

In life's last moments, open a window

My hospice patients were dying, but they still longed for fresh air and birdsong



RACHEL CLARKE

A furrowed brow and flailing arms were all we had to go on. The grimacing, the way the patient flung his head from side to side — all of it signified an unvoiced anguish. We tried talking, listening, morphine. His agitation only grew.

All cancers have the power to ravage a body, but each assails in distinctive ways. One of the particular cruelties of a cancer of the tongue is its capacity to deprive a person of speech.

Some of us thought he must be suffering from terminal agitation, a state of heightened anxiety that sometimes develops as the end of life draws near. But the junior doctor on the team, Nicholas, was convinced that we could unlock the source of our patient's distress and volunteered to stay behind in the room.

Nicholas reappeared about an hour later. "You can understand his speech," he announced. "You just have to really listen."

When I re-entered the room, the reclining chair that the patient — a tall, angular man in his 80s — had been thrashing around in had been turned to face out onto the garden and the double doors were open wide. Now, he sat calmly, transfixed by the trees and sky. All he had wanted was that view.

For a decade, I have worked as a doctor in Britain's National Health Service. We are an overstretched, underfunded health service in which too few doctors and nurses labor with too few resources, struggling to deliver good care. Burnout among staff is endemic, so much



so that it threatens to stifle the kindness and compassion that should be the bedrock of medicine.

But then there are the moments when helping someone is easy: Just nature is enough.

Before I specialised in palliative care, I thought the sheer vitality of nature might be an affront to patients so close to the end of life — a kind of impudent abundance. And yet, in the hospice where I work, I am often struck by the intense solace some patients find in the natural world.

I met Diane Finch, a patient, in May, on the day her oncologist broke the devastating

news that further palliative chemotherapy was no longer an option. She was 51. From that point on, her terminal breast cancer would run its natural course, medicine powerless to arrest it.

"My first thought, my urge, was to get up and find an open space," she told me on that first meeting. "I needed to breathe fresh air, to hear natural noises away from the hospital and its treatment rooms."

At first she fought to preserve herself digitally, documenting every thought and feeling on her computer before they, and she, were lost forever. But one day, as she was typing franti-

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cally, she heard a bird singing through her open window.

"When you come to the end of your life, you get the sense that you don't want to lose yourself, you want to be able to pass something on," she told me later. "When I had whole brain radiotherapy, I felt as though something had dropped out, as if everything I said needed to be saved. It was all running away from me."

"Somehow, when I listened to the song of a blackbird in the garden, I found it incredibly calming. It seemed to allay that fear that everything was going to disappear, to be lost forever, because I thought, 'Well, there will be other blackbirds. Their songs will be pretty similar and

it will all be fine.' And in the same way, there were other people before me with my diagnosis. Other people will have died in the same way I will die. And it's natural. It's a natural progression. Cancer is part of nature too, and that is something I have to accept, and learn to live and die with."

Finch recorded a song based on the peace she felt listening to the bird song, and it was enough to bring her some relief from what — up to that point — had been almost feverish efforts at self-preservation.

Another patient, whom I admitted in July with about a week to live, was mostly concerned that I keep the windows open, so that he could "keep on feeling the breeze on my face and listening to that blackbird outside." I rushed to make sure of it.

Shortly before his death from pancreatic cancer at 59, in the 1990s, the British playwright Dennis Potter described the exaltation of looking out at a blossom that had become the "whitest, frothiest, blossomest blossom that there ever could be" from his window.

"Things are both more trivial than they ever were, and more important than they ever were, and the difference between the trivial and the important doesn't seem to matter. But the nowness of everything is absolutely wondrous," he told an interviewer.

People often imagine hospices to be dark and dismal places where there is nothing left to experience but dying. But what dominates my work is not proximity to death but the best bits of living. Nowness is everywhere. Nature provides it.

(Rachel Clarke is an NHS doctor and the author of "Your Life in My Hands: A Junior Doctor's Story.")

CIVILIAN'S TRIBUNE

How to tackle rising suicides?

Of late, I have been reading many reports about rising number of suicides among the expatriate community of Bahrain. As a doctor, I can only think of one reason behind all these suicides, mental depression caused by various factors, which could include financial troubles, personal issues and diseases. So it's high time we think about the factors that are leading to mental depression among the expatriates. All I could feel is the changes in the ways and relationships among people that have been brought out by the technological revolution. Yes, this revolution has adversely affected the humans. There are no good friendships or strong bonding



that could serve a refuge in times of crisis for any human. The society needs to change. I don't mean it should go back to the medieval ages, but we need to revive the human compassion and love so that we are able to take care of our brothers and sisters, who struggle with various issues in life. As one community, we can solve many problems faced by these underprivileged persons who, at times, even don't have a good friend to talk to. I am sure that the social organisations will come up with plans and initiatives to solve this rising suicide menace.

Dr Chandran Pillai