



*This is a resident case log of a patient encounter in which an "Aware Medicine topic" was central.*

### Part of the Cycle

I was on call in the early evening when the patient presented with chest pain and was admitted for rule out MI. The gentleman was elderly, but otherwise thin and healthy. It seemed like an easy admission. The patient's wife was the excessively talkative, nervous type consumed with worry for her husband. I assured them that it would be all right. His risk factors were few and his first set of cardiac enzymes were normal.

I completed the admission, added on a few other labs to be drawn and headed back to the call room. Several hours later, the routine CBC came back with unexpected results. The patient was markedly pancytopenic with severe anemia. Returning to the patient's room, I found him alone. This would be the first time I had to break bad news to a patient on my own. I explained that the severe anemia had led to his chest pain and he would need a blood transfusion, but that the real issue was the cause of the anemia and that cancer was my top concern. He listened quietly and responded simply, "Oh, that sounds bad."

Over the next three weeks, I saw this patient daily, coordinating care among specialists and spending time explaining details of diagnostic procedures and medications. The couple always greeted me with big smiles, saying "Dr. Jessica, we're so happy to see you. We love when you come by. Can you explain what this means?" It was a daily boost to my downtrodden intern ego to have such warm appreciation greet me every morning.

Yet, the final diagnosis made for a bleak prognosis. However, the patient was stable and the family optimistic for treatment options as an outpatient. I was sad to see them go on the day of discharge. But that was replaced by a much worse feeling when, while on call that night, the patient came back to the ER after a syncopal episode at home. He continued to decompensate and was emergently intubated. The family was beside themselves, the patient intubated and sedated in the ICU. He was septic and over the course of the next few days, continued to deteriorate with multiorgan system failure.

We were doing everything in conjunction with a myriad of specialist consults. The family kept hoping he would turn around, but it was clear to the medical team that his chances were slim. It was also the first time I would run a family meeting regarding withdrawal of care. I was trembling with uncertainty as I explained the facts . . . what if there was some outside chance of recovery . . . what really was the best thing for him at this point? My heart was strangled in grief as the patient's family struggled to make a decision to withdraw care or continue life supporting measures. His body, bloated and bruised with lines and tubes, no longer resembled the patient I had grown so fond of. He was no longer sedated, but he continued to be unresponsive.

Following the meeting, the family decided to withdraw care that evening. His wife, children and grandchildren gathered around him as the lines and tubes were removed. He passed quickly amid the tears of his family and myself. I did a brief death pronouncement and then held his wife as she wept on shoulder asking aloud what her grown children would do without their father. Her kyphotic, frail body shaking with grief against me made me wonder how she would fare without his calming, gentle presence.

My attending on the service informed me of the funeral arrangements and two days later, we drove out to the church over lunch to share our condolences. We weren't able to stay for the service itself or the meal afterwards, but the family was touched we were there. And as I reflected on an old



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wedding picture of the couple, I thought about what a privilege it had been to care for this loving man and his family from the onset to the end of his illness. When I started this year of residency, my biggest fear was death and caring for dying patients. While I still have much medical knowledge to learn, the emotional and spiritual knowledge gained in this case was invaluable. I realized how important and how challenging it is to both understand the limits of medical care and to help a patient's family to let go. I realized how important it is to let myself grieve as well, learning to accept death as part of the natural life cycle.