

Letter to Editor

The Inevitable

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Editorial

It is much more than a word, a symbol and a certainty.

It is both a truth rooted in the most powerful laws of evolution. An inevitable experience tinged by cultural perceptions as well as the heaviness of the past of being. It is a presence that seeps into our lives, a sneaky thought, a promise of mortality, which sooner or later will land on our shoulders. A message that this privilege, which is life, is coming to an end. Sometimes it touches us like the lightness of a feather, sometimes it is an inexorable suffering that makes even the strongest delirious to finally die away peacefully; like the fire of a candle, dissipating forever in the infinite and unknown mist of darkness.

Death is about facing your own frailty. In our Western society where the most powerful reign; the deadline is perceived as a failure. However, there is nothing more natural. The ancient Egyptians believed that bodily preservation was essential so that the spirit of the being could travel to immortality. Death was an artistic medium expressed through mummies. According to the more scientific school of thought where all energy is transformed, this lets us imagine the possible perpetuity and the infallible significance of our passage on earth.

As the loss of a loved one destroys us, as if the best part of oneself is torn away forever, the earth continues to turn, life follows its cadence, its rhythm, while the uncompromising pain of mourning paralyzes us, freezes in place. Insignificant, because even the memory of our presence on earth is extinguished with the lives of the people who mattered to us.

Losing a patient is an intrinsic part of medicine, even if we wear the professional hat, it is impossible to part with it in the spirit of doing only good with the will to heal.

Studying medicine is much more than going through books and absorbing knowledge. It is to expose oneself to all kinds of experiences; seeing life through patients, from a variety of

angles and nuances. When I first knew one of my patients was at risk of dying, I wasn't ready to look that inevitable probability in the eye. He was doing so well a few days before. Of all the patients I met who suffered in their misery, this one had been so kind and optimistic. At that time I did not understand why I had become so attached and why his grim prognosis had filled me with such dismay. There is something deeply unsettling about seeing a human being overcome by delirium, watching them fight for their breath, drowned in their own lungs; the muffled cry of an elderly man who calls for his mother, before being carried away for real.

I realize that the hardest part of medicine is not the years of study, the long hours, or the challenge of a differential diagnosis. The most difficult thing is helplessness. It's like a shame that's hidden, a shame that every doctor faces, but doesn't talk about. That despite so many years of study and expertise, of having always been at the top of the class, of having always succeeded in overcoming the obstacles that stood before us, despite the technology and the advances, at the end of the day, our patient, we cannot save him. We are helpless. Probably we hoped that our patient would recover, although it was clear early on that he would not recover. Sometimes helplessness is too depressing to deal with.

Although palliative care is often associated with the inevitable, it is also a choice. The choice with dignity. It is the awareness, a paradigm shift, to question our will to save in a society where the culture of "life at all costs" reigns. It is the conduct to hold of humility and integrity in the state of mind to accompany the patient. "It's not the deadline that scares, it's the forfeiture". It is an honor and a privilege to be able to accompany a human being in the imminence of the inevitable. Accompanying in these trying moments, for me, is probably the most beautiful medical gesture that a doctor can undertake.

This overwhelming experience was a pivotal moment in my young career as a caregiver, because it threw me into introspec-

tion and reflection on the future. I came out of it equipped with the tools necessary to manage my own sensitivity and my difficulty in dealing with the deaths of human beings and to experience the suffering through others. It is the realization that one day I will face my own powerlessness. Rationalization is important. My patient was elderly after all and had expressed satisfaction at having lived a good life.

Although medical assistance in dying can be a difficult concept to approach for some young caregivers, it means for me, a necessary tool in order to avoid unnecessary suffering. The deaths I experienced during my palliative care internship were easier than the first one I had lost. I don't know if that means that I managed to create a distance from my dying patient, a distance allowing pragmatism and efficiency in my work, because

the empathy is just as much there, I feel it. However, these experiences that I lived through were tools shaping my path, my values and my person towards a doctor capable of managing difficult situations, but above all, towards a more humane doctor.

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Potential Conflict of Interest

The author indicates that there is no potential conflict of interest to disclose.