

# Teaching Doctors How to Care for the Dying

**A National Cancer Institute seminar is helping physicians overcome their own fears of death and lend more support to dying patients**

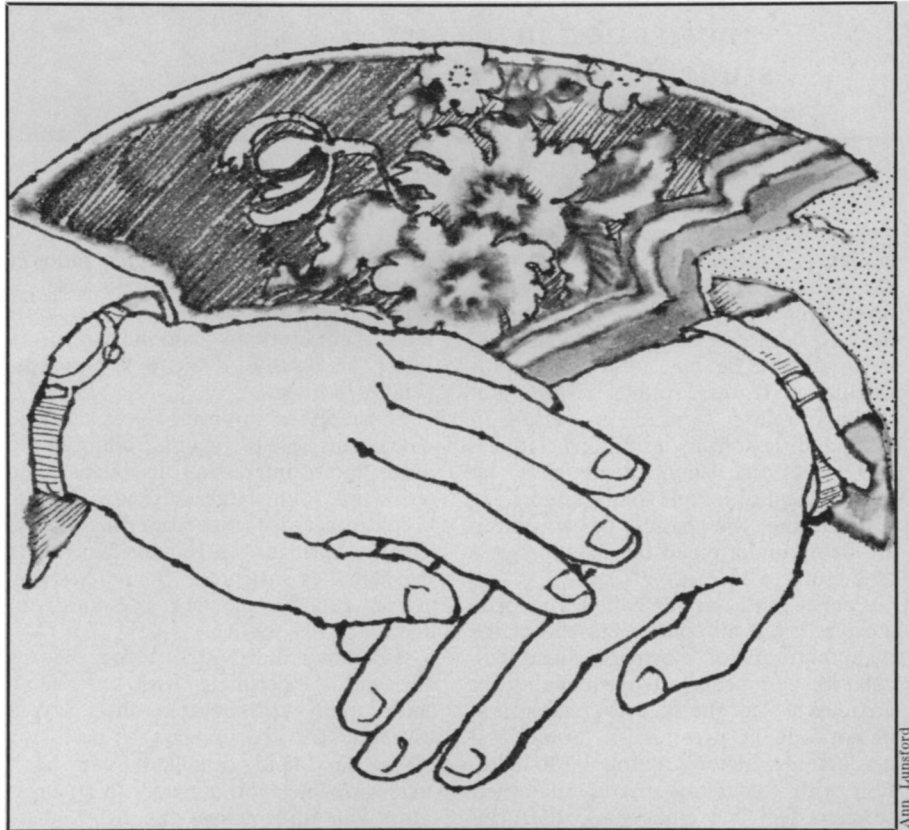
by Joan Arehart-Treichel

Once each week, for five months running, certain young physicians who plan to specialize in the care of cancer patients attend a unique National Cancer Institute seminar. The seminar is designed to help physicians come to grips with their own anxieties about death and to better understand their interactions with dying patients and their families. As a result, the physicians should be able to lend more psychological support to dying patients and their families.

The seminar is run by psychiatrist Kenneth L. Artiss and cancer specialist Arthur S. Levine. During the seminar, Artiss and Levine encourage the seminar fellows to discuss their anxieties about death and specific problems they're having in dealing with dying patients and their families. It's group therapy in a way. Sometimes discussions become so painful for the young doctors that they vent their anger on Artiss and Levine. One group, in fact, "fired" Artiss at the same time he washed his hands of them. "The seminar," Levine admits, "is an intense and demanding experience for these young physicians."

On the whole, the seminar has been highly successful during its five years of existence. It has graduated 50 fellows who are now caring for dying patients, mostly cancer patients, throughout the United States. Discussions with physicians who have graduated from the seminar, or who are now attending it, indicate that they and their patients are profiting immensely from it.

One of the most important things the seminar brings home to physicians is that they fear death as much as their patients do, perhaps even more so. As Joel Schwartz, a 1973 seminar graduate now working at the NCI, has come to realize: "I think it is the innate fear of one's own death that draws a person into medicine because he feels that it is as close as he can come to conquering it." Artiss and Levine then encourage the seminar participants to come to grips with this fear. They stress



that only when a physician truly confronts the possibility of his own death, that is, experiences existential anxiety, will he be able to stop fearing it and lend patients psychological support in the face of death.

Most of the physicians who attend the seminar agree with Artiss and Levine. "I think most physicians would be happier if they were more existential," declares Frederick Applebaum, a participant in this year's seminar.

"Thinking about your own mortal existence does help in dealing with a dying patient," says Martin Oster, a 1973 seminar graduate who now works in Levine's laboratory.

"Although I'm not sure I have the existential crisis," James Breeden admits, "I'm now more aware of death and able to talk about it." Breeden is a 1971 seminar graduate now with the

Stanford University Hospital.

Still another problem the seminar helps physicians deal with is how to avoid feeling guilty if they fail to save a patient. "The seminar helped change our focus from the naive approach that our goal is to save lives and to put the dying patient in perspective," Oster explains. "Now we say to ourselves that a patient is going to die and concentrate on making his remaining time comfortable and profitable."

The seminar helps physicians unmask patients' covers for their own fears of death. Often, Breeden says, a dying patient will be extremely difficult about how a clinic is run, about waiting, about pain with injection and other minor things. Thanks to the seminar, Breeden now realizes that such complaints are usually a cover for the basic issue—the patient is afraid of

death. "So," Breeden says, "you have to sit down with patients and talk it out."

Teaching physicians how to avoid making pacts with patients is another aspect of the seminar. "You'll make me okay, right, doctor?" is a common patient ploy. Then, if the physician falls for the line and replies, "Yes, I will be able to help you," he declares himself the omnipotent healer. The way to handle such situations, Artiss and Levine stress, is for physicians to be honest and open with patients from the start. That means sharing with patients possibilities for success in treatment and possibilities for failure in treatment, rather than painting an unrealistically rosy picture for them. Lowell Schnipper, a 1970 seminar graduate now with Beth Israel Hospital in Boston, is following this advice. "If you build a relationship with a patient when things look good," Schnipper says,

### The NCI Seminar: Part of the vanguard in death education

The NCI seminar is part of a national awakening during the past several years to the problem of death, and specifically to the need to train medical personnel to help the dying. A seminar modeled after the NCI one, for example, has been set up at the Grady Memorial Hospital in Atlanta by Charles L. Vogel. It is for both physicians and nurses. One of the nation's pioneers in the study of death and dying patients is Elizabeth Kübler-Ross, a psychiatrist in private practice in Flossmoor, Ill. Kübler-Ross also holds seminars for doctors and nurses on the subject of death and dying patients. During the past several years, the problem of dealing with dying patients has started to receive attention in the nursing school curriculum. Elective courses in dealing with dying patients are now available at Harvard, Tufts, and some other medical schools.

On the whole, though, education in how to care for the dying is still very much in the vanguard. "Training to understand the needs of the bereaved is [still] not part of the physician's education," Melvin J. Krant laments in the Jan. 13 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, "and there certainly are not enough trained psychiatrists or trained medical personnel to do what should be done."

"that is, a relationship of honesty, openness and trust, you can deal better with a patient when things start going badly."

Frequently families of dying patients get angry at physicians, which is really a cover for their anger at fate for letting their loved ones die. The seminar helps physicians recognize this anger for what it is and to discuss it with families. "Knowing why a family is angry and being able to talk with them about their rage is helpful," says Applebaum. "They come to realize why they are angry and become more at peace with themselves and the situation."

"While I was at the NCI," Schnipper says, "I took care of a little girl whose mother was angry about her child dying. At the time I started caring for the child, she had already been ill for three years. The mother had dismissed at least one other physician who was treating her daughter. Thus, when I took over the case, I tried to be open and honest and tell the mother that she was being destructive. I encouraged her to express some of her anguish to me. As a result, I developed a good rapport with her and her child."

The seminar has also helped Schwartz deal with family anger. Schwartz was caring for a girl with terminal cancer for three straight weeks, including weekends. Then came a weekend when he made plans several months earlier to attend a football game at his alma mater. Schwartz arranged for another doctor to handle the girl in his absence. When Schwartz returned to the girl on Monday morning, the mother took Schwartz to her daughter's bedside and said, "Oh Judy, this is Dr. Schwartz. You may not remember him since you haven't seen him for a long time."

Instead of retorting "Look, I've been caring for your daughter for three weeks, I think I deserve a weekend off," Schwartz recognized the mother's comment for what it was. She was angry about her daughter dying and took her anger out on Schwartz by trying to make him feel guilty. Consequently Schwartz did not feel defensive and was able to treat the mother and her daughter gently.

The overall value of the seminar is succinctly summed up by Robert S. K. Young, a 1972 seminar graduate now with the Division of Biological Standards: "The challenge is to get patients through to acceptance, so they don't die bitter. You can't bring them to acceptance unless you work with them; and you can't work with them unless you're not afraid of death yourself, and you can't do that unless you figure out what colors you are thinking first. And that is what the seminar is about: taking care of your own fears." □

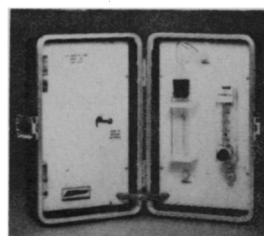
## Practical Science Teaching Units from LaMotte Chemical For Air-Water-Soil Sampling & Measurement

### WATER ANALYSIS



Portable water analysis outfits for limnology & oceanography studies and pollution detection projects.

### AIR ANALYSIS



Complete systems for air pollution analysis including portable sampling pump, impinging apparatus, chemical test outfits.

### SOIL ANALYSIS



Plant nutrient & soil studies: testing equipment and demonstrations including soil analysis, hydroponics, and plant tissue testing.

### ENVIRONMENTAL SCIENCE INSTRUMENTS



Quality electronic instruments include battery operated pH meter, conductivity meter, temperature meter and combination meter outfit.

### SEND TODAY FOR THE PRACTICAL SCIENCE EQUIPMENT CATALOG

Specifications and prices on Environmental Science outfits, apparatus and paperback handbooks.



Educational Products Division

LaMotte Chemical Products Company  
Chestertown, Maryland 21620  
Phone 301 778-3100

Serving science and industry since 1919

Visit us at Booth #516.  
Circle No. 141 on Reader Service Card