

Lee Serpas

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### Denial of Death

Death is one of the few things that all human beings on this earth have in common. Death is an inescapable part of life that often hides in the dark corners of our minds until we experience the loss that death brings. When a person dies, we say that he has moved on, he is at peace, he has gone home or that he is re-united with a lost loved one. It is strange that these definitions carry positive connotations when we have such a deep-seated denial of death. It is also strange to refer to death as a part of life when it is considered by so many to be the antithesis of life. However, this is a primarily western (possibly even North American) mentality towards death. In other countries and cultures, death is the transition to a second life, a natural and expected process that is discussed openly. When one dies, his death is not mourned. Instead, his life is celebrated. In the United States, we avoid the idea of death until it confronts us, often, very late in life. Because of this, we are unequipped to handle death when we encounter it. For the general population, this is an issue that arises whenever an unexpected death occurs. As a physician, who is a member of this general population and who (actively or not) takes part in this denial of death, the issue is one of much greater importance. Physicians are one of the few groups of people who must deal with death on a regular basis. If physicians are raised and trained in a society that denies death, how can they be expected to deal with the loss of their patients in a healthy and appropriate manner?

In order to decide how a physician should approach the concept of death and dying, we must first explore the meaning of death to both patients and physicians. Since death is such a

nebulous concept, it is often best described abstractly in poems that leave the interpretation up to the reader. In this manner, the reader can reflect on what death means to his life and the life of his loved ones. The Rescuer, The Transformer, The Annihilator, The Unifier, The Depriver, The Enemy, the list of roles that death can assume is endless. In each of the poems that follow, death is given a different name. What we must keep in mind is that the role death assumes is ever changing and rarely singular. In the poem, *Try to Remember Some Details*, Amichai presents death as The Annihilator. He repeatedly urges readers to “try to remember some details,” because we never know when we will see a loved one for the last time. Amichai asserts that once a person dies, all that he was disappears, and it is the duty of those who knew him to make these things, these details, reappear. In remembering the way a person once dressed, the mannerisms with which they spoke, one keeps that person alive.

Amichai’s view towards death takes into account the possibilities of bombings and other unexpected disasters that might occur during times of war. However, the same view of death as The Annihilator is applicable to a person who dies of a fatal disease. The fact that this person’s death was expected does not detract from the loss the world experiences as a result of his death. The “details” of this person must be remembered in the same way that Amichai urges his readers to remember the “details” of those who become casualties of an attack. Both individuals must be remembered for what they were in order for their memory to survive. In a sense, Amichai asserts that the annihilation death brings can be overcome through the preservation of these details.

Amichai’s view of death is likely the most common. For most of us, the entire world turns upside down when a loved one passes away. We think about all of the things we have lost as a result of that death. We will never see her smile again, never smell the cinnamon tea she loved so much, never hear her call us in for dinner, never hear her mispronounce that one word

over and over again. These details keep that person alive. When we remember what we have lost, we remember the details.

In the poem, *Dying Body*, Whitbread characterizes death as The Depriver and The Unifier. He starts his poem with a list of the many things that death can deprive us of. Death deprives us of the mundane and the special. From the everyday experience of pausing at a stop sign to the long journeys that a person will no longer be able to undertake, death has no filter. It deprives us of everything that a person could have been, everything that he could have done.

In the second half of his poem, Whitbread characterizes death as the Unifier. He states that as the body dies, everyone comes together to keep it warm. Everyone who has cared for that person and everyone who has been affected by that person unites at the instant of his death. They lament at his passing and they reminisce in fond memories. In Whitbread's poem, death can be a unifier because it is expected for a dying body; however, in Amichai's poem death is sudden, and affects a healthy individual. When death is sudden it can annihilate, but when death is expected, it can unite. Whitbread's characterization of death as the unifier is not one that a grieving person would immediately consider. When we experience death, we are so consumed by the loss that we do not see that it brings us closer to our siblings, we fail to see how it has brought two sisters back into the same room after 20 years of not speaking to one another, and we are blind to the plethora of issues that become irrelevant following this loss. Death has the capacity to give us the gift of unity, even though we often fail to recognize this until time has passed.

In the poem, *Incurable*, Robert Pack characterizes death in three different ways: The Rescuer, an anesthetic, and a test. The speaker of the poem is committed to rescuing his mother from the dungeon of her illness, and he intends to use death as a tool to do so. This positive characterization of death again contrasts with Amichai's characterization. Death as a rescuer

implies that it is welcomed, even sought after. This description is especially applicable in the case of a person similar to the mother in Pack's poem. Someone with an incurable disease, who is receiving useless treatment that is only prolonging a life of very low quality, may welcome death with open arms. In the case that death is the only alternative to a continued life of suffering, many would find the rescue of death a viable option. This does not mean that death would not deprive this person, and it does not mean that certain parts of this person would not become annihilated in the process. Death and suffering lead to many of the same results: loss of identity and transformation into an unrecognizable form are two examples. The difference is that suffering is more difficult for the patient. The positive characterization of death as a rescuer is understandable in the context of suffering.

Pack's poem is the only one of the three discussed that deals with the physician and his response to death. The speaker describes the treatment of his mother by physicians as uncompassionate. They do not stop operating despite the low odds of improved quality of life. The speaker asserts that physicians are numbed by their careers. They see so much death that death begins to act as an anesthetic. A physician is trained to distance himself, to a certain extent, from his dying patients. He cannot begin to think of his patients as family because their death would take too large a toll. Although it seems cold and uncompassionate, this is the only way a physician can protect himself and continue to practice without giving up hope. However, this distance puts a strain on the physician-patient relationship. In the final days of a patient's life, a strain on his relationship with his doctor is the last thing that he needs. How then is the physician supposed to maintain closeness with his dying patient without experiencing an intense feeling of loss when he dies?

The fine line between protecting oneself and becoming an uncompassionate caregiver is one that some physicians cross. This lack of compassion can find its way into the personal lives of physicians as well. This is why the speaker of the poem wants to be sure that his prospective son-in-law has not crossed this line. He needs to know that this young doctor has not lost his compassion and that he will not bring that coldness (trained into him by years of medical practice) home to his wife every day that they are together. In order to gauge his compassion, the speaker asks this doctor if he will help him to rescue the speaker's mother. In this respect, death is characterized in a third way, as a test. Death is the test for compassion, the test for a caregiver. The speaker is convinced that the affirmation of this question will prove whether or not the son-in-law can "honor suffering."

The opposite of what Pack describes in his poem can also occur. A patient, or more often times a patient's family, will pressure his physician to do everything in his power to "fix" him. Even if that means unnecessary tests, surgeries, and procedures that will do nothing more than prolong the patient's suffering. In his article, "[Our unrealistic attitudes about death, through a doctor's eyes](#)," Bowron describes how he has been asked by his patient's family to "use [his] physician superpowers to push the patient's tired body further down the road, with little thought as to whether the additional suffering to get there will be worth it." Pack and Bowron present two extremes of the same situation. In the first case, a patient is dying and the family is requesting that the physician stop treatment and even participate to end that patient's life. In the second case, the physician is asked to do everything in his power to prolong a patient's life even if doing so has a high likelihood of causing additional suffering. Both types of patients exist and it is up to the physician to learn how to deal with each. In either case, the patient will die and the physician must find ways of recognizing and coping with his reaction to this death as well.

In her article, "[Physician Grief with Patient Death](#)," Sansone draws attention to the fact that every physician is an individual with his own experiences of death and his own perception of the meaning and process of dying. Therefore, each physician will "process a patient death experience" in a different manner. This makes it difficult to come up with a list of generic rules that every physician should follow when dealing with the death of his patient. Instead, Sansone references several tools that have appeared over the years. The first are what she calls "death talks" or "death rounds." Both can be defined as "social engagements that examine the complex dynamics of grief." Death talks would likely be open to all persons of the hospital, while death rounds would take a more intimate form between physicians, who have experienced the loss of a patient, and interns or residents who are being trained on how to deal with this issue when it arises.

Sansone also mentions the importance of professional grief support, end-of-life curricula in medical schools, and personal awareness as important tools for physicians. These last two must be products of society. If society begins to talk openly about death in the home and classroom, reflecting on its meaning and purpose in the process, personal awareness will come naturally. Once a physician achieves personal awareness, he is able to acknowledge (rather than deny) feelings of grief and loss and he can begin to develop ways of coping with these emotions. The last tool that Sansone mentions is the writing of clinical obituaries. In these, the physician would describe the benefits gained in his experience with the patient. In remembering these details, the physician celebrates the patient's life and keeps his memory alive. Since there are numerous ways to deal with the grief that death brings, each physician must find the one that is most effective for him. This, like any other skill in medicine takes practice. Practice, in this case, may not necessarily involve the loss of a patient. If a physician is prepared for this loss, if he

discusses this possibility in medical school and residency, he will be able to handle the situation when it does occur.

Although each poem gives death a specific role, one cannot regard the many faces of death as distinct forms. When death acts, it acts simultaneously as depriver, annihilator, rescuer, etc. Separating each role allows us to understand the effects that each has in greater detail, but to take death as simply a rescuer or simply an annihilator is to deny the multifunctional role that death will always play. As a physician, the topic of death will surely arise. Whether we choose to obsess over the tragedy of loss or to instead remember the details and unite in the memory of life is a choice we will be forced to make.

## Works Cited

- Amichai, Yehuda. "Try To Remember Some Details." *PoemHunter*. N.p., 13 Jan 2003. web. 7 Dec 2013 < <http://www.poemhunter.com/poem/try-to-remember-some-details/>>
- Bowron, Craig. "Our unrealistic attitudes about death, through a doctor's eyes." *Washington Post* 17 2 2012. <[http://articles.washingtonpost.com/2012-02-17/opinions/35442088\\_1\\_life-expectancy-infant-mortality-infant-deaths](http://articles.washingtonpost.com/2012-02-17/opinions/35442088_1_life-expectancy-infant-mortality-infant-deaths)>
- Pack, Robert. *Faces in a Single Tree*. 1st ed. Boston: David R. Godine, 1984. 61. eBook. <[http://books.google.com/books?id=TW\\_n6dkYKyMC&pg=PA61&lpg=PA61&dq=incurable+poem+robert+pack&source=bl&ots=tj8Tbwt9x-&sig=5meselUyGE0ksuf0EjfCJSNNeD0&hl=en&sa=X&ei=trOjUqaKBc7vkQfmq4G4Bg&ved=0CCwQ6AEwAA#v=onepage&q=incurable%20poem%20robert%20pack&f=false](http://books.google.com/books?id=TW_n6dkYKyMC&pg=PA61&lpg=PA61&dq=incurable+poem+robert+pack&source=bl&ots=tj8Tbwt9x-&sig=5meselUyGE0ksuf0EjfCJSNNeD0&hl=en&sa=X&ei=trOjUqaKBc7vkQfmq4G4Bg&ved=0CCwQ6AEwAA#v=onepage&q=incurable%20poem%20robert%20pack&f=false)>.
- Sansone, Randy A., and Lori A Sansone. "Physician Grief with Patient Death." *Innovations in Clinical Neuroscience*. 9.4 (2012). Web. 7 Dec. 2013. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3366454/>>
- "Does Anyone Know Who Wrote the following Poem?" Yahoo Answers. Yahoo, 20 Apr. 2014. Web. 20 Apr. 2014. <<https://answers.yahoo.com/question/index?qid=20140420104237AALpLZr>>.