Language in the End

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The words we use to tell families their loved one is dying should strip all traces of modern medicine. They should be simple and raw. Death is universal in ways that ‘multi-system organ failure,’ ‘persistent hypoxemia,’ and ‘non-perfusing cardiac rhythm’ will never be. The death of a loved one is something modern medicine cannot claim to know better than those who came before us, time immemorial.

At times, I’ve tried to use such words. One Monday evening in the intensive care unit, I called the brother and closest relative of one of my patients.

- You need to come in.

- I’ll take a flight on Wednesday. Do you think it should be sooner than Wednesday?

- I think it should be sooner than Wednesday.

He arrived and stood crying at his sister’s side, as she lay tethered to humming machines. I asked him to sit down in the conference room.

- You know your sister had cancer.

- Yeah, she’s fought that for a while now.

- She came to us with the swine flu.

- Yeah, I heard.

- And, you know, if it were you or me, we’d be sick, even real sick, but for her, it hit her hard. And, we took care of her for the last few days now, and, we did all we could, but her body is shutting down, and, right now, our machines are doing all the work of living.

- It looks that way.

- What I’m telling you is that we don’t think she’s going to make it.

(He sobs)

- Are you saying that at this point all we are doing is prolonging the inevitable?

- That is all we are doing.

- Then stop it. Just stop it. She wouldn’t want this.

- We can stop it.

At other times, listening to a colleague, I’ve cringed.

Your father has a history of type II diabetes, atrial fibrillation, and just recently had this mass discovered on his CT scan of the chest, which was suspicious for malignancy. Not necessarily malignancy, but that is a very likely possibility. His fiO_2 , which is a measure of how much oxygen we have to give him, had to be increased last night to 80 percent, and also, during these last few days, his creatinine, which is a measure of his kidney function, has been climbing. And, we don’t have a good explanation for that. The malignancy is why he had hemoptysis, which is the word we use for coughing up blood, and, despite the fact that the interventional radiologists embolized the arteries which supplied that area, your father re-bled into his lung again last night. We talked about your father on rounds today and the attending physician feels he doesn’t have much time left. I feel it’s only right you know that. Currently, he is maxed out on five pressors, which is the maximum amount of pressure support we have.

It would be easy to say that communication is stylistic, and that jargon should be proportionate to health literacy. But whether delivered to a board-certified intensivist or a high school dropout, words conveying the death of a loved one should minimize the language of medicine. Death, like life, cannot be reduced to physiology. From Tolstoy, in the year 1886:

The doctor said: such and such indicates that you have such and such, but if an analysis of such and such does not confirm this, then we have to assume you have such and such. On the other hand, if we assume such and such is the case, then... and so on. To Ivan Ilyich only one question mattered: was his condition serious or

not? But the doctor ignored this inappropriate question. From his point of view it was an idle question not worth considering. One simply had to weigh the alternatives: a floating kidney, chronic catarrh, or a disease of the caecum. It was not a matter of Ivan Ilyich's life but a conflict between a floating kidney and a disease of the caecum.¹

By asking that the language of dying be true to the vernacular, we must, at the same time, acknowledge that medical language coats our world. Health is the subject of picnics and backyard barbeques. From Philip Roth's novel *Everyman*:

All but two were older than he, and though they assembled each week in a mood of comradely good cheer, the conversation invariably turned to matters of sickness and health, their personal biographies having by this time become identical with their medical biographies, and the swapping of medical data crowding out nearly everything else... "How's your sugar?" "How's your pressure?" "What did the doctor say?" "It spread to the liver."²

The language we use should preserve, to the extent possible, the relationships among medical concepts; links, which are

often, clear and stable. A 'body shutting down' can mean 'multisystem organ failure.' 'Cleaning the blood,' can mean 'continuous veno-venous hemofiltration.' It should not be surprising that language ("shutdown") typically used to describe machines conveys clarity in a landscape such as the intensive care unit, which is dominated by them.

Language, like life, has meaning in and of itself. Reducing the experience of dying to the vogue words and faddish theories of one particular time or one particular era—even when such words come under the aegis of a theoretical framework as powerful as science in current medicine—is a form of arrogance, an ignorance of history. We spend the better part of a decade learning to wield the unwieldy words of medicine, but the final lesson is knowing when to put them away.

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