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**CARING FOR
A SURGICAL
PATIENT WITH
DIABETES...a C.E.
offering, p. 34**

**HOW TO
DECLOG A
FEEDING TUBE**

**LESSONS FROM
ONCOLOGY
PATIENTS**

**A comprehensive
guide to
MANAGING
ASTHMA**

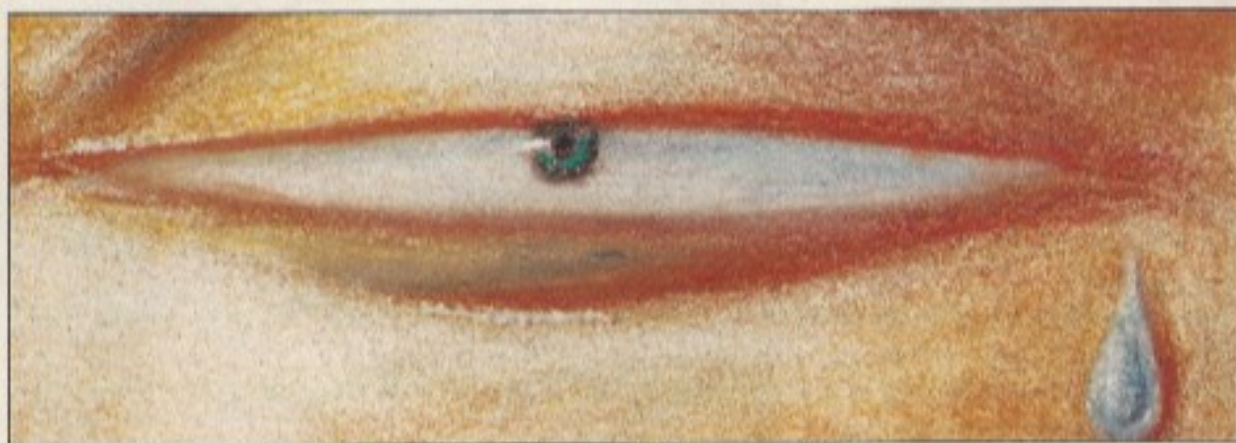
**HOW TO
DEAL WITH
"I CAN'T"**

Plus:

Action stat!
Adrenal crisis

Are you judgmental
about pain?

Turning PERSONAL GRIEF



Into PERSONAL GROWTH

The death of a patient is never easy, especially when you've become close to him. This oncology nurse tells how a few special patients and their families helped her cope with death better—and live her own life more fully.

AS A NURSE-MANAGER ON A CANCER unit, I help a lot of people through the grieving process when they're told they have a terminal illness. Little did I realize when I took this role, however, that it would be my patients who would take *me* through this process.

I thought I'd read enough to know all about the five stages of grieving—denial, anger, bargaining, depression, and acceptance. What I didn't know was how these stages applied to

my life. One by one, patients showed me what these concepts really mean. What these special people taught me has made me become a better nurse and enriched my life in so many ways. Let me share some of my experiences with you.

Recognizing denial

Dave taught me about denial. Not his—mine. Dave had cancer of the head and neck and had undergone a laryngectomy. I met him when he was admitted to our unit for chemotherapy after the cancer had metastasized to his lungs.

Besides having treatments 5 days a month, Dave worked 40 hours a week as a volunteer

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on our unit. As a retired engineer, Dave was highly efficient, and our whole unit came to love him. After about a year, though, his condition began to deteriorate. One day, he was admitted with weakness and dyspnea.

"I'm going to die in 2 weeks," he said.

I visited him whenever I could during the next week, and we talked about everything—everything, that is, except his approaching death. The following week, I didn't get to his room as much. "I'm too busy," I told myself.

True to his word, 15 days later, Dave was dying. Called to his room, I stood and watched helplessly.

Overwhelming pain

After Dave died and everyone left, we prepared his body. The pain I'd denied for so long and the tears I had held back came rushing forth. Dave wasn't just another patient. He'd been my friend and co-worker for more than a year. We'd been through rough times together, and I'd always been there for him...until that last week.

I grieved for weeks. My usual method of dismissing a distressing thought didn't seem to be working. Finally, I let myself look at my grief and embrace the pain I was feeling. I realized what hurt the most was that I'd never told him what he'd meant to me.

Later, I held a staff meeting to discuss the needs of our dying patients. I shared my feelings about Dave's death and how I'd avoided him. I told my staff that I felt like I'd let him down and that we hadn't been able to say good-bye and bring closure to our relationship. They shared similar feelings and we comforted each other.

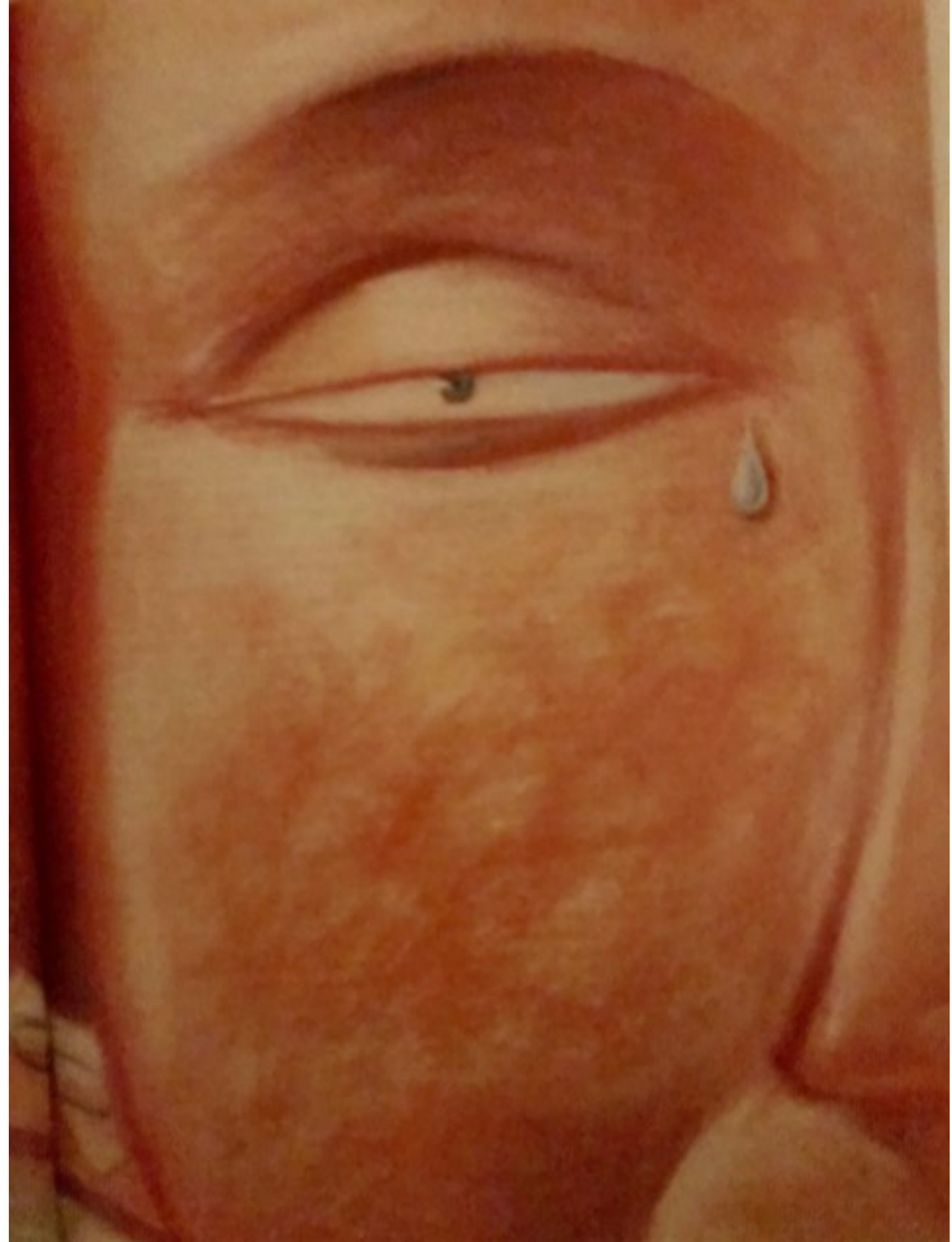
Afterward, I was amazed at how much better I felt. Through all the tears and the guilt of letting down a friend there also came a healing—and I realized it had come only when I'd let myself feel the pain and share it with others.

Upon further reflection, I realized how I used denial to deal with many of my personal problems. Rather than let myself feel emotional pain or inadequacy, I pretended I didn't have a problem, or minimized problems by saying, "It's no big deal." After Dave's death, I was no longer comfortable with this. I made a commitment to myself that Dave would live on in my practice and in my life through my willingness to face my own emotional distress.

Overcoming denial

The first chance to put my new philosophy to practice came when I met Larry, a 43-year-old patient with recurrent lung cancer. Larry had failed an initial course of chemotherapy and was within days of dying when our doctor





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offered an unusual course of plicamycin (Mithramycin) therapy that he'd read about in a medical journal. Larry opted for the therapy, even though no one, including the doctor, thought it would do much good.

To our amazement, though, Larry went into complete remission. During the next 2 years, Larry came to our unit for treatment, touching our lives with his warm sense of humor and wisdom.

Then he started deteriorating and becoming intermittently incoherent. One day, during a confused moment, he asked me to shave him. As I did, he became focused and looked into my eyes.

"Am I dying?" he asked.

"You're seriously ill, Larry. I don't know whether you're going to die. I know you've recovered before."

I remembered my commitment to Dave and began to tearfully tell Larry how much he meant to me. He told me how comforting I'd been to him. He added that he was ready to die and thanked me for talking with him about it. Larry died a few days later. But this time my grief was mixed with a deep satisfaction and peace.

I still have to talk to myself when I get scared and want to withdraw emotionally to avoid pain. I tell myself, *It's okay to hurt*, and I remember the emotional wound that suppressed pain causes and the healing that comes when I let myself feel all of life—including my sorrows.

Coming to terms with anger

I started learning about anger one day when I was gathering patients for a meeting of our emotional support group. I went into one patient's room, inviting him to join the group, and he turned to me and yelled, "I don't want to go to any [expletive] meeting. I just want the results of my biopsy. Can't anyone around here tell me whether or not I have cancer?"

I was stunned.

"You don't have to yell at me," I said. "All you have to do is tell me how you feel."

I walked out of the room very indignantly and promptly called the psychologist to deal with this patient's inappropriate behavior.

That evening, I recalled how uncomfortable I was with his anger and how justified I had felt in defending myself. Then I realized that his anger was normal and healthy and that *my* response was inappropriate. Once again, I made a commitment—this time to stop feeling threatened by anger and to learn from it instead.

A short time later, a patient named Dan tested my resolution. Only 32, he had recurrent testicular cancer—and he was furious about it. Abusive and difficult, he'd alienated

my nurses and had threatened to stop his treatment on several occasions.

One day, I was called to his room to mediate a tense standoff between him and one of the nurses. Dan was nearly 7 feet tall, and I'm only 5 feet. But I sent everyone away, promising myself that I wouldn't be intimidated by Dan's anger.

Dan ranted and raved, calling my nurse a bitch—and every other name in the book. Normally, I would have taken offense at such abuse and defended my staff. But this time I just listened and nodded. Soon, he began to talk about how he resented losing control of his life—his plans, his ability to work, his ability to have sex, even simple pleasures.

"Could it be that your cancer is the bitch?" I asked gently.

He started sobbing, telling me how scared he was and how he grieved for his life. I listened—and learned.

"Why can't I quit crying?" he asked me.

"Because you should've been crying a long time ago," I told him. "All your plans have been snatched away. Of course you're angry about this. You *should* be crying about all these changes in your life. Let yourself feel your pain, Dan. Then you'll find a better way to live with all that's happened to you."

We hugged.

Dan went out to find the nurse he'd yelled at. He apologized and hugged her. They both cried. Dan went on to finish treatment, and his disease is now in complete remission. When he visits, he helps other patients deal with their cancer. I was amazed that healing could be on the other side of such anger.

I also realized that I'd never learned how to handle my own anger. To me, anger was a negative feeling that well-adjusted people didn't have. I spent a lot of time and energy suppressing anger, unconsciously disguising it by saying I was "frustrated" or "hurt."

Now I tell myself, *It's okay to feel angry*. And I still remember Dan and the healing that comes from expressing anger to a person who can accept it.

A lesson about bargaining

Ray and his wife Ginny taught me about bargaining. Ray came into our unit for chemotherapy treatment for multiple myeloma. An affable man, Ray often joked with the staff despite heartbreaking setbacks: bouts of neutropenic sepsis, an infection around an implanted venous access device, and lytic lesions throughout his skeleton.

One day when he was riding home from the hospital, he fractured his clavicle by simply turning his head. Later, he fractured his humerus. Despite these hardships, his wife Ginny managed his care at home, driving

him 100 miles for treatments.

Another time, we were transferring Ray to a bedside commode when a lytic lesion caused his femur to break. Howling in pain, he shifted his weight to the other leg. In an instant, his hip broke too. Ginny had heard the bones snap and was beside herself. I took her out of the room while the staff worked to stabilize his fractures.

"This is so unfair," I told Ginny tearfully. "Ray doesn't deserve this."

I could see that Ginny took comfort in these words.

"I don't know what we've done to deserve such suffering," she said softly.

We continued sharing our feelings until both of us felt better, then we went back in to see Ray. Having confronted her own feelings, Ginny was able to comfort him.

Tremendous bravery

Ray showed tremendous bravery in the days ahead, even though the slightest movement caused him excruciating pain. One afternoon, we had to lift him so a special mattress could be put on his bed. I shut the door and told Ray to scream or do whatever he needed to help him with the pain. But he never made a sound. While he was being held aloft, he winked at me. "How ya doin', Deb?"

Ray died a few weeks later, with Ginny at his side. After he was gone, we shared how special Ray was to us, and Ginny recalled beautiful memories of their life together—smiling many times throughout her recollections. I felt privileged to glimpse the beauty of such an enduring, intimate relationship.

Ray and Ginny live on in my life. What happened to him was truly unfair. In trying to make sense of the injustice, I realized I'd spent a lifetime bargaining for fairness in an unfair world. Ray confronted this truth and, with the wink of an eye, showed me the power of the human spirit to deal with it.

Struggling with depression

One day, a doctor asked me to convince a patient named John to attend a meeting of our emotional support group.

"He's depressed," the doctor said. "The group will cheer him up."

John, 42, had malignant melanoma. His treatment had failed and he appeared to be dying. Luckily for John, I'd grown beyond my earlier stage of trying to cheer up depressed patients. So I entered the room ready to accept John's feelings, willing to explore them with him. He appeared severely depressed. With downcast eyes and a flat voice, he told me how alone he felt.

"My family won't let me die," he said. "They keep telling me to fight, and I don't

want to. But if I don't, I'll be letting them down. I just feel so alone in all of this."

"Are you ready to die, John?"

He nodded.

"You need to know that it's okay to die."

He looked in my eyes for the first time.

"Tell your family that you can't fight anymore and that you need their help so you can die peacefully."

"I can't," he said, shaking his head.

We agreed that I'd tell them in his presence. When his wife and daughter arrived, I explained that John was dying and didn't want to fight anymore.

"But he feels like he's letting you down," I told them.

As I spoke, his daughter, who was pregnant, started to cry. When I finished, she turned to her father and apologized for telling him to keep fighting. She explained that she'd wanted her unborn baby to know his grandfather—to know what a fine man he was. She went on to say how her love for her father would live on in her child. The daughter then hugged me, sobbing in my arms.

"Thank you for caring enough to not let Daddy die alone."

Later, I realized I'd often been depressed because I'd never trusted my feelings. I always tried to deny my depression, believing it to be entirely negative. John showed me that depression is okay if I face it and try to find out what's causing it. Only then can I make choices that will help me feel better.

Acceptance—the final stage

All of these precious moments that I've been privileged to share with my patients are still with me. My patients have taught me how to accept them, no matter what they're feeling. With my accepting attitude, I make a connection with them that helps them feel safe, secure, and trusted.

My patients have also shown me how to accept myself and my feelings of denial, anger, disappointment with unfairness, and depression. This acceptance enables me to enjoy the peace, love, and healing that are on the other side of those so-called negative feelings.

I'll always be grateful to my patients and feel privileged to have shared in their lives. To them, I say, "Thank you for helping me become a better nurse and live my life more fully. I now know that in the midst of my greatest suffering lies my greatest joy."

And to Dave I say, "I'm sorry for not being there when you needed me. Please forgive me. I still let people down sometimes, but you taught me that I can't be all things to all people at all times. You understood that I could be only what I'd grown to be. Now I understand that too." ■