

Perimortal Care: Comments on Three Vignettes About Death

The death of one's patient is a litmus test for family physicians. More than credentials, standard competence, practice location, or scope of services, deeds performed and care offered around the time of death reveal how authentically the family physician's role has been understood and assimilated.

By this standard, the author of "On His Watch," "Sweet Chariot Ride," and "Terminal Sanity" surely qualifies as the real McCoy.¹ These three narratives about the deaths of Baby Hannah, the Reverend, and elderly and partly-demented Bernice could only have been written by an authentic family physician who knows the job and is willing and able to do the work. I find myself hoping the physician (who is anonymous to me as I write this) is youngish, residency trained, ABFP-certified, and an active member of the American Academy of Family Physicians, but whether so or not, the voice rings true.

What are the marks of authenticity revealed in these stories? The first is that the physician is accustomed to cultivating appropriately intimate and personal relationships with patients and their families. This art is acquired by choice and perfected through repetition. I cannot imagine that the caring exhibited toward these patients is out of the ordinary in this physician's practice. That would be as incongruous as a weekend duffer shooting three rounds of par golf, or an intermediate pianist playing three concert-grade Beethoven sonatas. Such performances never happen by chance or luck, like a hole-in-one might, but stand at the apex of a pyramid of disciplined, gratifying learning and practice. Beyond natural friendliness, cordiality, and good humor, this physician forms real relationships and knows the differences among what Martin Buber called "on-looking, observing, and becoming aware." Awareness of patients' unique characteristics and clinical predicaments is costly, demanding response but also enabling genuinely personal response.

The second mark is that the physician's moral contract with a patient entails consequences and

responsibilities, one of which might be attending the patient's death. Death is not a frequent visitor in an ordinary family practice, but it hovers over many clinical encounters, sometimes even apparently innocuous ones—in one story a first prenatal visit. It is one thing to begin a new clinical relationship, but quite another to bear what that relationship will reveal and to be willing to stay the course. Our writer was prepared to deal with expected and unexpected consequences, to make a home visit in midday, to go to the nursing home when Bernice was moribund, to counsel Hannah's father in his bereavement for a year.

An authentic family physician knows that there are explicit and implicit promises to be kept—more even than patients can imagine or ask for—and that keeping such promises might become inconvenient and cause problems. It would never occur to our writer to ask someone else to define the payoff, such as asking the nurse who calls with news of a patient's death, "Should I come over?" as I overheard recently. The answer to such a question can come only from the one who asks it.

The third mark of authenticity shows the physician as a fellow griever, one who feels losses and faces them courageously. One might guess that the writing of these stories is part of the physician's grief work, recalling and evaluating what happened, incorporating these events into one's professional experience—which is thereby enriched and made all the more useful—and sharing the experience with others. Grief is the physician's anchor to bedrock human experience, the antidote to overweening pride, a modulating constraint on the exercise of power, and a gift for absorbing endings. We all will be fortunate to have access to such a physician in our time of need.

My hope is that physicians who read these stories will be moved to examine their behavior around the time of a patient's death and resolve to be present whenever possible. Nothing will do more to demonstrate and reinforce the best ideals of family practice. If we abandon this role, we will be giving up a measure of what our ancestors called "smoothing the bed of death" and knew was close to the core of our vocational souls.

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Reference

1. Shepherd AJ. Beyond signing the death certificate. *J Am Board Fam Pract* 1997;10:301-4.

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