

GRIEF CHARIOTS

Grief chariots
roll by my hospital office door
with silent sobbing wailers
keening the air
to heaviness.
Onto emptied elevators
are pushed schizoid gurneys
vacant topside
with sheets trailing
long over the edges.
Airy coffin below.
Horseless chariots parked
askew in small
decending chambers
frighten riders
away when doors yawn.
Too few are willing to join
death's first ritual.
A professional jaunt to the diner.
We who are not
used to dying
fear it so.
Only sometimes is death a
tragedy
yet always sad
because it is an end.
I know nothing of
success and failure of the
lifeless passing us shrouded in
that death chariot.
And that is why
I see the paradox of a
riderless stretcher with
no pillow or
blankets
and long sheets flapping with the push.

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HEALTHCARE PROVIDERS AND "DEATH OVER DINNER"

Healthcare professionals in any hospital and medical center frequently face death. When patients die, rituals vary, and it is my observation that we might not be spending enough time on this issue. In the 1980s, while on the medical staff of what was then called The Methodist Hospital (now Houston Methodist), I had an office on the tenth floor of the Fondren building. It was next to the cardiac catheterization suites and coronary care unit. Many of my sickest patients with advanced heart failure were

awaiting heart transplant there. Death was not uncommon, and I watched processions of "grief chariots" with some frequency.

I don't think I did a very good job with some of the departures. At times, I felt feelings of failure, and I had never been taught how to engage in difficult conversations about death with patients and partners in the caregiving sphere. I did learn a bit from watching many skilled and compassionate Methodist Hospital clinicians practicing in the intensive care units at the time. But I also recall a few bad experiences.

I was recently reminded of these times, deaths today, and this poem, which I wrote in February 1985, while attending an event we sponsored at the Cleveland Clinic: "Death Over Dinner." It was an evening at one of our trendier Cleveland restaurants with fine food, drink, and 35 cardiologists, critical care anesthesiologists, and critical care physicians. The event was in an intimate back-room setting and one of many we've recently done. We were attempting to demystify death on our medical watch and humanize the process for our patients, their loved ones, and our teams. We talked frankly about our own thoughts and fears and of our patients and experiences with them. Many of those experiences were unpleasant because of the poorly defined concept of futility and how to handle "do not resuscitate" discussions.

The Cleveland Clinic's Death Over Dinner program was based on Michael Hebb's program of the same name (www.deathoverdinner.org). Hebb points out in his website that "how we die represents the most important and costly conversation America isn't having." Thus, his program is designed to "create an uplifting, interactive adventure that transforms this seemingly difficult conversation into one of deep engagement, insight, and empowerment." Such conversations about death are especially relevant to all of us in health care professions.

Although this poem was penned 35 years ago, it still resonates with me today. As I age and face my own challenges, it reminds me to think about how I can take better care of my patients (myself included) as they approach the end of life. I hope this edition's "Poet's Pen" will spark introspection, conversation, and thought for you, too.

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