PERSPECTIVE

LESS IS MORE

The Last Breath—Enriching End-of-Life Moments

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I was getting ready to go to work when my sister called from Winnipeg. "Mom is dying," she said. Our mother was 90 years old and had experienced a stepwise decline over several months after an episode of urosepsis, complicated by recurring episodes of aspiration pneumonia, *Clostridium difficile* diarrhea, and a pelvic fracture. She became less interactive with each complication. She had been clear in her instructions to us that she did not want to be kept alive if she was unable to interact meaningfully with those around her. We communicated to her clinicians that she was not to be resuscitated in the event of cardiopulmonary arrest. A few weeks after that, we moved her to a skilled nursing facility, understanding that it was inevitable that she would have further episodes of aspiration. A week later, she developed a fever and was given oral antibiotics for several days. A week after completing the course of antibiotics, she developed a fever again, so the antibiotics were restarted.

The morning that my sister called, the staff had explained to her that our mother no longer had a gag reflex, so she could not take medicine by mouth. She could only be treated parenterally, but she would have to go to a hospital for that treatment. We knew that it was not our mother's wish for that to happen. I quickly packed a bag and left for the airport, booking my flight on my way there. Before I boarded, my sister called again and said that she had spoken with her friend who was also her rabbi. He had told her that, in Jewish tradition, the soul leaves the body with the dying breath, and it aids the soul on its journey if those present say a prayer, "the Shema" ("Hear, O Israel, the Lord is our God, the Lord is One"), as the individual breathes their last breath.

"You don't believe that, do you?" I retorted.

"I think that it would be nice to do that," she replied, and I acceded to her wish.

When I arrived in Winnipeg, our mother wasn't conscious, but her blood pressure and pulse were stable. Respirations were deepening a little, but it was clear that she was not in extremis. We stayed with her through the evening but were eventually able to leave her for a few hours and get some sleep. When we returned in the morning, she was breathing deeply and more rapidly in a Kussmaul pattern. I explained to my sister that this was a sign that death was approaching. Blood pressure had fallen a bit, but she was not yet hypotensive. Extremities were cooler, and there was some mottling of the extremities as she pooled blood centrally. My sister, brother-in-law, and I all sat with her, paying attention to her breathing, while I regularly checked her pulse and blood pressure. As the day went on, her respiratory rate increased to 60 or 70 per minute. Extremities became cooler. Eventually, her systolic blood pressure fell to about 80 mm Hg, then somewhat lower. After that, the respiratory rate began to drop to 50, then to 40, then into the 30s. We were attending to this vital sign in particular, because we had a job to do. How do you know which breath will be the last one?

The extremities became more mottled, and the respiratory rate continued to fall. Then there was a pause in her breathing, just for a few seconds. A few minutes later, there was another, similar pause, then she resumed. We agreed at that point that we should start saying the prayer, because we did not know if the next pause would be followed by a resumption of breathing. So, we said the brief prayer again and again. The phone rang. It was my sister's daughter calling from Toronto to check on her grandmother. My sister told her what was going on, and she said that she wanted to join us in saying the prayer. My sister held the phone to grandma's ear, and we proceeded. We were not keeping track of the time because we were very focused upon completing our task, so I do not know how long we continued: perhaps a total of 30 minutes. There were several more pauses, then finally her breathing did not resume. We continued to say the prayer a little longer, just in case she was not quite done. Finally, we stopped, kissed her, then called the nurse.

I certainly did not believe that our words had provided Mom with a ticket to heaven, and I never did get a straight answer from my sister about what she thought. What we did discuss and all agreed on was that it was a wonderful experience. As she was dying, we were not focused on our own emotions and reactions to what was taking place, but rather on the job we had to do. So often, the experience of a loved one dying gets crowded out by the emotional needs and other agendas of family members. Saying this prayer structured our experience in a positive way.

Some months later, I was attending on an inpatient service when a Jewish man was admitted to the hospital with end-stage gastric cancer. His large, extended family was quite emotional when we told them that he was going to live a few days, at most, even though they understood that we had little to offer at this point. On the day that he lapsed into unconsciousness and began deep, labored breathing, there was a large group of relatives in his room, talking loudly and emotionally. I took aside his 2 adult children and suggested that it would be good to try to calm things down. No one was paying much attention to their father. I told them the story about what we had done for my mother and suggested that they should do the same. They agreed. Their mother was sitting alone in a corner of the room by the window. She looked devastated. I suggested to the children that she should join them at the bedside, holding her husband's hand and being prepared to say

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the Shema when it appeared that he would soon die. They did, and she did. The room calmed down. I stayed with them for a while, then left for the night. The father died several hours later. The nursing staff reported that his death was a peaceful event and that the family handled it well. Some time later, I was supervising in clinic, and the resident took me into a room to see a patient; it was the widow of the deceased patient. She smiled, said my name, and thanked me for what I had done to help their family when her husband was dying.

Often, we struggle in medicine to convince families that it is OK to forego futile interventions at the end of life. Clearly, a prayer is not a tool that will help everyone (and I had no success in suggesting that approach to another family determined to persist in care that could not help the patient). However, there could be other culturally appropriate ceremonies, rituals, or practices that can help other families greet the last breath—not as a moment of despair but rather of affirmation—by calming and achieving cohesion among family and friends of dying persons. Such activities need not have religious content: they might take the form of poems, readings, songs, recounting of favorite stories concerning the loved one, etc. If some do have a religious flavor, they may well be beneficial, even to individuals like myself who lack religious convictions. Medical professionals should not be prescriptive in this regard, but rather should become aware of and accommodate the cultural, religious, or personal rituals that would be most meaningful to the participants.

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