

In my first year at medical school, just months apart, I lost my three remaining grandparents. They had each received the treatment they needed, yet the end for each felt incomplete. Through reflection, engaging with art, and looking for answers in places such as Atul Gawande's *Being Mortal: Illness, Medicine, and What Matters in the End*,¹ I began to piece together what had appeared to have been missing from the last stage of their lives.

ACKNOWLEDGE BUT DON'T BECOME CONSUMED

When asked what makes a good doctor in medical school interviews, I was armed with a list of desirable qualities to develop during my training: intelligence, diligence, communication skills, empathy. Empathy has been described as understanding the emotional responses generated by a situation to the extent that the viewer could be the viewed.² But if the viewer is the viewed, as medical students are we expected to feel the pain of all our patients? It is surely more reasonable to ask us to acknowledge patients' fears and anxieties without becoming consumed by them. At some stage in every medic's career, an agreement has to be made with oneself to care enough, but not so much that one cannot function. However, my experiences so far have led me to question if some medics become so far detached from the emotion surrounding death that they may become less well equipped to empathise appropriately.

Unconvinced that empathy or compassion can be taught, I wonder if these qualities lie dormant within us all. Could an involvement with the arts enable medical students to awaken these qualities?

The power of art lies in its ability to evoke a reaction in its audience. This requires interrogation of the work — comparable with using histories and symptoms to guide medical investigations. To endeavour to understand the artists' motivations is a skill, I believe, transferable to medical practice.

WHAT EXISTS BEYOND THE SICK PATIENT

Speaking at my grandmother's funeral, I struggled to articulate how it felt to experience three losses just months apart. When I encountered the work of photographer Sukey Parnell, I felt a similar unease. Struck by the depth of grief in one particular image, I found myself questioning this unease. This photograph (shown here) from *The Savage*

and *Beautiful Country*,³ was taken by Sukey herself, 2 hours before her mother passed away.

This is a powerful image: the death of an older patient surrounded by family, free from medical paraphernalia, at home. It details what exists beyond a sick patient, documents the impact of an individual death on the people left behind, and taught me something I'm not sure medical school ever has. Sukey captured something so much greater than just one moment — the end of an entire lifetime of love.

When the health of my grandparents began to decline, it was no surprise. They differed medically, but their situations were similar; their ends even more so. When reflecting on my grandfather's end-of-life care, one conversation sticks out. The consultant responsible for my grandfather's care relayed to us the severity of his condition. My father, a GP, was told in no uncertain terms that '*this man*' (his father) was dying. '*Treatment is pointless ... his days are numbered.*' Silent disbelief. Perhaps because in front of him stood an entirely medical family, the consultant assumed familiarity with death. Perhaps he talked to us as colleagues, forgetting what Parnell's photograph captures — what exists beyond the sick patient. Perhaps art can provide us with a window into the emotional attachment that I fear some medics may have become too far removed from.

CONFUSING TREATMENT WITH CARE

In his book, *Being Mortal*, Gawande talks about how medics too often regard the patient with a problem we cannot fix as uninteresting.¹ My grandfather's state of frailty and unresponsive pneumonia suddenly appeared irrelevant. Treatment became palliative. My grandmother, who never left his bedside, couldn't understand why the medical team had stopped checking on him. Who was looking after him? Gawande documents how easily medics confuse treatment with care, struggling to initiate care when treatment has ceased. Safety, protocol, quality — words we understand and strive towards. But are we so caught up in the language of modern medicine that we have forgotten what is important?



Image from Parnell S. *The Savage and Beautiful Country*. Blurb Books, 2009.³ © Sukey Parnell.

Dickinson commented that even the most knowledgeable and competent doctors may stand empty-handed before the patient in desperate need of counsel.⁴ We forget the power of empathy and supportive care, and, through art, I have been reminded of this.

Engaging with something outside of medicine has opened my eyes to what exists beyond our sick patients. Moving forward, I will remember my losses. Aware of how accustomed to death and illness I may have become, I have been reminded that taking a step out of my medical shoes could better equip me to support a patient in their final days.

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