On Saying Goodbye: Acknowledging the End of the Patient–Physician Relationship with Patients Who Are Near Death

Ms. White is being discharged with home hospice after an admission for malignant bowel obstruction. Her physician, Dr. B., has come by on rounds and has finished answering her questions. He is finishing up his encounter: "Well, it sounds like everything is ready for you at home, and I'm glad you're feeling better. You'll be in good hands with hospice. I'll see you later."

Ms. White, a woman with metastatic colon cancer, has been seeing Dr. B. at least once per month for 2 years, and now she is dying. If asked, Dr. B. would acknowledge that "see you later" is not quite true; he doesn't actually think he will ever see her again. Dr. B. intends to be casual and cheerful, but he is missing an opportunity to acknowledge with Ms. White that their relationship is ending.

In this paper, we offer guidelines for physicians about how to say goodbye to a patient who is in the last phase of life. While other physicians have described how to talk about dying (1, 2) and what to do after a patient dies, such as write a condolence letter (3), go to the funeral (4), or grieve privately (4, 5), we know of no medical literature that describes how a physician can say goodbye to a patient who will probably never make another visit to the clinic or hospital. We think that saying goodbye is an expert practice worth learning for the sake of both the patient and the physician.

Why Don't Physicians Say Goodbye?

Physicians give a variety of reasons for avoiding goodbyes. Dr. B. could be concerned about the impact on Ms. White, afraid that acknowledging he will not see her again makes it clear that she is dying and will make her too sad. He also may worry that she will feel abandoned or as if he is giving up on her. Another barrier involves prognostic uncertainty: Ms. White could be admitted for refractory nausea next week, which could result in an awkward encounter if Dr. B. has already said goodbye. Finally, there are emotional barriers: Dr. B. may fear creating a situation in which his emotions or hers could rise to the surface. He may feel unprepared to deal with her emotions and uncertain of what to say. Furthermore, he may feel that it is unprofessional for him to show her that he's upset and sad (6). Thus, Dr. B. may hope that saying "See you" will allow both of them to avoid the sadness and loss running just beneath their small talk. These personal reactions reflect embedded cultural values about dealing with loss and about the role of medicine. Biomedicine emphasizes cures, and neither physicians nor their patients like to be reminded that medicine is frequently less than curative.

The Patient's Perspective

Would patients and their family members want their physicians to say goodbye? On this subject, little empirical research has been conducted, so first-person narratives provide the bulk of what we know. This literature suggests that a common practice—saying nothing—leaves patients and families feeling perplexed and abandoned. In *The Vigil*, Alan Shapiro describes his experience as a family member in the room of his sister Beth, who was dying of breast cancer (7).

> I awoke to find Dr. P. standing by Beth's bed. It was a little after seven in the morning. I have no idea how long he'd been standing there. In silence, he was looking down at Beth, his expression grim but controlled. Beth was awake. She was looking up at him, waiting for him to speak, it seemed. After a while, he [checked her morphine pump] . . . he said, "Very good." Then he checked her chart and after another moment said, "So." Then more silence. Then his beeper went off. He glanced at it, said he had to go, but that he'd be back soon in a day or so to see how she was doing. He never so much as looked at me as he walked out. That was the last time we would see him.

Shapiro is careful to say that Dr. P. was technically excellent, "beyond reproach." Yet, Shapiro asks, didn't Dr. P. also have "obligations towards [his patients] as a fellow human being, as someone with whom they'd been intimately involved with for months or years . . . [that ought to] continue even after, as a doctor, there was nothing else he could do?" Shapiro observes that Dr. P. allowed his patients "to perceive him as a god, hero, or omnipotent parent dispensing praise and hope and self-esteem"—which in the end only made his withdrawal more painful for Shapiro's dying sister.

In Robert Lipsyte's account of his ex-wife Margie's death from breast cancer (8), he observes that, near the end, Margie's "optimistic, up-tempo" oncologist, Dr. T., was "absent": "[Dr. T.] had fought the good fight and kept Margie's spirits up and cried 'Think Spring' to get her through yet another rough patch. Now [Dr. T.] had retreated to crank up her energies for those she could save." To patients and family members, the absence of a goodbye from their trusted physician can feel like abandonment.

Why Goodbyes Are Worthwhile for Patients

A physician's goodbye could have a number of positive effects. By saying goodbye, a physician can acknowledge the end of the relationship and at the same time underscore its importance, leaving the patient with a sense of feeling

valued and cared for rather than abandoned. An appropriate goodbye could affirm for Ms. White that she was important to Dr. B., that she mattered to him, and perhaps even that he enjoyed her as a person. A goodbye could also help Ms. White feel like she would be missed and remembered. For a patient who has been through a challenging illness and has felt close to her physician, those are important messages. Saying goodbye also gives the patient an opportunity to say thank you and to look back over the course of a relationship. An empirical study identified "contributing to others" as 1 of 6 components of a good death (9). For physicians—especially those in training—a goodbye can be an opportunity to tell a patient how she has contributed to that physician's learning and how it will help other patients in the future.

The Physician's Perspective

When Margie's death was approaching, Lipsyte remarked on the conspicuous absence of her oncologist to a physician friend, who replied, "The good ones have to do that. They have to distance themselves from a patient's death, or each time they will die a little too, and soon there will be nothing left of them" (8). Patient deaths have a substantial impact on physicians. In one study, the longer the doctor–patient relationship, the stronger the doctor's emotional reaction after the patient's death (10). The stress of dealing with patient deaths also contributes to physician burnout (11, 12). Studies of nonphysician caregivers demonstrate that the impact of multiple deaths is cumulative (13, 14) and that the less prepared the caregiver felt for the patient's death, the greater the risk for complicated grief (15). If these same relationships exist for physicians' experiences with loss, those who have more losses and are less prepared for the emotional impact of patients' deaths will bear a greater burden of grief. This burden is what Lipsyte's physician friend intuitively felt would crush Margie's oncologist until there was "nothing left" (8). What Lipsyte's friend may not have realized is that caring for dying patients can be rewarding and that good communication skills may distinguish physicians who experience these rewards (16, 17).

Why Goodbyes Are Worthwhile for Physicians

After 2 years of monthly visits, Dr. B. knows Ms. White's daughter and granddaughter and has enjoyed Ms. White's gentle humor and kindness. He feels sad, but also gratified that the palliative chemotherapy enabled Ms. White to have a few more trips to the zoo with her granddaughter. Saying goodbye is an opportunity for Dr. B. to integrate and reconcile the variety of his reactions: sadness and gratitude, frustration and accomplishment, closeness and distance. Acknowledging the end of his visits with Ms. White is a way for Dr. B. to bring the relationship to a close on an authentic note. As one physician noted in Bayer and Oppenheimer's oral history of AIDS physicians, "At that point you are not just the physician, you are a human being in the presence of another human being who's leaving the corporeal world" (18). By engaging with the reality of the loss, Dr. B. is doing what therapists would call grief work, which can enable one to process, or "metabolize," a loss (5). Saying goodbye in this way also creates an opening for physicians to hear and receive the deep appreciation that patients and their loved ones often express and gives physicians a chance to reflect on the meaning of their work in a way that may enhance their resilience (19, 20).

An Approach to Saying Goodbye

These steps are meant to make saying goodbye less daunting and will work best for physicians who are already comfortable with handling emotion, expressing empathy, and using silence.

1. Choose an Appropriate Time and Place

A setting that affords some privacy will make it easier to be personal. The end of the visit may seem like a natural time to say goodbye, but we note that a physician who has had a long, rich relationship with a patient should plan enough time for a correspondingly rich and meaningful goodbye.

2. Acknowledge the End of Your Routine Contact and the Uncertainty about Future Contact

Dr. B. could say, "You know, I'm not sure if we will see each other again in person, so while we are with each other now I want to say something about our relationship." This acknowledges that the physician will not be making future appointments and sets the stage for a conversation about closure.

3. Invite the Patient To Respond, and Use That Response as a Piece of Data about the Patient's State of Mind

A statement such as "Would that be okay?" or "How would you feel about that?" will enable the patient to have a bit of control over the conversation. In Ms. White's case, it gives her a moment of preparation; it also enables Dr. B. to give an advance warning about his intentions for the conversation and may give him a clue about the patient's emotions about this topic. Ms. White smiles, and this is a signal that she is ready for Dr. B. to proceed.

4. Frame the Goodbye as an Appreciation

We think that Dr. B. can use a goodbye opportunity most powerfully by citing something that he truly appreciated, something that would give Ms. White a sense of her impact on him. Here are some examples: "I just wanted to say how much I've enjoyed you and how much I've appreciated your flexibility [or cooperation, good spirits, courage, honesty, directness, collaboration] and your good humor [or your insights, thoughtfulness, love for your family]." If it seems appropriate, the physician can acknowledge the loss of the relationship: "I'll miss not seeing

you in clinic, and hearing about your grandchildren and your husband." Dr. B. can thus create a moment of gratitude and appreciation about what Ms. White has contributed to him.

5. Give Space for the Patient to Reciprocate, and Respond Empathically to the Patient's Emotion

Acknowledging loss and death can make even well-adjusted, high-functioning patients (and physicians) anxious, and this might be something to acknowledge: "I realize this might seem awkward, but I wanted to make sure that you knew how I felt, rather than risk not having the chance to tell you."

If Ms. White becomes tearful, Dr. B. can provide a warm silence until she collects herself, and he can wait for her to speak. Her tears could represent her sadness about her own death, or gratefulness for her physician, or grief at the loss of this relationship, and she may well explain them. Or Dr. B. can ask, "Would it be too difficult to tell me what your tears are about?"

In our experience, patients often talk about how much they appreciate the doctor's time, effort, and concern. These positive statements may be particularly hard for physicians who may be feeling guilty that their medicines could not do more for the patient. If the patient does express appreciation, it is important to receive her comments without minimizing them: Say "Thank you" rather than "It was nothing, the nurses did it all." If Ms. White expresses appreciation, she is giving Dr. B. a gift, and it is important that he receive and appreciate it. Not doing so may leave her feeling unheard.

6. Articulate an Ongoing Commitment to the Patient's Care

Doing so makes it clear she is not being abandoned (21). Dr. B. might end with, "Of course you know I remain available to you and that you can still call me. Your hospice nurse will keep me informed about what is happening. I will be here if you need me, and I'll be thinking about you."

7. Later, Reflect on Your Work with This Patient

Many physicians received training as housestaff that created the expectation that deaths are not discussed much, that physicians cope by being silent and strong, and that avoiding death is part of self-preservation. We observe that many physicians have involuntary ticker-tape responses that reflect beliefs that may not serve their professional work and personal growth; developing a conscious awareness of these beliefs is an important tool (22). It may be worth asking oneself, "What do I want to take away from my work with this patient?" Because the meanings that physicians assign to their work shape their professional identities, they are worth a measure of mindful attention (23, 24).

GOODBYE AS A MOMENT OF CONNECTION

In *Grace and Grit* (25), Ken Wilber describes how his wife Treya's allopathic physician, "convinced" that Treya's use of alternative treatments represented "massive denial" of her imminent death from breast cancer, made a surprising moment of connection in their last visit.

> "But you're not afraid of dying?"
> "No."
> "Why not?"
> "Because I feel that I'm in touch with a part of me, a part of everybody, that is just all that is. When I die, I'll just dissolve back into that. That's not frightening."
> She was so obviously speaking her truth, I could see this doctor finally believed her. Then he got quite emotional; it was extremely touching.
> "I believe you, Treya. You know, I've never had a patient like you. You have no self-pity. No self-pity. I've never seen anything like it. It's a real honor to work with you, may I tell you that?"
> Treya reached out and embraced him, and with a big smile said simply, "Thank you."

We have taught this practice of saying goodbye to a number of oncology fellows who attend intensive communication retreats (26), and the feedback we get after they return home mirrors this anecdote. Saying goodbye, they report, is moving for both physician and patient.

LIMITATIONS

Not every relationship with a patient who is near death affords an opportunity for saying goodbye. The physician needs to have established a level of mutual understanding with his patient about the severity of the illness (2, 27, 28) and have some confidence dealing with sadness, loss, and grief (29, 30). Acknowledging the end and saying goodbye are best suited for patients who would welcome a moment of feeling connected to their physician. These conversations may not always be smooth or predictable, but they can nonetheless be deeply meaningful. Saying goodbye can be a way of embodying the scope and limits of one's power as a physician.

CONCLUSION

Saying goodbye is a powerful gesture that values patients and the challenging work of being a physician. This practice requires that the physician be mindful, authentic, and willing to lead, and can yield rich rewards in the conversations with patients that result.

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Acknowledgments: The authors acknowledge all of the fellows who have participated in Oncotalk retreats over the past 3 years, the amazing actors who have shown us the power of goodbyes, and Holly Prigerson, PhD, for helpful conversations about empirical studies examining grief.

Grant Support: By the National Cancer Institute (NCI R25 92055).

Potential Financial Conflicts of Interest: None disclosed.

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Ann Intern Med. 2005;142:682-685.

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