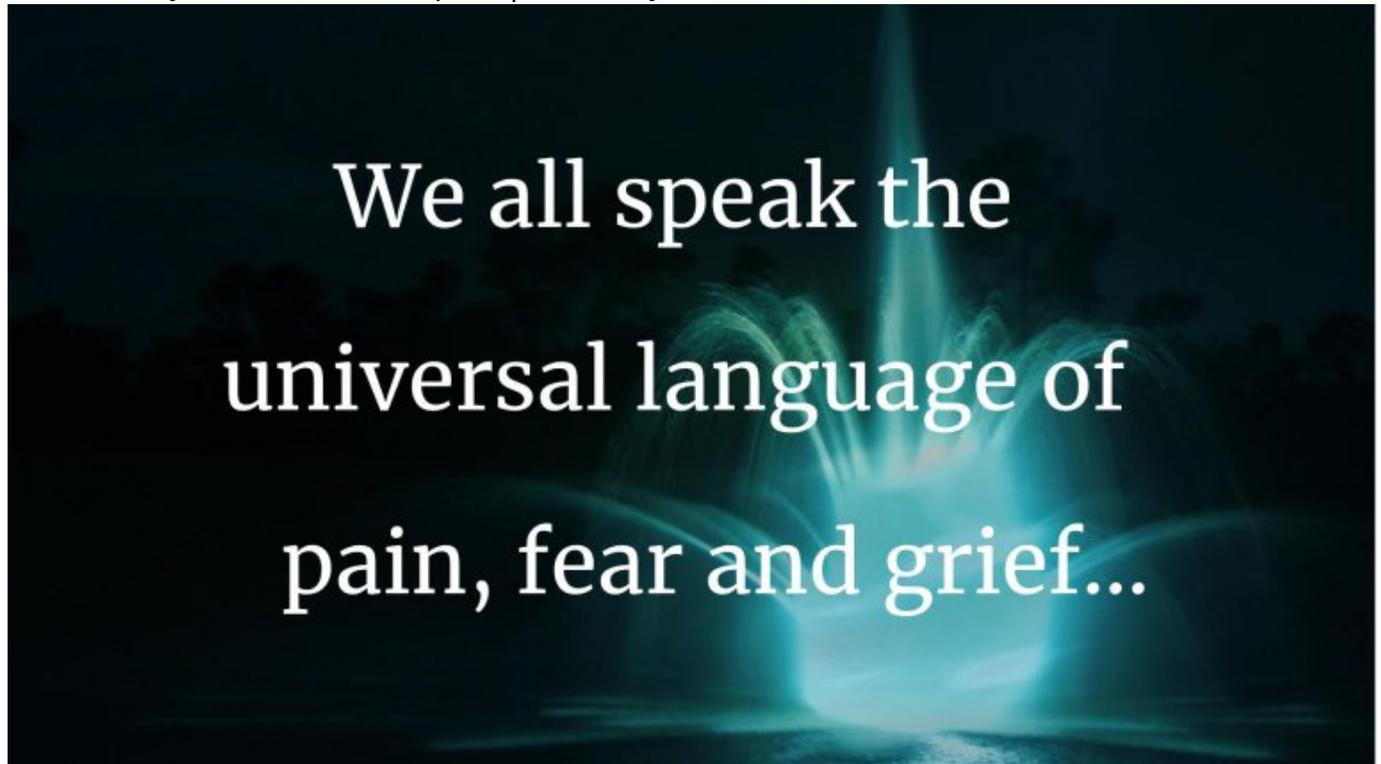


# My Homage to Palliative Care

Category: New Voices

written by Isabelle Schupak | January 23, 2024



As a medical resident, I found there was something about working on the hospice unit that gave me the urge to wander, to slow down; to put away my stethoscope and truly connect with those around me.

Perhaps it was the peaceful, almost hypnotic melodies of the in-house pianist lulling me in a trance-like state, awakening my curiosity. Her music floated sweetly through the halls, following my path as I drifted, lost in reflection. Perhaps it was the towering windows looking out on the lush garden; on many afternoons, I'd gaze through their panes, watching the soothing winter downpour. It was my own personal sanctuary amid the pervasive atmosphere of grief and loss that hung over all.

Regardless, what wandering these corridors did unveil to me was a maze of lives, grand or simple: patients whose lives had spanned nearly a century, and those who had lived only a few decades; patients who'd lived lives of privilege, and those whose lives had been riddled with struggle and injustice.

The more I discovered about these people, the more I sought to fully embrace, without judgment or pretense, what it truly means to provide end-of-life care.

While it may be easier to administer pain medications or sedatives, I found that for some, like Mr. Lockwood, to be soothed with kind words of reassurance, enlightened with a random fun fact or comforted by a gentle hand on the shoulder did more to relieve existential distress than any concoction

of drugs.

Mr. Lockwood was a soft-spoken, elderly gentleman with a nervous demeanor. I remember one of our last encounters, when I was asked to assess his “unmanageable” anxiety and fear—a mood disturbance becoming more severe and resistant to psychotropic medication. As I sat on his bed, we talked at length, discussing everything from his fear of dying to his love of football. Eventually he reached for my hand and clasped it tight. For a moment I hesitated awkwardly as he gazed into my eyes.

“Thank you, thank you,” he repeated, until his eyes closed and his cool, bony fingers loosened their grasp. “Thank you,” he whispered again, finally falling asleep. I tucked Mr. Lockwood under the covers, crossed my stat order for sedatives off his chart and quietly slipped out of his room.

Perhaps it was the storyteller in me that felt drawn to Mr. Bruno’s unfiltered, outrageously honest anecdotes. Or maybe I simply desired to cling to a sliver of brightness during those long, difficult shifts.

Nevertheless, I routinely found myself at his bedside after most ward rounds. He was a charming, animated European gentleman, adored by all of the staff. The man possessed the magical gift of making even the sternest characters laugh within moments of stepping into his room.

“Ah, Isabella! Please, take a seat!” His spirited blue eyes would light up with boyish joy as he gestured me over with a cheeky grin, a chocolate bar he’d saved for me dangling from his fingers.

Many assume that the perpetual theme of loss overshadows hospice care, with collective grief hanging heavy, a solemn haze obscuring all light or joy. What many are not privy to, however, is the love, kindness and unwavering friendship that shine so brightly on the path leading to the grim gates of death.

Reflecting on those moments, I think about Mr. Mason—a doting husband who planted himself at the bedside of his wife of fifty-three years, stroking her silver curls as she slept. He sat there every day, morning to night, without fail, until she drew her last breath.

I will never forget that day: Mr. Mason clutched his hat to his chest, choking on words of thanks as he placed a trembling hand on my shoulder. It has been difficult to erase the mental image of him leaving after Mrs. Mason’s passing, stumbling down the corridors with his wooden cane. I watched from afar as he stopped to lean against a wall, bursting into tears as he threw his hat to the floor, overcome with the enormity of his loss.

Irrespective of our age, status, race, religion or political worldview, we all speak the universal language of pain, fear and grief. When all is stripped away, we are the same.

I discovered that in the realm of palliative care silence is no longer an uncomfortable void to be filled. It is a welcome, long-lost friend; a natural, unperturbed ease that conveys far more than the spoken word.

It can be observed in the slow unclenching of a fist or the smoothing of a furrowed brow as pain dissipates. It can be seen in the gentle fluttering of the eyes before they close as the mind drifts off to dreams of better days. It can be the subtle nod of acknowledgment from a patient's family as they cherish their final moments together—the unspoken understanding that their time together is nearing an end.

It seems that grief transcends all boundaries when I think about Mr. Lee's loyal canine friend, Snowy. I observed this small white dog perched on the bedside armchair, his fluffy little face resting on his paws as he absorbed the mood of the room. Several days into Mr. Lee's admission, I walked into his room to find an empty armchair. On his bed, a motionless ball of white fur camouflaged by the woolly blanket caught my attention. Snowy looked up at me with sad brown eyes and bowed his head, as if trying to warn me of Mr. Lee's imminent death.

The weeks seemed to trickle by during my time in the hospice unit. Sometimes it felt like a never-ending loop, a carousel of death—people came and people went. A new patient would be wheeled into a room before I'd had a chance to process the loss experienced just a few hours earlier within those walls. I submitted death certificate after death certificate as the perfume of roses and peonies from the latest bouquet of flowers filled the room. Each flower an emblem of the many lives touched along the way; each petal a reminder of the delicate and impermanent nature of life.

As I walked out of the building on my last day, I expected to feel the sense of relief that usually comes with the conclusion of another rotation. Instead, I was overcome by a wave of conflicting emotions—crushing heaviness and sadness, yet also undeniable peace.

With spring just days away, I relished the much-anticipated sunshine and warm, gentle breeze after what had felt like a particularly long and dreary Melbourne winter. As I strolled the leafy streets of Kew, the sudden urge to wander returned. The further I wandered, the more inspired I felt to share my patients' stories—to give their voices an opportunity to shine one last time before the winter clouds cleared.

I sat on a park bench and began to write.

Words never came to me quicker as I scribbled my homage to palliative care—a narrative of all the big and little moments, the loud ones and the silent ones. All powerful reminders of the universal language of humankind: love.