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## **GRIEF: A UNIVERSAL EMOTION**

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Grief is universal. Grief is also highly individual, impacted by the nature of the loss and framed by past experiences, as well as the present situation.

We physicians grieve the loss of a relationship when a patient dies. Our grief is colored by our training and the role of medicine in society. It certainly is not the same as that of the family. Still, we form a bond with our patient, and the strength of that bond impacts both our grief and the healing process.

The patient-physician relationship is unique. The physician is expected to be an honest, compassionate, knowledgeable guide who advises and comforts patients and families, often in their most desperate hours. We are privileged to hear deep truths, witness personal growth, and celebrate successes of therapy. We literally “touch” our patients, and perhaps see more of the human body than anyone should. We share disappointments and sadness when things do not go well. In our secular, sometimes isolated, society, we may serve as spiritual guide, friend, even family member.

We physicians know well the amazing successes of medicine in the last century: eradication of many childhood diseases, cure of many cancers, and development of cardiopulmonary resuscitation. Sometimes we try to believe that medicine always has answers. What our training has not always taught us, however, is to “take time to be with this patient in his suffering and take time to grieve when he dies.”

We are confronted daily with the hopes and expectations of our patients and their families. Patients entrust us with their care, and we feel responsible when medicine does not have a cure. One psychiatrist notes that many physicians suffer from an exaggerated sense of personal responsibility. When a patient says, “There must be something you can do,” we physicians feel failure if we can offer little more than our presence as nature takes its course. We doubt ourselves: do we know enough? Have we consulted the right specialists? Ordered the right tests or treatment? Could we have done something which may have made a difference in this disease or its eventual outcome?

While our knowledge of disease processes is necessary to formulate treatment plans, knowing “too much” can also trigger anticipatory grief. One morning, during a routine check-up, Lily, an apparently healthy woman in her late 30s, pulled up her gown and said, “There’s something in my breast.” I could see the mass and the retraction of the skin from where I sat. I nearly fell off the stool as thoughts and feelings whirled through me. I knew it was malignant, and, given the size, knew she would not live to see her grandchildren. I told her I was worried, but we would just cross each bridge as we came to it. Lily left with orders for a mammogram, labs, x-rays, and referrals. I sat,

stunned, at my desk for a few minutes before I went to see the next patient. To date, Lily has been through surgery, chemotherapy, and innumerable courses of radiation therapy. She hopes to fight her disease long enough to see her kids graduate from high school.

Contributing to the physician's grief are the depth of the relationship with the patient, the expectation of a cure by the family, the feeling of personal failure when the disease process is irreversible, and the anticipatory grief upon sharing the bad news with the patient at the beginning of their journey with illness. At times we feel overwhelmed and powerless as physicians, as we face tidal waves of bad news, patient suffering, and death.

How do physicians deal with the losses which are inevitable in our profession? Some of us become workaholics, obsessively checking labs, reviewing details of care, not trusting ourselves or our colleagues to do enough. Others face grief with denial, becoming detached or withdrawn, perhaps behaving callously, or seeming not to care. At our best, we do what we advise our patients to do: take time for rest and renewal, share our feelings, and strengthen our relationships with our family, friends, colleagues, and God.

We physicians are blessed and privileged to share profound, powerful experiences with our patients. As we accompany them on their final journey, we endeavor to do our small part in easing their transition from this life. And then we grieve our loss.