

Accompanying a peaceful passing

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For nearly a month, Mr. A had struggled to climb the clinic staircase leading to room 307. He had just turned eighty. As he made his way to the room, he recalled that he had been married to Mrs. D for more than four decades. They had been happy. Understanding, tolerance, and loving were the secrets to their fruitful marriage that had brought them three wonderful children. Over the course of the preceding few weeks, Mr. A and his wife's attending physician had developed a good relationship based on trust. Mr. A often communicated to him his thoughts and life experiences.

As he entered the room, he found the attending physician examining his wife, who was in the same condition she had been for two weeks.

"Good morning, Mr. A. Can I have a word with you?" The figure in white stood up and led an already hunched-over Mr. A to the waiting room.

"Doctor, what can we do? Even though my wife has fallen into a state of deep sleep, I believe she is suffering." His eyes filled with tears, his brow sank, and his face filled with desperation.

"As I've tried to explain, your wife has advanced-stage ovarian cancer. I hospitalized her so that we could start chemotherapy, but it became impossible due to acute renal failure with anuria, meaning that she can no longer urinate, which has brought on the profound sopor."

"You told me that a week ago. You explained that inserting the pigtail ureteral stents would improve her kidney function, but that hasn't happened," Mr. A answered the physician, revealing an understanding of his wife's abysmal and unusual clinical condition. He was a very well-informed and learned man.

For a moment the doctor was stricken with grief. The suffering of his patient and her family permeated him. In medical school he was taught to refrain from emotional involvement with patients, because it would affect his scientific objectivity. However, it was extremely difficult in this case. He believed that the doctor-patient-family relationship is more than just applied science—it is also humanity.

"We must limit curative remedies. Your wife's condition can no longer be treated medically. Her illness has progressed, and her kidneys are no longer functioning. We are treating your wife with supportive therapies and focusing on her comfort," said the oncologist, making a visible effort to hide his emotions and continue with his work.

There was a moment of silence in the meeting room that day. It was just a moment—a moment that seemed eternal to the doctor.

"So you mean you won't start dialysis on my wife? I understand. Nothing more can be done now." In an instant,

the anguish and fear of losing his partner of so many years caused Mr. A to melt into his seat.

Nothing more can be done. The words echoed in the physician's mind like the sharp crack of lightning on a stormy night. Later, they would play over and over. *Nothing more can be done.*

There's always something more we can do, the medical professional thought. *Oncology is more than just curing the patient or allowing them to live longer and better with their affliction. It is also accompanying patients and their families in the transition toward death. It's helping, it's serving, it's ensuring a peaceful passing, with respect and dignity for the dying person. It's ensuring you give them love.*

He raised the cup of coffee that he had made hours ago at the beginning of his rounds, but it was now cold.

"Did her children from abroad arrive yet?" continued the doctor.

"All three of them. They said goodbye to their mother like you suggested. They are top-notch professionals and human beings. We are both very proud of them."

"You've done a great job," said the doctor. "As you know," he continued, "your wife will continue to receive regular treatments. And with regard to euthanasia, the law prohibits it."

"I know, but even if it weren't, I wouldn't ask you to do that. Our religion doesn't allow it."

That's it, thought the doctor. *Maybe if I request that she be given her last rites, then this poor woman can finally pass and rest in peace.* He had forgotten the importance of spirituality in these cases. The oversights of academic training are all too many.

And so it was. Mrs. D was given her last rites in accordance with her religious beliefs, surrounded by her husband and loved ones. The doctor had taken care to ensure that they all were present. It had been difficult for him to obtain an exception from the director of the clinic.

But Mrs. D still could not urinate and remained in a profound sopor.

"Doctor, I know that we've done all we can, but nothing has changed. She moans in pain at night and all day. She's suffering and can't rest."

The doctor and Mr. A met again in the same waiting room. Mr. A had lost a considerable amount of weight in the past month. It was as if he were being consumed from the inside out.

"As you've mentioned, we've done everything medically possible. Though it's true that, given her condition, Mrs. D should have already passed and be resting, there are exceptions to the rule," answered the doctor.

“I know, Doctor. Our family is very grateful for all you’ve done and for accompanying us throughout this process.”

“Mr. A, I’ll increase the doses of analgesics and tranquilizers.”

“Thanks again, Doctor, for everything you do.”

The two men shook hands. Mr. A’s eyes met those of the physician, who was still a novice in his work of accompanying the dying and ensuring a peaceful passing.

The attending physician took the case to the clinic’s oncology committee. He made a conscious effort to express his ideas in the most scientific way possible. Apparently, he didn’t quite succeed. Silence filled the room. His words had brought the emotions of the committee members to the surface as well. After a moment of staring at one another across the round table, the institution’s pharmacologist—an extremely intelligent and perceptive professional—spoke up.

“Am I right that there is still brain activity when a patient is in a state of coma or sopor? If that’s the case, our patient refuses to die, at least unconsciously. Something is holding her back. I know that this hasn’t been fully proven from a scientific point of view, but maybe ...”

The meeting was over. The idea that there was something keeping Mrs. D from going to her final rest hit him hard. He knew that this idea was a metaphysical one, but he asked himself, *Can everything be explained with science? Can it possibly know all the secrets of human existence?* Clearly, the answer was no.

And the next morning, a clear and cloudless day, on a new awakening, the doctor rushed to his office at the clinic. He was running late. It would be a full day. A thought flickered through his mind like a flash of lightning, rupturing the impenetrable darkness of a night without even the pale shimmer of the moon.

Mr. A won’t let his wife go! She doesn’t want to go because she’s afraid to leave her husband alone! He told me that himself in the countless conversations we’ve had throughout this last month. He said that he’s afraid of being alone and moving into the last season of his life without the woman who has been his eternal companion.



“Mr. A, say goodbye to your wife.”

The doctor had taken a detour to pass by room 307. Mr. A had been sitting there, just as he had all month. The doctor had escorted Mr. A to the waiting room and broached the topic there. Perhaps without much tact, because he was already running late. Other patients were waiting.

Mr. A understood. Maybe not logically, but with his heart. He didn’t say a word as he left the waiting room where he had spoken with me so many times before—because I am the one faithfully narrating this story. I am the physician in the story.

Mr. A slowly entered room 307, more hunched over than usual. He asked the nurse to leave the room. She left with a smile that radiated compassion. There had been much discussion between the clinic’s professionals and caretakers about this case.

Mr. A sat beside his wife, on the bed. “My love, don’t worry about me anymore. I’ll be okay. You can go now. I’ll be with you soon.” He grasped her hands softly between his, his tears falling upon his companion’s dry lips.

A half hour later, the nurse called me hurriedly. “Doctor, Mrs. D passed painlessly a few minutes ago.”

When I went to her room to certify the death, Mr. A was still at his wife’s side with his hands over hers. I watched as he released them resolutely.

“Thank you for everything, Doctor. My wife is now resting. Now she’ll take care of us. And you, too.”

For the first time, I saw Mr. A smile.

Four years later, I now understand that oncology can mean accompanying the dying and their families, helping them to pass peacefully.

In oncology, there’s always something more we can do.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology’s* policy on disclosing conflicts of interest, and we declare that we have none.

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