



AVAILABLE FREE FOR REPRINT

Managing Death not Doctors' Forte

By Stephen J. Busalacchi

December 19, 2008

With more people living into their nineties and longer these days, perhaps that's one explanation for why it's so hard for physicians to let go of dying patients.

"It's difficult, at times, to know when to put the brakes on," says Philip Dougherty, MD, an expert in palliative care who participates in the ethics program at Milwaukee's Medical College of Wisconsin.

"Doctors are never trained to quit. They are trained to prolong life as much as possible," says Dougherty, a semi-retired internist who has practiced medicine for more than three decades.

When he was fully active in medical practice, Dougherty was medical director for three nursing homes and was responsible for dozens of elderly patients. He recalls a revelation he had one day as he was doing rounds: "Of the 89 people, 11 of them could hold a conversation with me. Now to me, that's a tragedy," says Dr. Dougherty, an outspoken advocate for end-of-life care, which includes comfort care. Such examples are likely to become even more common, as the number of U.S. nursing home residents is slated to grow exponentially with the aging baby boom generation.

"The institution, just by keeping the person there, is treating them," Dr. Dougherty points out. Injections of medicine, intravenous fluids, and feeding tubes are not necessarily required or in the best interest of these elderly patients. There is also reason to suspect that dying patients are not being cared for as well as they could be in their last weeks of life.

"The data indicate that as many as 50% of dying persons with cancer or other chronic illnesses experience unrelieved symptoms during their final days," states the U.S. Centers for Disease Control and Prevention on its website, www.cdc.gov. But that's exactly the kind of compassionate care physicians must provide to their patients, according to Dr. Dougherty.

“Do the things necessary to keep the patient comfortable and do nothing to interfere with the death process,” Dr. Dougherty advises, when patients are very old and have no chance for a meaningful recovery.

“Doctors are part of the problem,” agrees Kay Heggstad, MD, a veteran family physician who became a hospice specialist in recent years. She has spent the last few years of her long family medicine practice caring for dying patients in Madison, Wisconsin.

“Physicians don’t want to tell people they have six months or less to live,” says Dr. Heggstad, which is essentially the definition for who qualifies for hospice care. “Oncologists are probably the worst,” adds Heggstad. “I’ve had people who are hanging on by a shoestring and the doc is still talking about chemotherapy.”

However, Alan Schwartzstein, MD says if he’s sick and his life is on the line, he wants a surgeon who’s confident and maybe even a little cocky. And that’s exactly the kind of physician Schwartzstein and his family dealt with on the East Coast when his 85 year old mother fell seriously ill from a bowel obstruction. It was the latest of many health ills she suffered later in life.

Schwartzstein’s mother had stated emphatically that she didn’t want any extraordinary life-support and feared having doctors pound on her chest if she flat-lined during surgery. Nevertheless, the surgeon insisted the operation had a good likelihood of success and he wanted the chance to save her life, as she would surely die if nothing were done. But the patient’s family wasn’t completely convinced the surgery was the right course and wanted to talk privately about their options.

“(The surgeon) essentially refused to leave the room, so I could talk to my sister and dad,” recalls Dr. Schwartzstein. “He continued to try to convince us that this was the right way to proceed. I don’t know if I hadn’t been a physician whether I could have diplomatically insisted that he leave the room, so I could talk to my sister and dad.”

Ultimately, they decided against the surgery and Schwartzstein’s mother died a short time later with all her loved ones at her side.

These are always gut-wrenching decisions, but doctors like Heggstad and Dougherty say planning ahead by filling out a relatively simple power of attorney for health care form, as well as discussing one’s end of life wishes, can make these decisions much easier for family to make should you become incapacitated.

Doctor Dougherty is optimistic that physicians will become more comfortable with helping patients better manage the end of their lives because he says every medical school in the country now finally has a palliative care program in place.

“Once we have all these young physicians who’ve been better trained about kindness and humility, then we’ll see much greater strides being made in handling death and long illnesses that accompany it,” says Dr. Dougherty.

You are welcome to reprint this article for free, provided the following credit is given:

Stephen J. Busalacchi is a medical journalist and author of *White Coat Wisdom: Extraordinary doctors talk about what they do, how they got there, and why medicine is so much more than a job.* © 2008 See www.whitecoatwisdom.com.

Note: this article can be provided via e-mail or on disc for your convenience.

Contact: Stephen J. Busalacchi (608) 698-5298 or info@apollosvoice.com

xxx