

Mutual Wounding, Mutual Healing

Category: Healing

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One of the hardest parts of being a physician is dealing with the death of a patient. In the course of my career, I've learned that the physician-patient relationship can be an effective tool for healing, for the doctor as well as the patient's family.

An example follows: My patient with advanced COPD died in association with emergency surgery. Despite appropriate care, his condition overwhelmed him. His wife, also my patient, was an assertive, take-charge individual. In addition to blaming herself, she angrily insisted that some error in care led to her husband's death.

I realized that we had to allow time with active listening to help the widow to heal. I decided to increase her visits, at first using the cover of following her blood pressure and atrial fibrillation more closely.

It was not pleasant, and it required restraint. One day, after listening to the litany for over eighteen months, I became frustrated, and said: "Mrs. Smith, let me help you find a good malpractice lawyer! Otherwise, if you continue down this path, there will be another death. Yours!"

Slowly, her anger dissipated, and she remained my patient twenty more years.

Perhaps one can call this extreme grief counseling.

Over my fifty-five years of being a primary care physician, I adopted my own "best practices" to help survivors respond to their loss: making a house call to the family of the dying patient to better understand their narrative; attending wakes, particularly if the relationship with the family was not the best; giving the eulogy at my patient's funeral or memorial service; and, offering extended follow-up of the survivors.

The current blanket of care is like a haphazard quilt consisting of isolated squares of specialized medical care. The threads that hold these compartmentalized treatments have become frayed. These frays in the medical system rend the social fabric of the community.

Isn't it ironic, at a time when we know that palliative care delivers better quality of end-of-life care, we are trending in the other direction of utilizing more telemedicine, which inhibits the capacity for closeness?

We know that the shared vulnerability of the physician-patient relationship creates a mutual wounding, especially when death is involved. Distancing only leads to further professional burn-out.

It is one of the profound tasks of modern, scientific medicine to address these current tensions. Over my half-century of practice, nothing was more gratifying than laboring with the surviving loved ones, resulting in mutual

healing for both the doctor and the family.

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