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Allowing Natural Death vs. "Do Not Resuscitate"



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When should we speak to patients about the end of life? And how? These questions seem to be coming up more frequently lately, maybe because hospitalized patients are sicker than ever. In any case, it seems that society is more comfortable as a whole with the idea that physicians can and should facilitate one's death even as they strive to save lives. Tough place to be, no doubt, but not impossible. Perhaps we need to talk about it among ourselves, as we don't seem to be as consistent in our approach as patients and caregivers need us to be.

This issue first came to my attention about a month ago as one of the chaplains expressed her concern that families are not being given options that include end-of-life care. She saw how one family in particular suffered with the guilt of continuing what they believed to be futile efforts while their physician kept telling them and the patient that it was too soon to discuss palliative care.

The patient did, in fact, die during that hospital stay, but the patient and the family never had the option of preparing for death with the support of hospice. The family was plagued with guilt at not honoring their family member's need for a peaceful death at home.

I understand that as we push the envelope of science that we are able to bring back people from the brink of death despite horrific odds and despite utter and complete debilitation, but shouldn't the patient and family be the ones to decide just how horrific and how compromised they are willing to go? Aren't we obligated to give them the support they need to tolerate the suffering that goes along with hovering over that brink for longer and longer periods of time?

Perhaps the best way to mitigate the conflict between giving up completely and pushing through months of pain and suffering is to partner with our colleagues best equipped to navigate the end of life — our palliative care team and chaplains.

At the very least, they can have the conversations these patients and their families need about meaning and purpose as they choose to face down death. Further, they can help patients and families individualize their end points and define how they want their final days and weeks to be when that time comes. That time will

inevitably come, whether it is weeks or years down the road.

As a physician, I understand my physician colleagues' need to gird themselves with resolve in the face of the impossible. It is ultimately what saves lives. The challenge is to remember that life belongs to someone else and we are only really here to serve that person.

There comes a time in every life when the best medicine is to care and to support, not to push and to force. The excellent healer is the one who has a big and varied toolkit to serve his patients. We must all strive to develop the skills that heal the soul as well as the body.

In the end, the best we can do is to continue to serve and to not abandon, to be present as a human being and as a witness to the most profound transformation a human being can experience. Furthermore, we must empower family members to do the same, to lovingly ease the way as they acknowledge what their family member meant to them and to the world, to thank him and honor him by not making his departure a failure on his part, and to reassure him that all is well.

Even in death there can be healing. In fact, I would say that in death there *must* be healing if we are to be of the utmost service to our patients.

Is it possible that physicians avoid end-of-life discussions because the language currently available to us denies our need to save lives?

Recently, Adam Burroso, one of our nurses on 5 South, asked me to read an article suggesting we reshape our end-of-life conversations to "allow natural death" instead of "do not resuscitate." The article posits that "'Do-not-resuscitate' sounds cold, cruel — as though the health care team has given up.... 'Allow-natural-death' sounds softer, more comforting, warmer — even though it contains a form of 'the D word.' It says that the team cares and will continue to care for the family member."

This appears to be supported by a study conducted in 2004 at the University of Houston-Victoria in Texas and included 687 participants. The article, "'Allow natural death' vs. 'do not resuscitate': three words that can change a life," can be found in the *Journal of Medical Ethics* 2008;34:2-6.

The conclusion of the study is that framing the conversation in the context of allowing natural death increases appropriate end-of-life care.

Maybe that is a place for us to start.

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