

A PIECE OF MY MIND

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The Spectrum of Deaths Encountered by a Young Learner

I am grateful that the first death I encountered as a learner was a gentle entry into what will likely be a career-long relationship with death. I was in my third month as a clinical medical student, rotating at the Veterans Affairs (VA) hospital. I had quickly grown to love the VA and its constant display of teamwork. Upon entering the building, a security guard would smile and say good morning. Walking through the lobby, I would pass by lines of parked golf carts waiting to transport veterans to their appointments. Waiting for the elevators, I would make conversation with the staff and patients. These interactions would inevitably result in asking where someone served, or noting it on their proudly worn cap, and thanking them for their service. This often turned into a circle of thanks; patients thanking patients, staff thanking patients, and patients thanking staff. As a civilian and therefore a mere guest in this setting, I was happy to witness it.

So when a hospitalized veteran pursued end-of-life care, it was my privilege to be the medical student helping to manage her care. As her inpatient medicine team, we made sure she was comfortable and that her

septic shock in the intensive care unit (ICU). Throughout the day, I was either inside his room or at a computer just outside, keeping a close eye on him. At the end of our shift, I signed off to the night team with my anticipation of possible events overnight. I said goodbye to the patient and told him I hoped he would be feeling better when I saw him in the morning. He smiled, agreed, and told me to have a good evening. His room was located at the entrance of the ICU doors, so we waved goodbye to each other as I left. During my walk home, I thought to myself, "I hope he doesn't need to be intubated overnight." When I arrived on the unit the following morning, the first thing I saw was his empty bed. The sheets were gone, and a custodial worker was cleaning the room. My heart sank. The overnight resident told me that the patient had died about an hour ago after worsening throughout the night. His family was called, his code status was changed, and he died.

Unlike my first hospital death, this felt incomplete. I had told the patient I would see him in the morning. I had planned to call his family after morning rounds to give them an update. But as I was standing outside his empty room just an hour after he died, I had no closure. I questioned my competence. Had I missed something yesterday that could have made the difference in his care? Even more prevailing in my thoughts, I questioned my commitment. I had gone home. Cognitively, I understood that

I could not be in the hospital all the time, but I felt that I had deserted this patient during a critical moment. I felt guilty about not being there when he died, both out of service to this patient, but also to his family. I had missed everything, including the chance to express my condolences to them.

The One That Stays With You

A young adult was brought to the ICU after undergoing multiple cardiopulmonary arrests following an unintentional drug overdose. His pupils were fixed and dilated, and imaging of his brain demonstrated cerebral edema. He was almost certainly brain dead. In a family meeting, the senior resident described the likely outcome, and that the next 48 hours were crucial. The family was hopeful, asking if we had experienced miracles in patients like him before. Kindly and softly, the resident said he had not seen patients in this state recover. Less than an hour later, the patient started to decompensate and was not responding to any interventions. His family chose to extubate him, preferring that he die quickly rather than slowly and attached to machines. To this day, I can picture his hospital room as if I took a photograph: the patient's

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family was near her side during the end of her life. After she died, I experienced the wonderful tradition at the VA known as the Final Salute. All veterans who die in the hospital are covered by an American flag and are escorted from their room with "Taps" playing in the background. During this celebration—the ultimate demonstration of what it means to be a team—staff, students, and even other patients line the halls, often putting their hand to their heart, to demonstrate gratitude and respect for the veteran who had died. It is difficult to not become emotional witnessing this event. As the patient's flag-covered gurney was leaving her room, her family members stopped and hugged me. They thanked our team for taking such great care of her. We cried together. Although I was sad this patient had died, it was a dignified death. I was proud that I could contribute to her care and comfort and her family's comfort near the end of her life, and I felt lucky to be training in medicine.

The Unexpected and Absent

My second experience with death in the hospital was less comforting but perhaps more realistic. I was the medical student assigned to take care of a patient with

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Section Editor: Preeti Malani, MD, MSJ, Associate Editor.

mother sitting next to him, kissing his forehead and whispering, "I love you" in his ear; a sibling standing at the foot of the bed, arms crossed and crying; a best friend sitting at the patient's right, holding his hand, glasses fogged up from crying; and his father, hands in his front pockets, pacing outside the hospital room, not wanting to be there when his son died.

I stood outside the room as a spectator, feeling trapped, helpless, and sad. I could not take watching the family of such a young and otherwise healthy man grieve over a preventable death. As I stood there, trying to remain composed, I wondered why this scene made me so upset while the clinicians and others around me seemed unphased. *Why should I feel grief? I don't know this patient. I don't know his family. He was dead when he got here, now it's just becoming official.* As I watched the scene unfold and his family get more upset, I felt ashamed as my face became hot and I tasted salty tears running down my cheeks. *Pull it together! You can't be known as the student who cries in the ICU! They're the ones experiencing pain and loss, not you!* I could not identify why this death was so difficult for me. Was it the patient's young age? Was it because it seemed like such a wasteful way to die? Was I remembering other young people I had known who died of drug overdose? I stepped outside to compose myself.

As I was leaving, I ran into the attending physician. Seeing past my attempts of looking down trying to hide my tears, he asked if I was okay and if I wanted to talk. I felt embarrassed to possibly be perceived as the emotional and weak medical student, especially by a person I respected so much and was trying to emulate. I found an empty bathroom, splashed some cold

water on my face, and returned to the unit, entering through the doors farthest from the patient's room. I was not ready to face that scene again. Not yet.

Lessons

I am grateful to have learned something from each of these deaths. The first patient taught me that death can be uniting and make us feel proud. The second patient taught me that you cannot always be there, and life still goes on. The third patient reminded me that we are human, and we can be affected more than we would like by patients and their tragedies. In each of these deaths, though, I learned so much more from the team of residents, fellows, nurses, respiratory therapists, and attending physicians who each thoughtfully handled the deaths as if they remembered their own first experiences as young trainees. In our debriefings and team reflections, I felt supported and was reminded that my emotions are not my weakness.

As I move forward in my career, it is not a question of whether my experiences with death will change, but rather how they will change. Will I one day be the resident who is too busy for a death to make her stop and reflect? How can I ensure that I will be the fellow who debriefs with her team when it has experienced a loss? I know that I aspire to be the attending who is able to demonstrate quiet compassion for the young learner who feels ashamed and weak for being so affected by a patient's death. Most importantly, I do not want to forget how I feel now so I can remain aware and open to the profound influence that death has on everyone in health care.

Conflict of Interest Disclosures: None reported.

Additional Contributions: I thank these patients for allowing me to participate in their care and learn from them.