



Linda Brodsky Memorial Journal

Let's Navigate Death: Finding Comfort in the Uncomfortable

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If I took a poll on death, most would say the thought of dying is both perplexing and terrifying. Though, we all face death. As a future physician, I often wonder how I can better understand the dying process, and perhaps even make it easier for those close to me to understand. I came across the book, *On Death and Dying*, during my second year of medical school. In this, Dr.

Kubler-Ross explores the dying process, the five death stages, and explains how it affects the patient, their loved ones, and the entire healthcare team. It is detailed and sensual, bringing light to a process our society tends to find extremely dark, and even creating a sense of hope.

Before medical school I worked in emergency medical services for five years. This tasked me with responding to any 911 medical call, from multisystem traumas to drug overdoses, sudden cardiac death, and respiratory arrests during the height of the COVID-19 pandemic. Call volumes and

acuity were always high, and death was imminent and often. However, it was early on that I somewhat desensitized myself to death. I didn't think about it much, just went through protocols and ensured my readiness for the next call. I hoped my next emergency was not anyone I knew, and for the most part was lucky. I often struggled to accept how desensitized I was, and my family did too. I chose medicine for my compassion, empathy, and drive to educate and comfort others. This desensitized feeling seemed opposite.

As I explored this book, a concept thought to be poorly understood, out of our control, painful, and depressing, quickly became a process I could more easily wrap my head around. Now, of course I am not writing this to celebrate death, as the depression stage is just as important as the acceptance stage, and loss can and will be devastating. But rather, this riveting collection of interviews and conversations reminded me of our role as healthcare professionals. We are healers, advocates, and educators. It is not appropriate for us to tell a patient or their family, "there is nothing more we can do". When the time comes that we can no longer heal, we can

comfort. There is always something more to do; gather warm blankets, provide gentle touch or companionship, play soothing music, bring prayer and spiritual blessings. Maybe we even soak moist mouth swabs in the patient's favorite juice. This book pushed the limits of my comfort zone in a way no challenge had before. I decided to sign up for a 48-hour Hospice immersion experience offered by my medical school's geriatrics department.

As I walked into Gosnell Hospice Home my mentor asked me, "do we control when we die?" I then immersed myself in an acute hospice home for 48 hours as part of a living and learning research project to better understand death and palliative care. This experience, in combination with this book, have culminated not only my interest in both critical care and palliative medicine but taught me to challenge the uncomfortable within myself when speaking to patients, their families, and my own family and friends about terminal illness and the dying process. I sat with strangers as they were dying. I had preconceived assumptions of them, believed they would be severely depressed, fighting, withdrawn. This was not the case at Gosnell. They seemed at peace, quiet, comfortable, and those still able to speak expressed appreciation. Except for acute trauma, I do indeed believe we control when we die.

Though death in EMS was common, I have been fortunate enough not to suffer personal loss in my immediate family, up until two months ago when my comorbid grandfather fell ill with influenza and died of complications a few days later. My father flew to South Carolina to see him during his dying process. I called often, shared many of my experiences at Gosnell and when appropriate, offered advice to my dad to help him understand and make grandpa more comfortable. Though somewhat sudden, I feel blessed knowing there was a caring Hospice team there who understood the process and am grateful for the experiences that allowed me to help my own family better understand and grieve. I will continue these practices with my future patients and never stop learning how to make scary things feel a bit less scary.

Biography



Molly Cherny grew up in upstate NY, played soccer and violin, and after high school pursued a Bachelor of Science in Health Sciences at Gettysburg College. There, she worked as a student athletic training assistant to gain early clinical experience with the

varsity sports teams, volunteered at the Ronald McDonald House Charities, and taught in the cell biology lab. She worked as an EMT and a clinical information manager in the ER after undergrad, most of which was during the height of the COVID-19 pandemic. She is currently a third year at University of New England College of Osteopathic Medicine and served as president of the AMWA chapter there during her second year, focusing on gender inequity, domestic violence education, and mentorship. She was also involved with the anesthesiology and world association for disaster and emergency medicine clubs and volunteered in underserved communities. She aspires to work in critical care anesthesiology and pursue a palliative care fellowship in the second half of her career.