

## “Knowing When to Say Goodbye”

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Ms. Smith was a 98-year old lady who had retired many years ago after working as a school teacher for over 40 years. She had lived a very healthy life by avoiding smoking and eating a well-balanced diet. Although she enjoyed many years as a well-respected school teacher, she had never married, nor had any children. She was rarely sick and only saw her physician for annual check-ups. Prior to her current hospitalization, she had lived quite independently, preparing her own meals and using public transportation to get around.

Several months ago, Ms. Smith began losing weight. She noticed that she was also very fatigued all the time. She lost her appetite, and found it difficult to even get out of bed in the morning. So, she went to see her primary care physician, and after discovering that Ms. Smith's hemoglobin levels were very low, her doctor referred her to my hospital for admission.

By the time I saw Ms. Smith, she had already been in the hospital for over a week, and had rapidly decompensated. The doctors had discovered blood in her stool, and had already transfused her twice due to her low hemoglobin levels. It was fairly obvious to most of the doctors what was going on with Ms. Smith. It seemed likely that she was suffering from some type of gastrointestinal malignancy.

When Ms. Smith's doctors explained their suspicions to her and told her that they would need to perform a variety of tests to diagnose her condition, she adamantly stated that she would rather not know what was going on. She told them she was an old lady who had lived a very full life. She didn't want to spend the last months of her life being poked and prodded, only to extend her days by a few more months. Ms. Smith preferred to let nature take its course.

When I first went into Ms. Smith's room to examine her, she was incredibly cachectic. Her wrinkled skin hung loosely on her bones, and she had red and purple patches from head to toe, as a result of her anemia and the nurse's failed attempts at drawing blood. Her legs and feet were swollen with fluid. She was receiving nutrition via IV, and had a variety of other lines coming to and from her body.

I tried to communicate with her, but she was unable to produce any other sound but a moan. Eventually, she was able to shake her head yes or no in response to my questions. It was quite obvious to me that she only had a few more days to live.

The second day I came to check in on Ms. Smith, I met her son, who was in his late 70's. I asked him questions about his mother and tried to address his concerns. He told me that he knew his mother was close to death, and he understood her wishes to not have any interventions. He realized that efforts to extend her life might only extend her misery. He was ready to let her go. I told him that at this point, our goal was to keep her comfortable, and he agreed with me.

Ms. Smith's condition rapidly went downhill. She was becoming more and more hypotensive and tachycardic, although we had increased her fluids. Her legs and feet had swollen up like water balloons. Her skin was so fragile that it peeled off at the slightest provocation. Her lungs had begun to fill with fluid, and she had started spiking fevers. She was no longer communicative, but she continually moaned, and when I touched her, the moans grew louder. I could tell she was in a good deal of pain.

After rounds, I approached her attending physician and expressed my concerns. “Might we be able to give Ms. Smith morphine, or something for pain?” I asked. Her doctor told me that even the smallest dose of morphine might decrease her respirations, and possibly lead to death. I told him that I understood that, but that I still thought it more important to ease her pain.

We waited for the son to arrive at the hospital. When he came in to visit his mother, her doctor and I explained our thoughts to him. We told him that giving her morphine would help with her pain, but that it could potentially cause death. “My mother would want it this way,” he replied. We solemnly shook our heads in agreement.

The nurse was in the room a few minutes later with the morphine, and administered it to Ms. Smith. After a few minutes, her moaning decreased. A wave of calmness came over her body. She looked at peace. Then her vital signs started decreasing. Her respirations slowed, her blood pressure started coming down. I knew she was dying.

After a few hours, Ms. Smith passed on. Another nurse entered the room and connected her body to the EKG machine, to establish asystole. Her doctor instructed me to auscultate her chest for heart and lung sounds. I heard nothing. The physician agreed and then pronounced her death.

I felt tears swelling up inside me, but I held them back. I looked over at her son and saw him doing the same. I gave him a hug. I told him that his mother had moved on to a better place, and was no longer in pain. He agreed with me. Then I told him that if there was anything I could do to help, to please let me know. He thanked me, shook my hand, and left the room.

During my one year as a clinical medical student, I've had other patients pass away. However, this was the first time that I actually witnessed the death. It was also the first time that my suggestion actually expedited the process. I've encountered other families who weren't able to deal with their relative's prognoses. Even when the patient was very old, and it was explained to the family that their loved one's condition was terminal, some people insist on having every possible step taken to prolong their life. Many times this results in more pain and agony for the patient.

But Ms. Smith's son knew that it was his mother's time. I knew it, and her doctor also knew it. For many people though, knowing when to let go of their loved one might be the most difficult decision they ever make. I believe that as health care providers, it's our duty to aide families in making this decision, and to remember the oath we took: “primum non nocere,” or “first do no harm.” Unfortunately, however, the line between helping a patient and harming them may sometimes be blurry.

I will always remember the story of Ms. Smith, and when I have other patients with terminal conditions, I will think back to her son and the moment he realized that it was time to say goodbye.