

Letter to Editor

# Facing Death Mindfully

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# How can a Clinician Face Death Mindfully?

One Sunday night, well past midnight, while my body was motionless and my mind roamed, Naomi summoned me. I felt the urgency of her plea in the crux of my being. I sensed that Naomi was slipping into a quandary. Where was she? Her cries were loon-like. I blindly cast a lifeline into dark waters. It sank. Waves, like breath, moved in and out as they met the shore. The smell of pines permeated the nocturnal air. My heart beat startled me into wakefulness. The time had come.

The next morning I called the oncology department. The nurse on duty informed me that Naomi was in Room W6.25 of the hospital palliative care wing. I slipped into an indigo dress, cancelled my morning appointments and wandered into my garden. Memories of Naomi flooded my mind. The garden offered spring blossoms. I gently gathered white tulips and wrapped them so they would not wilt. Sorrow replaced the anguish I felt upon wakening from the dream.

Other deaths, tucked away in the recesses of my mind emerged as I drove to the hospital. They were: the twinkle in my father's eyes as he recognized me just before he lapsed into a coma; my mother-in-law's parched lips hours before she took her last breath; and a 96 year old woman's bitter battle to grasp life, despite her advanced age.

I met Naomi's husband for the first and last time when I entered Room W6.25. He was short with thinning hair, dressed in dark slacks and a wrinkled gray shirt. His face looked strained; dark circles rimmed his eyes. I let go of what I had heard about him during Naomi's psychotherapy sessions and simply shook his hand. His suffering was all that mattered now. He thanked me for coming as he edged toward the door. Before leaving us alone he said, "Naomi spoke highly of you; you meant a great deal to her." He used the past tense.

Bouquet in hand, I approached the woman, once my patient, who became my sister in that moment. Naomi's dry lips parted into a slight smile. She noticed the flowers. There was no vase in the room so I set them down next to the bed. It no longer mattered how long they lasted. Forgoing the hospital chair, I sat close to Naomi's frail body. A cotton blanket covered the smallness of it. The bed was so narrow that the warmth of our two bodies mingled. Silence was the most fitting response during this final meeting.

The time had come. Our eyes spoke for us. They transmitted the precious love we felt for one another. My breath was deep and steady. This helped me to be fully present with Naomi, whose breath seemed to take its cue from mine. We sat quietly until it was time for me to leave. Then, I moved closer so I could whisper into Naomi's ear, "Let go into the Light. Where you are going is full of Light." We both felt the

heat of it; we witnessed the whiteness of it; and sorrow evaporated in the truth of it.

While leaving the room I noticed the world below the 4th floor hospital room window. Cars were clogging the roads, people were scurrying here and there, and the sun was shining brightly. The world seemed oblivious to the drama of Naomi's life ending. While I was not, I knew that I too would go about my day, but not without another soul embedded in my heart, next to my father and my grandmother.

## What was Mindful about that Encounter? [1]

Epstein describes key characteristics of mindfulness in medicine such as being attentive in the present moment and remaining in tune with one's own thoughts and feelings so as to be receptive and responsive to other's needs [2]. Staying engaged and offering one's presence invites healing even when curing is no longer possible. Marr writes, "...when I enter a patient's room I like to drop it all [charted information, test results] and go in without an agenda [3]. I like to use myself as an 'instrument' of care...And I need to calibrate myself to receive the information." In other words, arrive with an open, curious mind, a "beginner's mind" given how unique each person and exchange is.

When I entered the hospital room I was conscious of the full range of my feelings and memories about our previous sessions. I sensed that her dark anger and fear of death had faded into the past. She and I accepted her fate. My intention was to offer her my presence one last time. Awareness of breath helped me stay in the present moment. We both allowed silence to prevail until a voice transmitted a message of hope. I had not planned to say those words. Our therapeutic alliance [4] was strong enough that I could allow my heart to guide me to do what was called for. Smith states, "Dying can teach us about trusting." Naomi and I learned the lesson, just in time [5].

## References

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