

Communicating With Terminal Patients: Lessons from the Movie Wit

Basem Roberto Saab, MD
Department of Family Medicine
American University of Beirut Medical Center
P.O. Box: 11-0236
Fax: +961 I 744 464
E-mail: brsaab@aub.edu.lb

Emma Thompson said it loud: health professionals need to know how to deal with terminal patients (TP). She is right. In our medical school, students may receive their doctor degree without observing or telling someone that s/he has terminal illness. This major deficiency results in a feeling of unease on the side of the physician when looking after TP. Moreover, TP may have an undignified death at a high cost to families and the society. To light a candle instead of cursing the darkness, the department of family medicine at the American University of Beirut introduced this academic year a session that highlights the principles of communicating with TP. This 2- hour session is given to students during their final year in medical school. This essay presents the content of this intervention and the preliminary feedback given by the students who attended this session till now.

Wit made it easier to prepare for this session, which starts with twenty minutes interactive power point presentation followed by sixty-four minute clips from the motion picture Wit. Students were asked to comment every 8-15 minutes on what they have watched. At the end they filled an evaluation form.

What can we learn from Wit? We can review many principles of dealing with terminal patients that were raised in the BMJ 2003, July 26th issue.

“Unreasonable” restrictions as mentioned by Gatrad et al are common in many hospitals (1). Besides limiting the visiting hours and the number of visitors, a person should be moved by a wheel chair even if she can walk freely.

When it comes to feelings, physicians express interest in the case- not the patient. They say excellent when the patient tolerates the full dose that results in shrinkage of the tumor but agony to the patient. When asked if he misses his patients the resident smiles. When the terminal patient asks what the young doctor, who scored “A minus” in a literature course, says when patients are apprehensive and frightened, he answers: of whom?

Doctors often fail to provide patient -centered care. Dr Dingle Spence respected a tramp’s wish and allowed him to die peacefully under a bridge from lung cancer with the help of a palliative care team (2). Unfortunately, the heroine of Wit, who is an English professor, was not counseled about end of life issues and was not given the right for patient controlled analgesia in a teaching hospital! It was Suzy, the nurse, who does not know a lot about literature and poetry who both listened to and empowered the patient with knowledge.

Physicians often impose what they think without hearing the facts. Sometimes, their ego does not allow them to listen- not only to patients but also to health team members-the nurses. As shown in Wit, they ask the patient “how are you doing” when she is moaning from pain. The full dose of chemotherapy should be given in spite of all side effects and complications.

Physicians' fear of death creates anxiety that blinds them and blinds the TP. This results in poor plans for death. As shown by Glare et al and others, we usually overestimate survival of TP (3,4). One single patient with colon cancer did not consider writing a will because his oncologist gave him a rosy picture. As a result his beloved inheritors had major financial difficulties. Yes we should ask forgiveness for we have sinned. At one point I avoided visiting a dying colleague who selected me as his family physician to avoid seeing him suffering. A brother of a colleague was dying from advanced melanoma, when she asked the treating physician not to intubate him if he arrests, the answer was: you want to kill him? In general TP are not afraid from death but are terrified from the absence of their beloved ones and the caregivers when needed. True, it is all about dying and not death. Emma Thompson asked the nurse- not the prolific researchers, if she will be around when the time comes. She wanted to make sure that somebody would let her heart stop.

At the beginning I was anxious about students getting bored by this long session that talks about dying. This was replaced with a feeling of triumph when I looked at their feedback. The session was highly rated and one wrote "one of the most excellent sessions that I have taken in medical school". Others asked for more time for this topic and to show the movie to all health professionals.

The use of clips from the movie Wit may turn to be a powerful method of teaching medical students principles of dealing with terminal patients. If you ever go by this recommendation let me know your feedback.

References

1. Gatrads AR, Brown E, Sheikh A. Palliative care needs of minorities. *BMJ* 2003;327:176-177.
2. Yamey G. Building hope. *BMJ* 2003;327:s30.
3. Saunders Y, Ross JR, Riley J. Planning for a good death: responding to unexpected events. *BMJ* 2003;327:204-206.
4. Glare P, Virk K, Jones M, Hudson M, Eychmuller S, Simes J, Christakis N. A systemic review of physicians' survival predictors in terminally ill cancer patients. *BMJ* 2003;327:195-0.