

Palliative care on the oncology ward

Jennifer E. Raiche

Are oncology and palliative care “two solitudes”? In my experience, it’s not the specialty that determines the care, it’s the person.

I lived on an oncology ward for 7 weeks, keeping watch over my beloved Tom as he died. I ate and slept there, rarely going outside the hospital walls. Ask *me* what constitutes palliative care.

Palliative care is ...

the internist who, during the first dazed days after the diagnosis, said to Tom: “This is *your* journey. Don’t you let *anyone* try to tell you how you should travel it.”

an oncology nurse gently removing Tom’s tuque, stroking his head and telling him with loving eyes and a soft voice how beautiful he is.

a medical oncologist sitting quietly with us, facing Tom with his hand on Tom’s knee, explaining to him that he had only 4 months to live.

that same oncologist returning to the hospital on his evening off at Tom’s urgent request 2 months later, to repeat the scene just as compassionately as the first time. Why? Because whole-brain radiation and heavy medications had caused Tom to *forget* that he had been given a death sentence.

the social worker, oncology nurses, palliative care team, residents and oncologists who were willing to listen — both to Tom and to me — as our hearts bled in full view of strangers.

the radiation oncologist who ordered prophylactic rehydration by IV before each palliative radiation treatment because, in his confusion, Tom believed it helped his dizziness and nausea.

the resident who continued to visit Tom almost daily, long after her tour in oncology had ended.

the nurses and technicians in the treatment centre who ministered to me as I listened helplessly to his screams during 2 later attempts at palliative radiation.

the palliative care nurse who insisted that the pain management team be called in.

the anesthesiologists and surgeon who volunteered to operate on their day off to insert a permanent epidural in a last-ditch effort to control Tom’s pain.

the nurses who brought me food without being asked, during the last days, when I feared to leave Tom’s room.

the oncology nurses who carried out their duties with tears in their eyes as Tom begged for relief from the inescapable pain.

the palliative care physician who, when Tom had only days left, tried to help him understand why an inexperienced resident had said: “It doesn’t matter that you can’t eat. It doesn’t matter if you eat or not.”

the palliative care nurse who stayed long past her shift on Christmas Eve morning, because we knew Tom would be gone before nightfall.

the radiation oncologist who came within the hour to express his sorrow.

the palliative care nurse and the oncology nurses who brought light, hope and tenderness with them every time they entered the room.

It’s not the specialty. It’s the person. ?



Experience

Expérience

Jennifer Raiche is an Assistant Editor at *CMAJ*.

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Doug Bernhardt