

ECHOES OF MORTALITY: How a Patient's Poetic Narrative Expands Understanding of Dying Well

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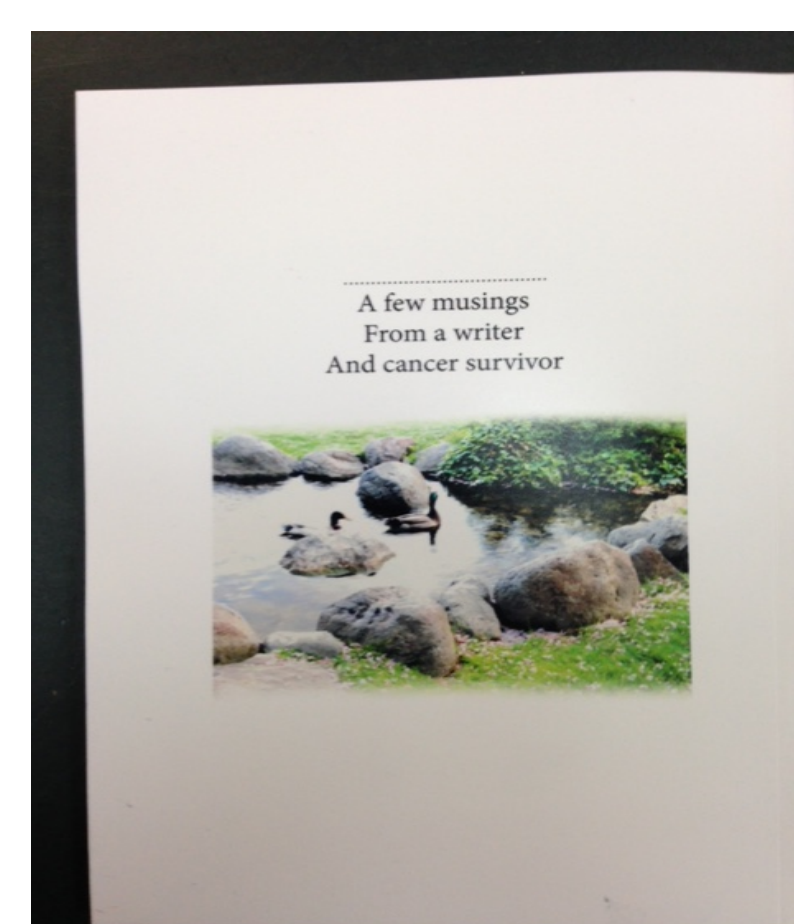
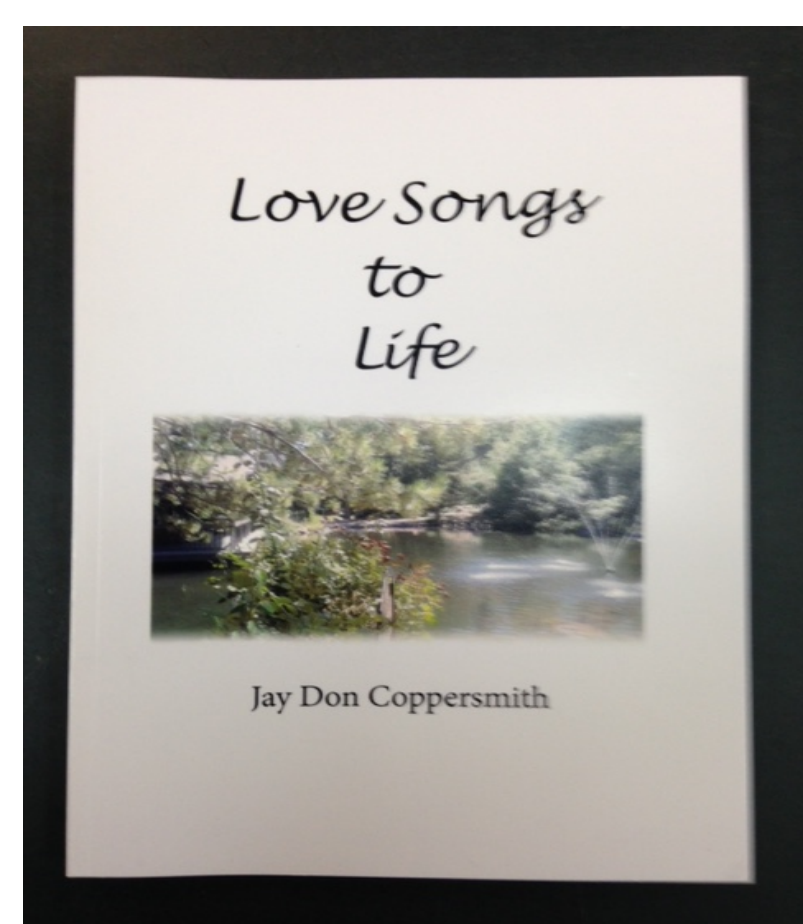
Case Information

A 75-year-old male diagnosed with stage 4 metastatic colon cancer was a self-described “professional writer of science and fantasy.” After working with a hospital writer-in-residence during his final round of chemotherapy, the patient realized a new goal. He completed a 75-page poetry manuscript four days before he died. In his posthumously self-published book, he described himself as a “cancer survivor” and revealed how he fulfilled through writing poetry developmental tasks that enabled him to die well.



Learning Objective

To gain new perspectives on mortality through a patient narrative, which may promote physicians' self-reflection, encourage better patient communication, and increase professional satisfaction.



Necessary Developmental Tasks of Dying¹ fulfilled through a patient's narrative

- **Acceptance of suffering**

My doctors ask me of my pain and frown;
But do they hear me say that I'm not down?
They offer up a panacea of drug,
I simply smile at them and shrug.
These aches and pains are but the price we owe
For all the joy and pleasures that we know.
From "The Price of Pain"

- **Achievement of a new sense of self despite impending demise**

You enter the room so quiet, I never hear you come;
but that's your stock in trade.
But I'm remiss; come and sit down, that chair will do,
a place to hand your blade. ...
Had I one flaw it would have been the fascination I
had with time:
To plan out a life as if a siege and fill each hour with
careless haste;
It's now I've learned to live; ironic in its way.
From "The Dark Angel"

- **Enrichment of one's life and the lives of others**

The morning breaks and the sun illuminates the scene.
Suddenly the gray mists mutate into curtains of gold;
Of shimmering light so bright that nothing can be seen
But golden light itself that banishes the twilight of old.
Were I a true mystic, I could make something of all that;
An allegory of life, how light first deepens then dispels
But I am only a poor sometime poet and aging river rat;
So I leave such musings and meaning to your gray cells.
From "Mists"

References

1. Byock, I. *Dying Well: Peace and Possibilities at the End of Life*. New York: Riverhead Books, 1997.
2. Charon, R. *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press; 2006.
3. Charon, R. Narrative medicine: A model for empathy, reflection, profession, and trust. *JAMA*. 2001; 286: 1897-1902

Discussion

Poetry gave the patient a new perspective on his identity, bringing together multiple, even jarring, views of his self: the science fiction writer existing in a fantasy world of time and space; the bibliophile embodying a live-long collection of philosophical texts—and the cancer patient confronting the “incurable” and surviving.

Mortality has been called the first of four critical issues dividing physicians from patients.² Physicians know scientifically what it means to die, an abstract understanding; patients know dying emotionally in the context of their entire lives. This profound difference can negatively impact physicians' delivery of patient care, professional satisfaction, and personal well-being.

“Narrative competence”² has been reported to increase physician's empathy and encourage self-reflection. Physicians' clinical judgment and relationships with patients may be positively influenced when death is understood as a shared fundamental defining element of human life.

In *Love Songs to Life*, the patient-author intentionally confronts emotional, existential, and spiritual issues that enable him to accomplish developmental tasks for “dying well” as outlined in palliative medicine.¹