“A Fight for a Comfortable Death”

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I hereby affirm that this is an original essay and my own work
The beauty of the Nursing profession is that nurses are masters of care for both human bodies and human emotions. It is impossible for a nurse to practice without being part scientist, part caretaker, part interpreter, and, perhaps most importantly, part advocate. It’s a hefty load, but one that nurses relish. I, as a student nurse, watch seasoned RNs seamlessly balance these “parts” with attentive eyes, hoping that I might learn by osmosis. Studying Nursing at a school like UW Madison gives me the privilege of learning from different schools of thought as I make the transition into professional practice, making me a highly qualified future nurse who looks at care as holistic.

In September 2012, I walked into my first college class. Anthropology 104 was a 300-person lecture held in the historic Bascom Hall, whose large pillars and marble staircase looked more collegiate than I felt. Initially, I was skeptical as to how learning about ancient tribal cultures would help me administer an IV, but as the weeks went by, I learned about everything from Thai meals to African folklore. What would become most important though, was the lecture on the practice of death and dying. Though uncomfortable with the subject, I got through the lecture, not knowing that the lesson I had just learned would change the way I would practice care.

Two years later, it was 6 AM and I was putting on my fresh, white scrubs for the first time in preparation for Nursing 219, my first clinical class. Through a random assignment, I was placed on the Oncology unit of UW Hospital. My knowledge of cancer was limited to Grey’s Anatomy and commercials for the Susan G. Komen 3-day walk for breast cancer, where thousands of survivors joyfully and powerfully take a stand against the disease they beat. Though I didn’t know it, that morning I was unprepared for the raw reality of an inpatient cancer unit.
At the beginning of clinical rotations, Nursing Students are given the friendliest patients who have minimal complications. So, for the first few weeks, I saw the cheerfulness that exists in so many cancer patients and the success stories that they are so proud to share. I remember thinking that the Oncology unit wasn’t so bad, that it was actually a very positive place. While I still think that Oncology sees an unwavering hopeful population that inspires me daily, I had yet to see the despair and gritty sadness that is also part of practicing in Oncology.

That morning was unassuming, I was given report on the patients I would assist caring for from the Nurse I was assigned to shadow. All the patients had diagnoses that I was familiar with, but one patient stuck out. She was a 61-year-old woman recently diagnosed with widespread metastatic cancer. Originally from the colon, the cancer had spread to her lungs, liver, and lymph nodes. Just a week earlier, she had gone to her primary physician for a lingering cough. She came out with a cancer diagnosis.

I followed my nurse from room to room, soaking in the sights and smells of hospital life that were slowly becoming more familiar. After visiting the rooms of our other 3 patients, we went to this woman’s room where medical professionals had just entered. The woman was lying in bed with her husband by her side, gripping his hand for support. Her skin was severely jaundice, likely due to the cancer’s progression to her liver, but by other indicators she looked “normal,” had you not known that cancer was seizing her body from the inside out. The room felt tiny as it held an attending physician, two residents, a medical student, a pharmacist, the nurse I was shadowing, and myself, not to mention the patient and her husband. I imagine this is an intimidating view for patients who are desperately hoping that this team may have some concoction that will
save their life. After giving a run down of blood counts, future biopsies, and diet restrictions, this woman looked at her husband, then the attending physician, and in a faint whisper asked, “How much longer do you think I have?” The room fell silent.

The physician, who likely had faced this question before, said, “What we know so far is that your cancer has rapidly progressed and treatment options are limited. What we’re looking at as far as a timeline would probably be two to three weeks.” The woman nodded, trying to comprehend what she had just been told as her husband faithfully gripped her hand. The physician followed that up with, “We will likely still give you chemo just to see if it might give you some more time.” With that, the team left and it was just the Nurse and myself in the room. We still had to take vital signs, a mundane task after such news. There is no textbook with the answer for what to say after someone is told that they are going to die and I was still reeling from the news. The only thing I could think to say was, “I cannot imagine what you are going through and I know this must be hard, but we are here to help.” The woman nodded and quietly said, “I don’t want the chemo. I don’t want to die that way.”

I was jolted back to Anthropology 104 and the lecture we had on death and dying. The lecture focused on how different cultures value a “dignified death.” How, for some, death is something that must be fought against at all costs, searching for time rather than comfort. Others view death as honorable, searching for comfort rather than time. While these two viewpoints both mourn the loss of loved ones, they see the road to death differently. I always viewed the process of death as a search for time rather than comfort. Hearing this woman say that she didn’t want chemo, instead hoping to enjoy the little time she had left comfortably, gave me a fresh perspective on my previous assumptions.
She didn’t want to be burdened with chemo and its harsh side effects of nausea, fatigue, and mouth sores when, according to doctors, chemo would have little effect. That’s not to say that chemo is never the right choice or that it is not a viable medical treatment, which it very much is, but to give chemo as a “Hey, maybe it’ll add you an extra week onto your terminal fight” is not something this woman wanted. By understanding her perspective, I was able to better advocate for her wish for a comfortable death.

Advocating for patients is, as I’ve learned, a unique role that nurses play in the health care environment and promotes individualized patient care.

I’m not sure what I would have done had I been in my patient’s position, facing a terminal illness and choosing what path I wanted as I neared end of life. What I do know is that by having an education with both rigorous science classes and humanities and liberal art classes, I was better able to understand my patient’s view on death. As a future nurse, I’ll hold many responsibilities, all of which work to respect the wishes of patients. I still have a long way to go, but so far I’ve learned that Nursing is more than just taking care of the human body, it is a complex role that works to better patient outcomes and advocate for patient wishes.