

Review article:

Physician's Role At Time Of Death

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Abstract

Physicians deal with dying patients frequently. A lot is expected from them. Apart from managing the illness including making the last moments of the patient's life pain-free as much as possible, the physician is responsible for counseling the relatives, breaking the news, and for consolation. Most doctors do not get training on these aspects in either the medical schools or afterwards and find such situations difficult to handle. Physicians need to avoid doing too little when it can matter, or too much when there is no hope. Restoring faith can help the patient as well as the family in coping with such extreme situations. One can learn from Prophet Muhammad (PBUH) how to deal with a dying person on a human level, as well as how to be prepared for death by supplication and reading Qur'an.

Keywords: Death, dying, comfort care, hospice, terminal care.

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Introduction

Death is an eventuality to which most are not prepared to face. Belief in the hereafter life changes the entire perspective of death, from the dying person's point of view as well as of those caring for him/her, including the physician. Physicians are involved in the end of life of most people and they have an important role to help patients and their families to cope with such a stressful event. Physicians also are in a better position to decide, or to advise, the patients or their families on the best possible approach, going all out for possible cures on one hand and avoiding futile therapies and investigations on the other. They should avoid themselves being over enthusiastic, emotional or defensive for fear of litigations, and should make the patient's wellbeing and comfort the top priority. A continued and meaningful conversation on illness and death-related issues between the physician and the dying patient and his/her family is of utmost importance in clearing confusions and comforting both parties. Lack of training of physicians in these issues is one of the major

factors that disrupt the ease/harmony that can be drawn in such situations.

The modern world is focused on providing plenty of pain medications and tranquilizers, with the belief that this will give comfort in the last moments of life. Most people in the Western world die in institutions, often in intensive care, out of sight of their beloved ones. There is over shadowing of 'doing everything possible' over rational, comfort based approach due to multitude of reasons. Financial resources constraints or overuse, attain an important role in such situations especially in societies where patients have to bear the cost themselves.

Physicians should take the most rational path using all possible resources to save human life which is most precious, but at the same time avoiding draining resources when there is little hope. Muslim physicians should help spiritually guide a dying patient, even if a nonbeliever, so that he/she reverts to goodness and repents (*tauba*) before dying.

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Directions from Qur'an and Sunnah

The Glorious Qur'an teaches us that:

*"Every soul shall have taste (experience) of death"*¹.

It also states:

*"It is Allah that takes the souls (of man) at death, and those that do not die (He takes) during sleep; those on whom He has passed the decree of death, He keeps back (from returning to life) while the rest He sends (to their bodies) for a term appointed. Verily in this are signs for those who reflect"*².

Death occurs when the soul leaves the body. What is the nature of soul? We have been given only the information that we need to know.

"»

*"And they ask you, [O Muhammad, about the soul. Say, 'the soul is the affair of my Lord'. And mankind has not been given of knowledge except a little]"*³.

The time of death is difficult for every human being. Allah says:

*"When the soul (of a person) reaches the collar bone, and it is said, who is an enchanter (that can save him?). And he realizes that it is (the time of) departure (from the world.). And one shank is intertwined with the other shank"*⁴.

Aayeshah (RAA) reports "After witnessing the difficulties experienced by *Rasulullah*

(Prophet Muhammad (PBUH) I do not doubt that anyone does not experience difficulties at the time of death"⁵.

For a Muslim, death reflects a change, the soul is leaving the physical body forever and is starting of the eternal life. *Ma'qil bin Yasar*(RAA) narrated that the messenger of Allah (PBUH) said: "Recite *Surat Yaseen* over those who are dying"⁶. Scholars believe that the idea is that the person is listening to verses which give him/her glad tidings about what is ahead and he/she can look forward to it.

Breaking Bad News: different perspectives

In the Western world, the concept of "truth telling" has contributed to a reduced physician role in the patient's health related decisions. On the other extreme outside the United States, physicians tend to conceal serious diagnoses from patients. It has been observed that many African and Japanese physicians, often choose terms such as "growth," "mass," "blood disease," or "unclean tissue," when discussing the diagnosis of cancer. Whereas Hispanic, Chinese and Pakistani communities, and family members tend to actively protect terminally ill patients from knowledge of their condition⁷. In the critical care settings emotions tend to run high.

Communicating bad news is especially more challenging as one of the authors witnessed a brother collapsing and dying as soon as the news of his sister's death in ICU was communicated to him in the waiting room. A mother died in same manner as soon as news of her son's death was conveyed to her.

Physician and patient dynamics have also changed with times. With the introduction of modern technology and multi specialty medicine, the strong relationship or "sacred trust" between patient and family physician has gradually eroded. Various subspecialists are now entrusted with patient care at different phases of evaluation and treatment.

Because of the transient nature of these physician-patient interactions, a strong bond is often not established before critical decisions must be made concerning ongoing patient care. As a result, multiple members of the different healthcare teams may be confronted with addressing end-of-life discussions, while in the past this was the responsibility of the family physician. Because of this need to move into a previously viewed private territory, communicational conflicts may arise between members of the healthcare team⁸.

Proper training of doctors starting from medical school, in this difficult area of communication, is necessary to cope with difficulties. One should keep cultural and personal, cognitive factors in perspective while adopting an 'open' or modified policy in these situations, but one should not try to hide facts when they need to be communicated. The scope of this article is too narrow to discuss even the basics of this area.

Too much at the End?

As physicians, it is our innate nature to keep trying to remedy our patient. When the patient is at the stage where death is imminent, many of us tend to provide treatment that may be characterized as "futile". In these cases, the patient may get operated upon, and, hooked up to machines and be started on expensive medications which may be of little or no benefit and end up being very costly⁹. Physicians can play a very important role in leading the families towards selecting a comfort oriented treatment instead of futile attempts to cure at the end of life. The training of a physician is to intervene and correct the obvious abnormal lab results or visible findings on physical examination or imaging studies. It is very tempting to drain a pleural effusion seen on chest x-ray of a patient who is close to dying from metastatic lung cancer.

This will make sense if he appears short of breath; however, if the dyspnea can be relieved by simple oxygen supplement, one needs to resist the temptation to perform the procedure. Similarly, ventilating a patient slowly fading away from a prolonged untreatable disease often does nothing but prolongs misery. These unnecessary measures also consume lot of financial and temporal resources which can be best directed at managing treatable illnesses. In poor settings health care spending overtakes many people's life savings; people selling their homes to pay for hospital bills are not uncommon. If it is for a futile course in hospital for a very poor survival chance, such heroics may even be considered unethical. Health care spending takes major share in out of pocket spending in many countries with long term effects on the whole family¹⁰.

On the other hand, neglecting pain relief and providing oxygen and similar simple comfort measures for an apparently incurable case is also unethical. Physician should also not write off a potentially treatable case simply because of lack of resources. The state and society have a moral responsibility to provide such support. A God-fearing doctor goes all the way in such cases to find out a practical solution.

It is worthwhile to note physicians' personal attitudes towards this subject. Interestingly more physicians choosing to remain out of hospital in the last part of their lives, compared to the rest of the population¹¹.

Role of Family

Ethically it is correct that patients be given an opportunity to decide for themselves as to how much treatment is to be provided to them in terminal time. Often the patient is unable to understand or unable to stand up to the reality of the impending inevitable. He or she expects the physician to guide and discuss various alternatives and their relevance. Once the patient comes up with a decision agreed upon by his physician, the family needs to play a strong role. If the family is not briefed or not kept informed of the decision of the patient, unanswerable questions may arise after the patient departs. The physician can find himself in an awkward situation while the patient would not be there to defend the treatment approach adopted by the physician at the patient's directive. The physician will have to gently guide the patient and his family toward humane sensible approach. Identifying a family member who can control his or her emotions will be helpful. Often

under strong emotional stress, the spouse or closest relative asks to "do everything". This is frequently the case when a third party is paying for the care. Occasionally the family wishes to withdraw life support because of expected financial gains from inheritance. Sometimes the family or the patient decides to have the family physician play a strong role in making the decisions for care. These issues are addressed more easily if the physician knows the family's background and knows the key members to communicate with. In the US and many Western countries, this has now become impossible as often the family meets the emergency room physician or the intensivist for the first time. There is no bond or trust.

The media also plays its role. The family expects the physician to be able to treat every disease as seen on TV or internet.

Fear of Litigation

One of the reasons for over-treatment, particularly in the West, is to avoid future questions about under treatment. Do everything approach appears to reassure the physician and the family that every possible measure was adopted, including repeated attempts at Cardio Pulmonary Resuscitations (CPRs) in a person having cardiac arrest as a terminal event of a long protracted incurable illness.

Empathy

Death is an occasion that demands utmost empathy, respect and comfort. For many physicians, dealing with dying patients becomes a common occurrence, still they should never be casual about death. Even if death was expected for long, like in an incurable disease, the attitude of the treating physician towards the patient and the family should be serious and caring. Repeated blood tests just to show physician's 'concern' of the patient, are simply pain inflicting exercises close to death. Simple presence of the physician at the bedside and being available, may comfort all those involved much more.

One should provide calm atmosphere of *dua'a* (prayers), closeness with the beloved ones and comfort. This may not always be possible especially in intensive care settings (ICU).

The doctor may decide in case of a patient with no possibility of cure, to remove him from isolated ICU beds to one where his close relatives may recite Quran, *dua'a*, and be close to him/her. Those involved in care of the terminally ill may find the experience to be of great satisfaction and enrichment particularly observing the courage of many dying patients¹².

Physicians themselves should refresh their spirituality (*Iman*) by remembering the occasion which is inevitable to them as it is to the patient they are treating.

Last Chance of Da'wah

Abu Saeed al- Khudri (RAA) reported the messenger of Allah (PBUH) said:» Exhort (urge or advice) your dying persons to recite *La Ilaaha illa Allah* (there is no true god except Allah)”¹³.

Abu Saeed and *Abu Hurairah* (RAA) narrated that the messenger of Allah (PBUH) said:

«Remind those that are on their death bed, of the *Shahadah: La Ilaaha illa Allah*”¹⁴.

As much as a physician lifts up the morale of the patient and his family, close to death, he/she should not be shy to bring the patient close to belief. Some, especially those not so close to religion, would argue not to ‘impose’ belief on the patient at the time of dying¹⁵.

Muslims know by teachings of Qur’an and the acts of Prophet Muhammad (PBUH), that this is absolutely vital to save a person from hellfire in the hereafter.

Anas narrated: A Jewish boy used to serve the Prophet and became ill. The Prophet went to pay him a visit and said to him, “Embrace Islam,” and he did embrace Islam.

Al-Musaiyab said: When *Abu Talib* was on his death bed, the Prophet visited him and kept asking him to declare the *shahada*¹⁶.

Near the time of death may be the last chance a person has!.

Remembering Allah may be the most comforting ‘pill’ for a distressed person.

Sometimes persons with even the weakest of faith get softer and revert to the eventuality of meeting their Creator. A physician is perhaps in the best of positions at times, to judge how close the

eventuality is; there he/she should revitalize the dying person with *Iman*.

One of the authors witnessed a situation during morning rounds when a lady in a US nursing home was seen sitting alone appearing worried. Upon inquiring, the patient said that she did not know what will happen to her after she died. Using this opportunity, the physician gave *da'wah*. After asking a few questions and trusting the physician, the patient took *shahadah* (embraced Islam). Two days later she died on correct belief. For something like this to happen, there needs to be a bond built by a caring physician over a period of time.

We have a responsibility not only to provide excellent medical care but to be involved in the overall wellbeing of patients and their families, including their lives after death.

Conclusions

Physicians have a very important role in the last stages of their patients’ life. Free and open communication with the patient and his family are very important. The physician can be more effective if he has been given a chance to have some rapport with the patient beforehand, but this is not always possible given the changes in health care delivery system. Every possible support will need to be provided to alleviate visible suffering.

Avoidance of futile measures which increases the patient’s suffering and drain the family’s resources can be achieved by guiding the patient and his family by a physician who is perceived to be very involved. “Do everything” from the caring family may sweetly be converted to “Do everythinguseful” by a sensible physician. Duty of a Muslim physician is also to try that his patient dies with correct belief and gets to the highest level of paradise.

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