



# Residents' Page

## Reflections on dying

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I expect I was no different from any other recent graduate. Residency taught me the importance of prevention and the value of placing patients at the centre of the relationship. I was primed and ready to affect patients' lives positively. With feelings of accomplishment and relief after passing the Certification Examination in Family Medicine, I opened and started to build my practice.

I knew it was sure to happen sooner or later, but in the excitement of starting fresh with ideas of health promotion and illness prevention, I hoped it would have been much later. The call was brief: "Mrs Smith has died." That was a bad day. My preceptors had warned me some days would be like these, but could not have prepared me for the reality. Of course, I had worked as part of a team caring for patients who had died, but this was different. For the first time, I was dealing with the death of my own patient.

I was not sure how to take the news. At first, I felt overwhelmed with sadness for her husband and children. While I had been caring for Mrs Smith, I had had the pleasure of meeting her husband and several of their children. They were a close family trying to deal with her inevitable decline after a long struggle with illness. Through ups and downs, remissions and relapses, hope and despair, they had shared with me their deepest fears and had trusted that I would be able to help them through their difficulties. After all, we were taught that as family physicians we would be afforded a unique opportunity to offer help in times when our patients needed it most. Now I was faced with the novel sense that, despite our best efforts, sometimes we cannot cure. All I had were questions. What should I do? Should I call the family into the office or see them outside the sterility of the clinic? What would I say? How could I help this family now? And at first I did nothing.


When I finally saw Mr Smith and his children again, I offered my sympathy. He thanked me for my help and,

much to my surprise, said that I was the first doctor who had listened to them and let them talk. They were happy that I had sat at her bedside and helped them through a difficult time just by being there and listening.

Since then I have had some time to think about my experience with the Smith family. Other patients under my care have died, and although it has not become any easier, I have realized several things about death and dealing with families in their times of loss. I now understand that death and dying are very personal and individual experiences. There are no guidelines for dealing with families at times of loss and certainly no set method for identifying the best things to say or do when comforting families.

Yet guidelines and set methods are unnecessary. Sometimes being a good doctor means being a good person without feeling the need to question and investigate, without having to treat and cure. Sometimes all our patients and their families need, and what they want but cannot always ask for, is to be treated like people and friends, rather than diseases and patients.

It is a natural instinct to want to help those in need. What I am beginning to understand, what my patients are teaching me every day, is that our help does not always have to be in the form of a test or a pill. Sometimes being a good doctor means not being the doctor.

And the more I think about it, the more I discover that I actually had a good day that day. 

**Dr Parsons**, a native of western Newfoundland, completed family medicine residency at Memorial University of Newfoundland in 2004. He now practises family medicine with his wife (**Sheau Chian Ng**, MD, CCFP) in Corner Brook, near his home town.

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