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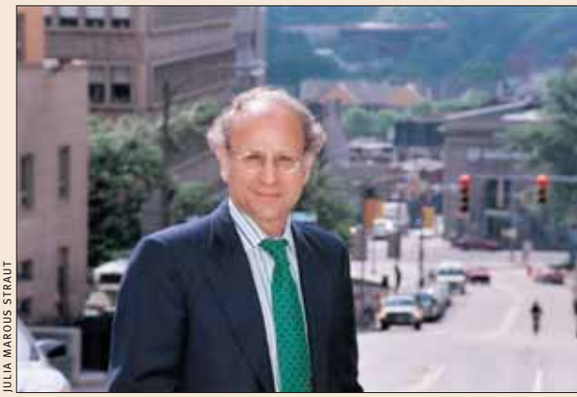
Beauty is unbearable, drives us to despair, offering us for a minute the glimpse of an eternity that we should like to stretch out over the whole of time.

—Albert Camus



JULIA MAROUS STRAUT

In this issue of the magazine, a writer explores how physicians may fail to interact effectively with terminally ill patients and their families ("The Modern Deathbed," p. 18). I know from my own experience as an oncologist how difficult it can be to relate squarely with families who are desperate for miracles. For instance, imagine how flummoxed a young doctor could become if a dying patient asked, "Just between you and me, Doc, we're going to kick this thing, right?" So why don't doctors handle these situations more skillfully?

The question makes me think of a talk Fadi Lakkis gave recently. Dr. Lakkis is the scientific director of the Thomas E. Starzl Transplantation Institute. He noted that, in the lab, sponges retrieved from the deep sea can be induced to fuse together into one organism if they are genetically identical. If they are genetically distinct, however, they repel one another ("innate immunity"). For 800 million years, this primitive ability to recognize "nonself" has been vital to the sponge's self-preservation. The ability is critical to the most basic of biological needs—to reproduce one's genes and thereby to sustain one's "identity." Fusing with another organism—even one of the same species—would permit the possibility that the organism might pass on the genes of another invading organism, diluting or even extinguishing the very identity that might otherwise offer a "glimpse of eternity."

The immunology of sponges may seem leagues away from what takes place in our discussions in the ICU. Yet I submit that our instinct for preserving our identity is likewise conserved by millions of years of evolution. Moreover, as the renowned social anthropologist Ernest Becker has written, "the wellspring of all human activity is the fear of dying." Absent our sense of these profundities, we cannot care for our patients with wisdom.

When we see our patients dying, we must confront our own mortality. At the National Cancer Institute, where I was an attending physician years ago, oncology fellows admitted, after some prodding, that they avoided their dying patients. Sometimes they unknowingly identified with them. Sometimes they were angry with them. The last thing young doctors wanted to do was to enter into meaningful discussions with terminally ill patients and their families that would stray from the reporting of medical facts—discussions that might touch on a parent's guilt or a patient's fear, for example.

But, as those oncology fellows learned, when physicians don't run from their patients and instead come to see a patient's experience as a guide to confronting their own mortality, the rewards are profound. We come to know our patients and ourselves at a deeper level, and we become better doctors.

Camus also said, "It is normal to give away a little of one's life in order not to lose it all."

Arthur S. Levine, MD
Senior Vice Chancellor for the Health Sciences
Dean, School of Medicine