence our inner clock is ticking backwards (very insightful (¬ o¬)). Yet, such simple event is surrounded by multilayer complexity (@o@) : cultural, social, economic, religious, personal, science, among others… Furthermore, it is an event of separation from loved ones, and a stage of the unknown (⁻^⁻). Cassell describes the distress of imagining oneself non-existent[21].

Linked to death and the dying process, we find other strong components such as suffering, pain, dignity, control, etc. As much as Medicine tries to claim to be objective and hold tightly to the hard-core Natural Science (~˘▾˘)~ …. all of these previous terms paint Medicine in a kaleidoscopic way. Until 2019, unless proven otherwise, gravity is gravity ٩◔̯◔۶, regardless of cultural, social, economic, religious [blah, blah and blah] complexities (•.•)… If I drop an apple on Earth, it will go down \(⁻^⁻)/ . I cannot say the same for medicine.

Theater of War brought a production at Hopkins about end of life. They discussed death and suffering through the play of Greek tragedies, such as *Philoctetes* and the *Women of Trachis* ლ(ˈ◡ˈლ). Well known heroes such as Hercules and Philoctetes at their dead bed, begging for *mercy* is an excellent icebreaker to start a discussion about death and end of life care in medicine. If you are a hardcore fan about Greek mythology (not the Disney version where Hera loves his "son" Hercules and Hades had pitiful

attempts to conquer Olympus) *(o_O)*, it causes a great impact. We are talking about Hercules, the one that beat up Hera's challenges, walked the Hades to ask for Cerberus, the favored son of Zeus, who upgraded his demigod status to full god, reduced to screaming and crying, begging for mercy to his son, to end his misery…I will not spoil how he got into that predicament though (¬.—). The art of a well-done theater ლ(ᑊ◡ᑊლ) is that the actors portrayed such angst feeling that there is no need for hardcore background. As you may suspect, this was one of my best experience: Medicine, Ethics and Mythology (my favorite pastime)╲(~o~)╱.

These are potential activities that could be incorporated in the medical curriculum. A theater play of such caliber followed by an open-mic discussion. It helps to recognize the boundaries, challenges and struggle each of us as an individual encounter when thinking about death; but also, like we perceive death as healthcare professionals (i.e. failure) ヽ(•‿•)ノ.

The first step is to recognize that death is a natural and unavoidable process —(x_x)→. It is also important to recognized that even if an expected stage of all living organism, it remains distressful for those currently at the "precipitating" dying process[s] and all of those surrounding them (love ones, healthcare team, etc.) (⌣́_⌣̀). As professionals we sometimes do not stop to recognize such events. The fast pace

[s] I added precipitated because practically everyone is in a constant dying process. However, most of the time when we refer to the "dying process" we mean those people that are critically sick and that their disease progression is irreversible and have a shorter time to live25 .

required, the uneasiness of speaking about the topic are a few of the challenges to make an adequate debrief. My experience during Hurricane María was loaded with death, death that under "normal" circumstances would not have happened. I don't recall a time we stopped-stopped to talk about the death of one of our patients. We were aware, we were shaken by it…but we needed to go on (*^*) …we needed to stabilize the country (⌣́_⌣). We passed from being the only tertiary hospital in the island to The Hospital in the island.

At Bayview, an Ethics for Lunch was dedicated to *Grieving*. It was led by the Ethics Committee and the Chaplaincy service (。●́‿●̀。). During the hour, we were introduced to the topic of Grieving as professionals, and the need to recognize and be aware that the death of our patients affects us as an individual, as team and to the care of future patients as well. It was advised that teams should debrief and talk about how they feel after losing their patients (ⁿ_ⁿ). I think this is helpful and promotes a healthier work environment.

Soft meditation music and aromatic candles helped in the session (❤.❤). Furthermore, we were asked to write a poem about an experience where we lost a patient. It was very therapeutic (◕‿◕✿) .They asked us to think about our patient, that our mind and heart wandered back in time, and that we transformed the experience

and feelings into a poem (ᵔᴥᵔ). Afterwards, we were prompt to share our experience and/or poems with the rest of the group. It was very refreshing and reassuring.

Don't Stop

The usual hallway.
White and cold.
Filled with systematic sound.
Artificial breathing around.

It wasn't until midday.
A new and yet unknown;
A sad desperate, but yet expected.
The sorrow of a family filled the hall.

We have lost a patient once again.
Bittersweet moment, predictable, nonetheless.
Yet, the same event, was still unique.
Different faces, different voices, but the feelings
felt pretty much the same.

Have a deep breath, record it in
Your mind and heart, but not be detained.
There are still people counting on us.
The fight is still not over.

We must proceed and fight.
Avoid more losses.
That was the motto
For us all.

The second step is to recognize our limitations as individuals and the limitations of our medical profession (◕ ᗜ ◕). Life prolongation and death avoidance are desirable

outcomes; however, those are not necessary the roles of the medical profession (⌣́_⌣). During my thesis research, I needed to know what entitled to be a healer, a curer (・_・;). I found out the concept of the battlefield approach (ง ͡ᵔ ل͜ ͡ᵔ)ง, where physicians struggle against disease and death, and the patient is just the battlefield where this colossal clash occurs[26-28]. I even found my favorite analogy by Cassell (♥‿♥), where he portraits the physician showdown with death through Nordic mythology, by comparing the physician to Thor in the wrestling match with Elli (old age)[21 t]. As weird as it may sound, the medical profession needs a healthier relationship with death (-__-). Again, this is challenging (ﾉ◕ヮ◕)ﾉ, because unlike gravity, medicine is painted by all the factors mentioned before; making it difficult to standardized a chain of reaction and approaches.

Although death is a serious and hard topic. There is another outcome that concerns me…a permanent harm that does not results in death. A harm that patients will endure for the rest of their lives. Granted, physicians cannot ensure the desired outcome ┐(´•_•`)┌. However, physicians are responsible to maximize patients' chances. Besides the medical knowledge, there are two other factors that need to be mastered by the individual physician: recognizing one's own limitation and communication skills (。◕‿◕。).

[t] *The Tales of Utgard Loki.*

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