

Ritual Healing

Category: Stories

written by Joseph Fennelly | October 16, 2015

Joseph Fennelly

In recent years the medical profession has witnessed a surge in burnout and depression among physicians and other health professionals. Efforts have been made to address this—for example, by offering Schwartz Center Rounds, in which caregivers openly and honestly discuss the social and emotional issues they face. Health professionals can also reduce stress through counseling, meditation or massage, or through practical steps such as cutting back on their working hours.

In the most traumatic cases—those marked by the death of the patient—physicians have yet another powerful source of comfort and emotional support. This support, offered by the patient’s family, comes within a context that allows the caregiver to accept it without forfeiting professionalism.

I refer to the circumstance in which the physician is asked to give a eulogy. In my many decades as a doctor, I have delivered dozens of eulogies; here are two.

Dolly

The time was spring many years ago; the setting was St. Vincent’s Roman Catholic Church, in Madison, New Jersey. I had been asked to give the eulogy for my beloved friend Dolly, who was my first patient when I began as a solo practitioner.

Approaching the lectern, I gazed straight ahead as I passed her shrouded casket for fear that I would break down and cry.

I’d first met Dolly thirty-eight years previously. I had made a house call to her basement apartment to consult about her teenage son, born with a life-threatening cardiac condition. Chatting, Dolly and I learned that we were both newcomers to town.

These house calls quickly became home visits, enhanced by Dolly’s stories (by turns humorous or heartrending) and home-cooked Italian meals. Divorced and impoverished, Dolly lived with her widowed sister and worked as the building superintendent in order to live rent-free as she struggled to raise her son.

Growing up, Dolly had been a good student, but as a teenager she’d had to leave school to help support her family. In the month before quitting school, she played hooky by faking her mother’s signature on a series of excuse notes. Meanwhile, she was honing her sewing skills so that she could earn money as a seamstress. Decades later, she remained proud of her expertise at forging her mother’s signature.

Resourcefulness was one of Dolly's trademarks. One Christmas Eve, she gathered up the leftover pine branches from a nearby Christmas-tree lot and nailed them onto a board so that her son, then seven, would have a "tree."

Dolly's vibrant humor and warm, forthright nature attracted friends of all ages. At one point, when she worked as a high-school custodian, so many students sought her out for conversation that she had trouble getting her work done.

My own family joined her ever-expanding circle of loved ones. For more than a decade, Dolly and her sister were regular holiday guests at our house; they'd bring delectable cookies and classic Italian pastries that Dolly had prepared with ingredients my wife provided beforehand.

About twenty years after we met, Dolly's sister became bedridden and needed intensive daily care. For the next ten years, Dolly put her own health on the back burner as she devoted herself to her sister. I pleaded with her to take better care of herself, but to no avail. Although Dolly never complained about her stresses and frustrations, her cigarette smoking increased. Eventually, she developed lung cancer.

After her sister died, Dolly became increasingly ill, suffering from diabetes, shortness of breath and fatigue. She could make it to my office (with difficulty), but I preferred to come to her home.

On one house call, Dolly complained about the unwashed dishes in the sink—the hospice volunteer hadn't come that day.

"I'll wash them," I offered.

"Oh no, Doc," she replied. "Don't you know that I'm dying? If you do the dishes, why would they send anyone else to help me?"

I laughed uncontrollably.

"You see, Doc?" said Dolly wryly. "Even though I'm dying, I can still make you laugh!"

It was so healing for me.

Finally, Dolly was admitted to the hospital under my care. At one point I left to officiate at a day-long conference. Upon returning, I learned that Dolly had died earlier that day.

It felt as if she'd done as some children do, choosing to die after their parents have left the room. Both my daughter and Dolly's son said that it seemed neither Dolly nor I could endure facing that final moment together.

With Dolly, I found it impossible to separate my professional caring from my personal caring. Our relationship had grown into one of mutual dependency, mutual empowerment and mutual love.

There is no question that Dolly enriched my life, teaching me how to accept

care just as I cared for others. Her family in turn honored and comforted me by allowing me to share my memories of this deeply beloved and memorable person.

Diane, Mary's Daughter

Some years after Dolly's passing, I again had the honor of delivering a patient's eulogy. This time I spoke in memory of Mary, whom I'd treated for more than forty years.

Over ninety when she died, Mary was in the second generation of a family whose four generations I'd treated, beginning with her mother, Rosa.

In my presentation, I underscored the fact that each generation in the family possessed a gift for caring for their loved ones right up until the time of death.

I digressed momentarily to talk about two of Mary's closest family members: her mother, Rosa, and her daughter and caretaker, Diane.

"When Rosa died, I went to the house to affirm her passing," I said. "Once there, I realized that Diane, Rosa's only grandchild, was about to give birth to her first child.

"If your grandmother had only lived a couple more days,' I told Diane, surreptitiously wiping away a tear, 'she could have seen her first great-grandchild.'

"Diane put her arms around me, saying, 'You'll be okay, Dr. Fennelly.'

"Who's the caregiver here? I wondered. Yet I surrendered to her caring embrace. This was the first time I'd experienced having someone comfort *me* in this situation.

"Years later, as Diane was in the hospital with her dying father, I asked if she remembered that night.

"Her face lit up.

"Do I remember?" she exclaimed. 'Dr. Fennelly, I will *never* forget that night. I was standing at the foot of the bed, watching Grandma, and I saw her soul leave her body! It was so peaceful. I went and told my parents. I knew I would never fear death after that.'

"I asked her if she recalled hugging me. Her answer was simple: 'No!'

"But I remember it vividly. There was Diane, pregnant with her child and full of hope. The future was in her hands, and she was blessed with a remarkable gift—the ability to cope with life's inescapable challenges effectively, persistently and lovingly. In essence, she was ready to heal the world. Comforting the doctor was just a passing expression of her caring—a minor moment in a lifelong journey of sharing her compassion."

Returning to Mary's life, I ended by saying, "I do hope that, by emphasizing her daughter's seamless love and care, I have done more honor to Mary's memory. Having been privileged to care for four generations of this family, I have learned and received more than I could ever have given."

Looking back on those words, I'm struck anew by their truth.

Letting myself be comforted by a patient felt right and good. In allowing Diane to care for me, I affirmed our common humanity—and rejected the notion that the physician's role is only to comfort others.

In fact, the more I think about it, in fact, the more unrealistic this notion seems. "Physician, heal thyself," the saying goes—but if my experience is any guide, that's only half of the story.

About the author:

Joseph Fennelly is an attending physician in the department of medicine at Morristown Medical Center, NJ. He chairs the bioethics committee of the Medical Society of New Jersey, and this year received Lifetime Achievement Awards from both the Society and Morristown Medical Center. He was asked by Joseph and Julia Quinlan to care for Karen Ann Quinlan after the New Jersey Supreme Court gave medical decision-making to her father. "I've had the honor to be asked to present dozens of eulogies in which the final illness narrative deepens an understanding of the patient's life story. The mutual wound of loss can, through storytelling, lead to a mutual healing."

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