

ON MY MIND

Saying Goodbye

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"Why didn't you want to say goodbye in our small group?" she asked. "I don't like to share those types of emotions in groups," I instantaneously replied. As I drove home from the final day of an intensive training course where people tended to make quick and lasting relationships, it occurred to me that my rote excuse about not wanting to share my feelings in a group setting wasn't exactly true. Hadn't I just spent 2 emotionally exhausting weeks laughing and crying as I shared my most private thoughts with a group of kindred spirits who had come together to improve the care we provide to seriously ill children and their families? In fact, I had just shared everything from my most emotionally powerful death to my personal spiritual history (which I'm not even sure I have shared with my husband). So why didn't I just say goodbye?

My inability to say goodbye in the group setting had deeper roots. In my practice as a pediatric intensivist, there is an emotional turbulence that one must learn to function within to care for critically ill children and their families. During one overnight call, we might perform cardiopulmonary resuscitation on a teenager with cystic fibrosis who will not live to see his high school graduation, move on to admit a newborn with hypotonia and explain to her eager parents that their beautiful new baby girl has a fatal neuromuscular disease, comfort the hard-working family whose child was admitted in a diabetic coma because they could not afford insulin, and listen to the parents of a young adult following an intentional overdose who had no idea their child was struggling with depression. In our most emotionally challenging days, we bear witness to children facing their own mortality and parents forced to make decisions that no parent should ever have to confront. This constant emotional turbulence presents a dilemma. If we allow ourselves to become overwhelmed by emotions, it is impossible to care for these critically ill children and their families, but if we attempt to restrain our emotions, we lose the very reason that many of us enter the medical profession in the first place. To function in this environment, we must accept the cost of compartmentalizing our feelings, but one wonders what is being lost.

I have never taken part in pediatric end-of-life care that didn't take a small piece of my heart. But, there still comes a time when we must put aside the raw emotions that accompany this work. We must untape an endotracheal tube and remove it, knowing that child will likely soon take their last breath. We must stand at a bedside and push a dose of intravenous morphine to ease suffering, acutely aware that it may be temporally related to that child's death. We move from one emotionally challenging situation to the next, often without time to truly reflect on these experiences, and then we go home to our families where we are children, siblings, significant others, and parents. At home, we again compartmentalize our feelings, reminding ourselves that not all children get cancer, not every upper respiratory tract infection evolves into life-threatening sepsis, and a toddler being killed by a falling tree limb is truly an exceedingly rare event. We try our hardest to forget the sorrow and to take both the love that we witness and a new appreciation for life with us every time we leave the hospital.

The reason I didn't say goodbye in the small group wasn't because I was reticent (which incidentally is also true). I didn't say goodbye because I had already gone to that place that allows me to walk the fine line between being empathetic and being analytical when caring for children and their families in a pediatric intensive care unit. It is the same place I go when the emotions are just too overwhelming, and although I want to cry, I need to compartmentalize my feelings to lead a team that delivers care to a critically ill child.

All physicians carry with them a personal graveyard where both beautiful and horrifying deaths live on. In mine lies a beautiful toddler who was declared brain dead after a devastating stroke. I think often about her mother's question to me as I turned off the ventilator supplying oxygen to her lungs and placed the little girl in her mother's arms for the last time. "Why would someone ever choose to do this job?" she asked. Although the question continues to haunt me, I know the answer is always the same no matter how many deaths I witness. I chose this job in hopes of making the darkest hours of a family's life a little less dark, so that they may have an opportunity to say their goodbyes.

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