



"This is the time to sign on" - a lesson in the concept of dying well

My deep-rooted interest in humanism in cardiology was cultivated by the words "this is not the time to sign off, this is the time to sign on". As an August intern placed in the cardiac intensive care unit of a tertiary care facility, it is fair to say that I knew next to nothing. Early in the rotation, I was taking care of a patient who was sick beyond my comprehension. Ms. W was a pleasant female in her 60's who, ironically, had formerly been the secretary of the exact unit she was now dying in. She represented a perfect storm of multisystem organ failure caused by cardiogenic shock that provokes the same sentiment and statement time after time: "oh shit". Ms. W had had a long-standing history of liver failure and had a transplant distantly ten years prior, and had now developed respiratory failure, renal failure requiring renal replacement therapy, as well as somnolence and poor mental status.

My attending, Dr. Z. had asked me, the covering intern, to call the transplant hepatology team as well as the renal team to see if they had any additional recommendations. As I picked up the phone with a trembling hand, I received the exact same response from the fellow that I had expected: "What can I possibly add? You guys call us every day and there's nothing more we can say, she's dying." As their team strolled into the resident workroom I sunk in my seat, flushed and defeated. The consult attending took a seat on the desk across from mine and began to detail all of the reasons why his team had nothing to add and I was wasting their time, finally stating that his team would be signing off. Part way through this conversation, Dr. Z casually entered the room. He is a young attending that could be, and was in fact was, mistaken for another resident and introduced himself. Calmly and without pause he explained his rationale for having consulting services continually involved in Ms. W's care. It wasn't that we had mistaken her case for a patient who was going to one day walk out of the CCU, it was that, for this patient, the best thing we could do is provide her and her family with the peace of knowing we did the best we could. He stated that our obligation went beyond treating her medical

conditions, it included doing our best to make sure her family was united in her death - helping the patient die well. As he turned to leave the room, he remarked to the consulting service, "This is not the time to sign off, this is the time to sign on."

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