

## Humanities: Art, Language, and Spirituality in Health Care

Series Editors: Christina M. Puchalski, MD, MS, and Charles G. Sasser, MD

### Grieving to Grieve

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As the physician leader for Schwartz Center Rounds at City of Hope, I recently facilitated a panel of clinicians that spoke to the topic “A loss that lingers.” As all the panelists reflected on their stories and shared them with the audience, it quickly became apparent that some of them had not addressed their own feelings around their stories for a long time, the rounds that day for some individuals being the very first time that they were having to face these emotions. It was evident that their personal grief over these patient losses had been buried somewhere deep inside them for years, summoned by fate on this date to give it due justice and necessary closure.

It is well known among physicians that we are not taught the art of grieving. Among the countless hours of mastering the science of life and death, to the intricate details of learning how to come to a diagnosis and a treatment plan, our medical schools have until recently failed to teach us how to cope with emotions we face in our careers that might ultimately drain us, the most important one being how to grieve. Somewhere in those initial four years of training, we briefly touch on the Kubler-Ross Model of the Stages of Grief and Loss, very rarely discussing it beyond its theory.

Grief even in its silent form is a powerful emotion that often shapes humans. Every human being when lost is grieved, even the vile ones, and hence grief is what unites us, no matter how different we are as people and how differently we choose to grieve. As we get molded into becoming the best physicians, we get further distanced from the emotions that often fuel the humanity in us. We are taught that crying in front of patients is a sign of weakness, or letting your emotions be known, or sharing in the emotions of your patients and families is crossing the boundary created by medicine to protect us.

If there is one lesson my journey into palliative medicine has taught me, it is the importance of planning the grieving process as part of our treatment plan.

Through the years, I have learned to prepare not only myself for grief but also my patients, their families, and my colleagues. I find that in addressing grief in anticipation of loss is one of the most important aspects of being able to start the grieving process when the loss actually occurs.

My personal journey into medicine began many years ago with the sudden unanticipated death of my father because of complications from surgery. My decision to enter palliative medicine was a direct result of the years that I was grieving to grieve. Nothing had prepared me to lose my father, and no one, including myself, knew how to prepare to heal from his death. Even as I meandered through medical school and residency training, it was not until my rotation in palliative medicine as a third-year resident that I even openly discussed grief for and with my patients and their families to help them cope. In my residency although accolades were given for the correct diagnosis and treatment plans, things like grief and suffering were almost nonexistent if not a very nonessential part of the plan. It was this realization that guided me to palliative medicine. It was the realization that if we do not prepare ourselves and our colleagues for grief of our patients and their families, we will create a void that will further delay the healing process.

As physicians who practice palliative medicine, we are privileged to work with multiple disciplines like spiritual care and social work often. We are trained to address not only physical symptoms but also work with patients and families to address the emotional, spiritual, and psychosocial concerns that affect them. We need to recognize this uniqueness and help our colleagues in other fields of medicine that are not as privileged as us to receive certain aspects of our training. We need to start educating our medical students on how to prepare for death and dying and in that incorporate anticipatory grief. We need to teach

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each other to address grief not just for patients and their families but also for ourselves and our colleagues. We need to teach our residents and fellows that it is fine, when appropriate, and even at times necessary to share emotions with patients and families. We need to harness the energy of our tears, our awkward silences, and grief for all involved.

There is often a conscious effort on our parts to create time for ourselves during the rigorous years of medical training, some of us being better at it than others. We all can agree on the lack of personal time, perpetual exhaustion, and the desire to steal a few additional hours of sleep. As we help deliver babies and write death certificates, the cycle of life and death and everything in between unfolds in front of our eyes sometimes in a way that becomes too habitual. So much of our journey through medical training is about individual achievements and discoveries, which is no wonder when we are left to grieve, we are often alone in it whether by choice or circumstance. This beckons the question: What can we do to help our colleagues and future physicians address their own grief when they experience it both personally and professionally? As a physician trained in hospice and palliative medicine, today, I feel a little better prepared to address this question; however, even in my training, the exposure to grief and bereavement was limited, and when it was offered, it was more reactive than proactive. If you look at programs outside the field of hospice and palliative medicine, you will find that training in grief and bereavement is almost nonexistent. This is a gap that is so critically in need of being filled if we are to become individuals who treat not just the human body but also the human mind and soul.

As we educate the next generation of physicians in addressing grief, we must allow for its various expressions. Grief at its core is such an intimate emotion, that it is no surprise when we do express it, it has many forms. Some might take comfort in prayer or participate in grief and bereavement sessions, whereas others may choose to express it in writing, song, or paintings. As someone who has written poetry from a very young age, it was only natural for me to eventually pen my feelings in the form of verse. I find myself drawn to the power of words even in my daily interactions with patients. Using the right words, both in quality and quantity, carefully chosen at times, I find helps build trust and guide a patient's decision-making process, especially when they are conflicted with choices presented to them. As palliative physicians trained in helping patients navigate these often difficult choices, I find that using words that reflect honesty, empathy, and compassion usually transcend barriers and enable our patients to choose the path that is right for them. We cannot underestimate the

power of our words, and moreover, we should use our words to dignify the outcome not only for our patients but also for our colleagues and ourselves. Writing poetry was that outlet of expression for me: It allowed me to use just enough words to narrate one of the most devastating experiences in my life. As it helped me grieve, it also spoke to my family that had also buried their grief for many years. It captured the nuances of every emotion I felt as I grieved. It allowed me to outwardly express what lay dormant inside me for years. Everything etched in black lines on white paper and everything in between those lines was overwhelming, cathartic, and necessary for me to move on from the loss I had suffered.

As I build a Hospice and Palliative Medicine fellowship at City of Hope, I am continually looking to incorporate in training various methods that will prepare my fellows to personally and professionally approach grief and help them cope long after their fellowship training is over. Grief, I find, is also an important contributor to overall burnout, something that is so rampant in our medical field today. By addressing both professional and personal grief, we will also help address emotional burnout that is often unspoken of in medicine. As part of my fellowship program, fellows will not only write monthly reflection pieces, but they will be introduced to the world of narrative medicine through literature and art. They will learn to find a balance between medicine and humanity and ultimately be able to help those they train become compassionate and empathetic physicians not only for their patients but also for their colleagues. Why? Because losing anyone, be it our patients, our families, or our colleagues is nothing less than painful. And because it is painful, we need to prepare to address it however we can to help each other heal together. This is our obligation to our colleagues as physicians and also to every other human being as citizens of this world.

Somewhere in my mind's eye, I can recall myself boarding an airplane on a long journey that would shape my life to do what I could not do for myself and my family. It would teach me the importance of life and death, and it would teach me the art of anticipatory grief. It would teach me the beauty of silence, and it would teach me the strength of tears. Like my father, my patients will die someday, and their families will also grieve, some sooner than others. My colleagues will also feel the pain, sometimes only to bury it in the daily business of seeing patients and coming up with the next diagnosis or treatment plan. So I call on you, my fellow colleagues, to start the practice of anticipatory grief and spread it to others in the hope that together we not only help our patients and families but also each other. After all, even a day of grieving to grieve is a day of healing lost ....

*Grieving to Grieve*

A body, cold and heavy  
 What did he feel as he left this world behind?  
 Was he afraid? Was he in pain? Was he confused?  
 What was he thinking as he took those final breaths?  
 Was he ready? Was he prepared?  
 Did he lose faith or did he just give up?  
 Questions and more questions.

Standing by this cold calm body I do not know how  
 to feel

I cannot cry  
 I cannot think

Touching his body only makes me feel hollow  
 His eyes are closed

His face not entirely rested

I could just wake him

His hair looks gray and overgrown

I am upset he hasn't had a haircut

I remember sitting on the porch and trimming it for  
 him

Did he want me to feel the guilt?

I want to take a scissor and trim it again and again  
 and again

I took the same flight he took

I try to imagine where he sat

I try to imagine him with his scotch and soda

His body does not smell like him anymore  
 How many times I might have wanted him to shower  
 to wash his sweat away

I miss it now.

I look around me

So many people here

I don't know who they are

They come up to me, nearly all of them

I cannot hear their words

I cannot think their thoughts

I want them all to leave me alone as he vanishes in  
 flames

His ashes warm and gray do not comfort me.

This night is dark

Darker than ever before

I finally feel the emptiness

A candle illuminates his picture

It burns itself out as the sunlight hits my face.

For a decade now I have woken up each day and  
 slept every night searching for answers

Today, I will let go of him

Today, I will free myself

Today, I will grieve for us

Today, I will celebrate.

By

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