

The Service

Ranjana Srivastava, F.R.A.C.P.

This morning, I came upon an intern engrossed at the computer.

"I am looking up the diseases Mr. Crosby died of," she explained.

The octogenarian had been on our unit for 4 weeks with multi-organ failure. His usually jovial nature had changed toward the end, and we all accepted that he had given up. I thought we had a good rapport with his family, though, so I was surprised by the intern's wariness.

"Is there a problem?"

"Not yet," she said. "But you know what families can be like."

I didn't stay to argue the point, but her warning echoed in my ears all day.

Now, on this cool autumn night, I anxiously scan the crowd gathering in the auditorium. The minimal conversation is hushed. Hiding behind a newspaper, my dread growing steadily, I laugh at my indulgent assumption that the room's collective resentment will soon be directed at me. Yet the air feels thick with grief and gravity, and I already feel ambushed.

Two months ago, I readily accepted an invitation by our chaplain to speak at this semiannual ecumenical service for deceased oncology patients. Now, everywhere I look, there are vaguely familiar faces. I avoid them by scanning the list of names in my hand: Mrs. Ali, whose breast cancer finally caught up with her; Mrs. James, with the elusive primary tumor; Luke, who discovered his melanoma while cycling; the affable Mr. Harding, whom I'd known since my residency. But for every name that tallies with a di-

agnosis, many more trigger no memory. I know something terrible went wrong with Mr. Peters. Was it his son who lodged a complaint? Is that his daughter or second wife who's come to this service? My snippets of recall carry no substance, and I feel betrayed by my memory, which once held seemingly exhaustive knowledge about these patients. But I also feel vulnerable, realizing that though my recollection has waned, everyone else's is about to come alive. This group represents "the worst of" — suffering, death, loss. Won't the audience view the service as an acknowledgment of our collective failure to save a loved one? Suddenly, I don't want to embody that failure.

I am at the lectern when quiet sobbing begins. The sobs will form the backdrop to the entire service. Two children in school uniform sit quietly at their mother's feet. Young professionals share rows with the tired and elderly.

In my sweaty hands, I hold a crumpled speech, its stiffness and formality utterly wrong for the occasion, I now realize. But speeches from the heart require emotional investment. I wish I had left myself more time to judge the right pitch.

I plunge in. "Thank you for coming tonight. I am not sure that I could have if I were in your shoes." I immediately feel better for having said this. The oncology ward is a stone's throw away — just walking down the corridor must have taken courage. I glimpse a daughter squeezing her mother's hand.

"I want to thank the people we are here to remember." Heads are

bowed. I pay tribute to the dignity and fortitude of our patients and acknowledge their support network — which we physicians silently but gratefully count on. A few heads nod appreciatively. Encouraged, I talk about the goodwill of those who undergo grueling therapy, spending countless hours in health care facilities that cannot provide the comforts of home. In the daily grind, providers become enslaved to the many simultaneous tasks we must perform and may seem distracted or impersonal, but deep down, we care about our patients and worry about them. A man and woman share a glance; I suddenly remember them: the brother and sister who took turns attending appointments with their parents, who were dying simultaneously of lung cancer. They always fretted that we would confuse the details.

I would stop now but for fear that the audience would fill the void with questions. Out of the corner of my eye, I spot the widower of a young mother who sought desperately any experimental therapy that might buy her more time with her children. I was pregnant at the time and felt particularly strained and disillusioned in caring for her. The man's woebegone expression compels me to add that medical science is on the march every day to find newer, better treatments for cancer. My eyes grow moist. I stop.

There is a gaping silence in the room. Everyone looks straight ahead. Yet it does not feel awkward, this moment we take to collect our thoughts. I find that I, who must constantly deal with

death and dying, am strangely moved — perhaps because now the urgency of death has faded, leaving a distillation of many swirling emotions.

Seated again, I watch as each name is called and a candle lit in memory of the deceased. Hands tremble. A wheelchair-bound man progresses laboriously up the aisle. We hold our breath as the two young children come up. The tears flow freely. Then the last name has been read, the last candle lit. The chaplain whispers that I may leave if I like.

But I hang back, setting myself a deliberate challenge. I walk up to the table of photographs showing former patients in various poses of vitality — gardening, completing a marathon, playing with a child. I recognize nobody and feel a stab of guilt. It is hard to imagine these people as anything but patients, yet these photographs tell a different story. Battle-hardened as I sometimes feel, this service makes me sad and reflective.

Outside, I brace myself for the assault as I scan the crowd. I practice my answers. “Sometimes even young people can get overwhelming infections.” “I don’t think that another cycle of chemotherapy would have helped.” “I am sorry that drug could not be approved before he died.” “I, too, wish we had a cure for cancer.”

The old man in the wheelchair stops next to me. He seems to be speaking into the air. “It is the weekends that are the worst,” he reflects. “I guess that’s when we spent the most time together.” Someone brings him a cup of tea, and just as I am about to respond, I see the schoolchildren leave and run to catch them.

“I wanted to thank you for coming,” I say.

Their mother looks toward the ward and chokes. The grandmother puts out a steadying hand. “We needed to do this.”

“I am very sorry for your loss,” I offer, furiously trying to recall whether I ever met her husband.

“He died within 4 weeks of his diagnosis,” she says flatly. Is this closure or an implicit accusation?

“We *have* to go,” says the mother, herding the family out.

When I turn back to the crowd, a beaming elderly woman describes a letter that she received from one of my colleagues on her husband’s death. “It was the most graceful and elegant letter I have ever read, so I put it away with my jewelry in the bank.” I wish my colleague were here to collect the accolade. A man taps me on the shoulder. “How are your children, doctor?” I remember in a flash his wife’s ritual question to me. Two women hesitatingly tell me that their husbands turned back from the hospital entrance. I reassure them that this is not unusual. People are milling everywhere, absorbing stories and consoling one another, no one wanting to leave.

The next time I look at my watch, 2 hours have passed and not a single question has been asked of me, not a single reservation expressed about patients’ care, though I know there must be many. I feel foolish, but I’m touched by the generosity that relatives are willing to show to the people they associate most closely with their loved one’s death. I wish the intern from this morning were here to share this deeply humanizing experience.

The practice of medicine turns us into dispassionate observers of death. On a hectic day in the clinic, a death is greeted with tacit relief. An impending death

launches plans for the next incoming patient. Hospital administrators refer to deaths as “negative outcomes,” and newspapers flog death statistics to needle governments about their inaction. The study of cadavers is being replaced by virtual anatomy lessons, and the autopsy room is tucked away discreetly at the back of the hospital. Without saying it, we all get the idea that a patient’s death represents a physician’s failure. We don’t pause to reflect on death; indeed, the less we say, the better we are considered to cope.

It would be glib to conclude that attending a memorial service instantly makes one a better or more sensitive person. But I feel humbled. As I watch a hundred candles glow and flicker, guarded by the photographs of once-vibrant, once-healthy people, I understand that we doctors are neither omniscient nor invincible, that the circle of life is all-encompassing. I’m sure that our patients would like us to remember this when we’re busy acting on our assumptions about what matters to them. In reminding me of the physician’s extraordinary privilege and power, the memorial service has probably achieved more than all the compulsory meetings of the year.

It is late when I leave. A car is stuck at the boom gates, the driver having run out of change. I let her through. She catches up with me at the traffic light and, rolling down her window, says, “I wasn’t sure about tonight, but I am glad I came.” The lights change before I can echo the sentiment.

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From the Monash Medical Center, Melbourne, VIC, Australia.

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