Treating death

A physician-filmmaker documents her own struggle to understand and accept the end of life, gaining insights along the way.

Howard Larkin, AMNews Correspondent

In a nationally televised documentary, Doctor-filmmaker Maren Monsen, MD, confronts her fear of death and dying to better serve patients at the end of life.

"I wonder what it will be like to be a doctor who doesn't see death as the enemy," Dr. Monsen asks at the end of her documentary, "The Vanishing Line." The film was broadcast nationally this summer on the Public Broadcasting System's "Point of View" series.

In the film, Dr. Monsen chronicles her struggle with what is for many physicians one of the most profound and difficult of growth experiences: accepting a patient's death as the inevitable end of life rather than as a personal and professional failing.

Since completing the film a year ago, Dr. Monsen, who took time off from medical school to study filmmaking, has begun to discover the answer to her question. By observing and working

Continued on page 10
Treating death

Continued from page 8
beside hospice workers she has found that accepting death — and the limits of her skills and training in preventing it — has deeply affected the way she relates to her patients. "I'm comfortable just being in the room with them. I no longer feel compelled to do something, anything, to keep them alive," says Dr. Monsen, a senior emergency physician, a senior research fellow at the Stanford University Center for Biomedical Ethics.

But arriving at the perspective wasn't easy or quick. Dr. Monsen spent four years producing her film. "If I had quit after three, I would not have found the answers I did." During that time, the project progressed from a relatively abstract consideration of the ethics of end-of-life choices into an introspective quest. Dr. Monsen not only had basic assumptions about medical practice, but her deepest fears of death and dying. At one point, she even questioned her ability to continue as a physician. While primarily meant for a general audience, "The Vanishing Line" could play an important role in raising physicians' awareness of the possibility of hospice care, says James Hallenbeck, MD, clinical associate professor of medicine at the Stanford School of Medicine and director of the hospice programs at Stanford and the Palo Alto Veterans Administration hospital.

Dr. Monsen "reveals her own uncertainty, her own questions, which is something physicians have a hard time doing. That she does give permission for other physicians to question their own assumptions," Dr. Hallenbeck says. "She wisely doesn't provide a lot of answers, but she raises the question that something is out of balance in the way physicians are trained and approach death." Dr. Monsen's account of her struggle begins with the first time she was called to pronounce a patient dead. It was easy; she had clear instructions and the procedure took only a few minutes.

What she wasn't prepared for was the reality of being alone with a dead body. "Medical school had taught me how to treat patients, but I had no idea how to deal with death," says Dr. Monsen, who calls herself "a vanishing line.""... when people come out of cancer treatment and are going in and out of the hospital, they don't see the end." Although she didn't say this, Dr. Monsen was referring to the death of her brother-in-law, "a Betty DeRidder," who was killed in a car crash.

This is an experience that typically excludes physicians, Brigham says. "Physicians float in and out of the room, and even though they have a lot of patients to see, they don't participate in the death. Family members will talk about the death and how it was love all around, but physicians rarely see that. They're fighting it rather than accepting it. Family members are designed out of the experience.

Dr. Monsen chose to show the other side of hospice care, the possibility of life. "The Vanishing Line," which is available from First Run Features, is a 60-minute film that gives a glimpse into the world of hospice care, and the patients and families who benefit from it.

Physician, know thyself

TREATING DEATH AND DYING CAN BE AS MUCH A MATTER OF SELF-AWARENESS AS TECHNICAL SKILL, says neurologist-Russell Portnoy, MD, who chairs the department of pain medicine and palliative care at Beth Israel Medical Center in New York City, which runs one of the nation's only end-of-life care programs.

"American physicians are generally unprepared for patients with medical needs at the end of an advanced illness," says Dr. Portnoy, a co-principal investigator for the AMA's Task Force of Physicians on End-of-Life Care program, which kicks off this fall. "They bring their own expectations about dying, about how comfortable patients should be, and about spiritual issues.

But these expectations are often inadequate to meet patient needs, particularly when patients are from another culture or when the doctor has not examined his or her own attitudes toward death, Dr. Portnoy says.

"The misconceptions and biases that the doctor brings to these situations compromise care," he says. "There is a very long way to go before the American physician can address and manage these issues and become comfortable as people who are going to die and care for people who are close to death as they are.

Many physicians are aware that they lack the ability to talk to patients about death, says James Hallenbeck, MD, clinical associate professor of medicine at the Stanford School of Medicine and director of the hospice programs at Stanford and the Palo Alto Veterans Administration hospital. "It goes back to the Hippocratic oath. We cure when we can, and when we can't we comfort."