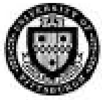

UPMC HEALTH SYSTEM

CASE OF THE MONTH

Comprehensive Palliative Care Program

Don't Just Do Something, Sit There!

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Case. Having helped care for Louise White (not her real name) on and off during the day as a nurses' aide at a residential hospice, I stopped in at the end of my shift to say good-bye. I was on a sabbatical from my position as a professor of medical humanities, to learn about palliative care. Ms. White was in her late 60s. She appeared somewhat disheveled and depressed, but spoke with precise, elegant diction. I had learned the day before that she had advanced lung cancer, a history of breast cancer, and what the nurses described vaguely as a "psychiatric history." As I entered the room, Ms. White was lying rigidly on her back, her teeth clenched in a grimace of pain or fear. As the nurse left the room she told me that Ms. White had just had a "panic attack." I stood alone at the foot of the bed, not sure what to do. After several moments, I asked, "Would you like some company?" When, somewhat to my surprise, Ms. White answered, "yes," I sat next to the bed, reached through the bedrail, and held her hand. For the next several minutes, nothing happened. Ms. White lay perfectly still on her back, eyes closed, gripping my hand. I thought she had fallen asleep.

At last, Ms. White opened her eyes and, keeping her gaze fixed on the ceiling, she said, "I had a friend with cancer who told me she wished she had just taken care of things in her apartment."

I pondered this, and then asked, "Did your friend mean she wished she had committed suicide?"

"Yes," Ms. White answered.

"Do you wish you could commit suicide now?" I asked.

"Yes," Ms. White replied, "and I was hoping the people here would help me do it."

My heart beating faster, I said nothing for a moment or two, my hand still clasped inside Ms. White's hand through the bedrail. I asked, "What is it about your situation that makes you feel that suicide would be your very best choice right now?"

There was another long pause, and then, holding my hand all the while, and never moving her gaze from the ceiling, Ms. White told me about her life. She recounted a story of loss, sickness, disappointment, and abandonment. After she had been talking for about half an hour, Ms. White turned her face toward me for the first time and said, "You know, you are the first person in a long time who has sat with me and didn't make me feel that they were in a hurry to get away from me. Thank you."

I answered, "It sounds like you have been a very lonely person for a long time."

"Yes," Ms. White replied, "and I am realizing that now for the first time."

Some weeks after this conversation I received a note from Ms. White's daughter. "My mother died peacefully a couple of weeks ago," the note said, "and I want to thank you for the time you took with her when you were visiting." She told me that after my conversation with her mother, the hospice chaplain made regular visits to Ms. White, and together with increased attention from the nurses, her mother had been able to speak more fully, not only of her sadness, but also of her pride in the strength she had shown as a woman, and as a poet, in the face of her many adversities.

Discussion. For anyone caring for a dying person, that person's expression of existential dread or despair can provoke a crisis to which the caregiver's immediate response is often either to placate or to flee. Placating takes the form of optimistic platitudes that do more to alleviate the caregiver's embarrassment than to meet the needs of the dying person. Fleeing can take the form of physically leaving the room or, if this is not practical, of changing the subject, which amounts to the same thing. Both impulses stem from our feeling completely inadequate to make things better.

What, in fact, is being asked of us at such moments? As I discovered in my encounter with Louise White, we are being asked most of all not to run away, but instead to keep a person company in the midst of great distress. The powerful effects of this response are hard for us to grasp or to believe in. In the presence of such great suffering, our wordless presence must surely be a pitifully weak remedy!

But no. Mysteriously and miraculously, our presence can help transform brute suffering and despair into a shared moment that can lead to change.

References.

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2. Soelle D. *Suffering*. Philadelphia: Fortress Press, 1975.

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