

Once in a while, all ER doctors get asked, "What is the craziest thing you've ever seen or done?" I'd gone to the gym one morning, after getting off of a particularly brutal night shift, when the kid who worked the front desk brightly and curiously asked, "What's the craziest thing you do?" I paused, as I felt an emotional wave burst from my chest, out of my control. In the delirium of sleeplessness, I proceeded to explain to him that while I do lots of crazy things, the best thing I do is to help people die with dignity. I suppose, I probably should have told him a story about saving a life or removing a rectal foreign body, but alas, I chose death. We both walked away from the interaction wondering what had just happened.

Of all of the crazy things that we do and see in the ER, rectal foreign bodies are not my passion. I love helping people die with dignity. Truly. It sounds crazy, or even sociopathic. But it turns out, people die all the time, making ER doctors dealers in death and dying. I've probably seen more people die in a single shift than most people see in a lifetime. In our society that is obsessed with youth, and living forever, we've lost the art of a peaceful, beautiful death, or maybe it never existed. I worked with a surgical resident who referred to these violent, loud, and chaotic deaths as "dying hard." I'll never forget the first time I heard him say it. We were standing at the bedside of a trauma, nearly every person in the room covered in blood. He had thick rimmed glasses and the flat, unaffected demeanor of a burned-out young doctor. Deep down, he was kind and probably quite sensitive, but it was hard to tell when each and every communication was dripping in sarcasm. "Dude. That guy died HARD." It wasn't delicate. But he was right. So many of our patients "die hard," surrounded by people screaming and beeping machines, and futile, painful interventions. And sometimes, this is necessary. Sometimes we are frantically working against all odds. We throw the kitchen sink at these patients, and hope against hope. But once in a great while, I have the distinguished honor of holding the hand of an old man who has lived a long life, and is ready to take his last breath. Those days remind me that our job is complicated, and so often, nothing like we thought it would be when we set out to become savers of lives.

As a young doctor, you are often surprised with what families will allow their loved ones to endure for the sake of keeping them alive. As an older doctor, the surprise is replaced by exhaustion. You intubate your millionth frail old lady, only to later find out that her family never visits, and yet, still requests that everything be done to keep her alive as long as possible.

One of my favorite moments in all of my career began as a complex interaction with a patient and his wife. He was obviously quite sick from the moment he arrived via ambulance. His oxygen levels low, his breathing rapid, and shallow. He would open his eyes, but was distant and slow to respond to my questions. I knew fairly quickly that he would be high risk for deterioration and, in short order, may need some aggressive, life-saving interventions. As I learned more about the patient, I found that he had advanced dementia. He had progressed to the point that he often did not recognize his family, and spent most days without saying anything meaningful. He was eating less and less. This was a man who was in the end stages of a serious and progressive disease. His appearance that day, along with his long-term illness, painted a grave picture.

While awaiting his test results, and anticipating that any moment now, one of the nurses might yell from the station, "Williams, we need you in here!", his wife showed up in the department. I was anxious for the opportunity to speak to her about his goals of care, and to make some decisions, before the situation became worse. All of his paperwork from the nursing home told me he was a "full code," meaning that his family would like everything done to extend his life as long as possible.

She was a steady-appearing woman, well-dressed, her makeup and jewelry just so. Her sweet and musky perfume wafted past, as she made her way to his room. I took a moment to absorb the little luxury of actually smelling something pleasant on shift, a gift that any ER staff knows is all too rare. For a woman of her age, she was spry and youthful, despite the weight of the moment. The conversation

began to unfold as I led the careful dance. I need to get to the point. I need to know what she wants for him, and I need to know it now, before he stops breathing. But nothing in our job comes that easily.

People in their most dire moments don't need my directness. They need softness, and every ounce of patience and focus in my body, as my kinetic brain continues to bounce from pending task to pending task. They need a scaffolding of support to navigate these most complex emotions. One of my clever attendings always used a phrase, very open-ended and judgement-free, to begin the conversation. "I'm sorry you are dealing with this right now. Tell me what the last 6 months have been like with your husband." We spent the next several minutes exploring the ups and downs of his current life. Sometimes he has good days and recognizes her, some he doesn't speak at all. They had been married since they were teenagers, more than 60 years now. She told me how he'd been an incredible husband, and wonderful father. How he'd been the kindest, gentlest man she'd ever known, and it was painful for her to watch him slowly deteriorate.

After I'd learned more about her, more about him, and so much more about her perspective on his current health status, I finally got to the point. "Thank you for talking with me about him. My job is to support you, and you know better than anyone what is best for him. You know him best. When someone is in the situation your husband is in, we have a whole spectrum of choices regarding how we move forward. Some families want everything done. The goal in those instances is to keep their loved ones alive as long as possible. Some families would just like to make their loved ones comfortable. The goal in those instances is not necessarily to focus on how much time they have, but to focus on making the time they have comfortable and peaceful. Wherever you fall on that spectrum, we never judge you. We just want to support you, and help you make decisions based on what you know he would want." She paused and stared deeply at him. He was struggling to breathe. It was obvious that he was precariously tethered to the life she had known with him for so long. She was struggling, too. It was in

this very moment that I learned something profound that changed my practice forever. When someone wants everything done for their family, I can do that. I never judge them. It's honestly sometimes easier for us to do everything. There are no long, emotional conversations. That's what they train us well to do. For a hammer, all the world is a nail. For an ER doctor, a dying patient needs interventions, and they need them now. But in this instance, it became obvious that what she needed from me was to create a safe and open sounding board to work through what she was feeling.

I continued deeper into our conversation. "His paperwork says you would like everything done, but as we have spoken, I know you also have concerns about his quality of life." She drew a breath and said something so plain and vulnerable that it will echo in every similar conversation for the rest of my career. "I love him so much. I don't want to watch him suffer. But I am also afraid that if I say I want him to be comfortable, people will think that means I am ready to let him go." She sobbed quietly, as the pain and relief of that statement washed over her. How long had she been carrying that ambivalence, that deep dichotomy burning in her core, which she couldn't even speak aloud for fear of it becoming real? How complex and layered is the plight of hoping to hold your loved one close for as long as possible, while also praying for an end to their pain? She was bare before me, and I wanted only to blanket her in the comfort that she loved him fully, and it was obvious. But there is only so much a stranger can offer, even one who is a dealer in death and dying. So, I explained that letting him go, even when she wanted to keep him, was a sacrifice. Letting go can be a compassionate decision, a beautiful final gift that she could give him, if she felt it was what he would want. I was relieved to watch the peace settle over her. I was honored to be her safe place. In the eye of the storm, chaos swirling and nipping outside this room, I sat with her in silence. And we held his soft hands together.