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# Connecting the medical and spiritual models in patients nearing death

Robert E. Enck, MD, Editor-in-Chief

“It is seldom a medical man has true religious views—there is too much pride of intellect.”

—George Eliot (Mary Ann Evans),  
1819-1880

This quote well reflects most physicians' views on religion in general. It comes as no surprise that the topics of religion and spirituality are rarely part of the physician-patient interaction. Unfortunately, scant research has occurred in this sensitive area and, therefore, the article by Hart et al.<sup>1</sup> is welcomed. Their conclusions—that patients do not expect physicians to be their primary spiritual advisors but that physicians should be aware of and comfortable with communicating about spiritual issues—are sound.

Given our understanding of the physician-spirituality-patient relationship, the next step may be logical for some and

unpalatable for others. Personally, I think that there is a solid connection between the medical and spiritual model of dying.

About one-third of dying patients experience a death that is traumatic and resembles the organic brain syndrome of delirium. Common symptoms during the last 48 hours of life include:

- noisy and moist breathing;
- pain;
- restlessness and agitation;
- urinary incontinence or retention;
- difficulty swallowing;
- dyspnea;
- nausea and vomiting;
- sweating and a feeling of heat;
- muscle twitching, jerking, plucking; and
- confusion.

Through a wide array of medication and other interventions, most of these terminal symptoms can be controlled, allowing the patient a peaceful death. On the other hand, Callanan and Kelley<sup>2</sup> refer to this as “nearing death awareness.” (This is unrelated to the “near death experience” described by persons who have been brought back from the dead.) Callanan and Kelley describe the following phenomena as a person is nearing death:

- They convey a sense of preparing for travel, journeys, or changes. For example, the message a weekend sailor gives when asks about the tide is “I’m getting ready to leave.” At the end of life, this message underscores the fact that the critically ill patient knows he or she is dying.
- There is a sense of being accompanied by someone who has already died, be it friend, relative, angel, or religious figure. Death is not lonely. Patients found dead on the hospital floor may have

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attempted to get out of bed to reach for an invisible companion.

- They often see a place not visible to others.
- They express more oblique short-term goals, such as living long enough to celebrate certain events.
- They choose a time to die that will spare those closest to them. For example, they might ask an exhausted family member to leave the room for some rest, and then die in their absence.
- They express a need for reconciliation. Those with unresolved issues tend to be more agitated, suffer more, and generally experience a more traumatic death.

Key physical signs of nearing death awareness are a glassy-eyed look or the appearance of "staring through" you; seemingly inappropriate gestures or smiles, such as reaching toward someone or waving when no one is there; and picking at the covers or getting out of bed for no apparent reason. In addition, they often express distress or agitation at your inability to understand what they are trying to say.

So, where is the connection? Clearly, the key signs as described by Callanan and Kelley fit nicely into the medical description of nearing death, i.e., preterminal delirium. The same can be said for many of their other descriptions. For example, medically, we call a patient who was found on the floor confused and disoriented. But was the patient really confused, or was he or she merely seeking a friend for

the journey beyond? Although this is just a start and, to some extent my personal reflections, we need to further explore this relationship between the medical and spiritual models of nearing death. Maybe of more importance, we need to teach our young doctors and nurses about the existence of this connection.

## References

1. Hart A, Kohlwe R, Deyo R, et al.: Hospice patients' attitudes regarding spiritual discussions with their doctors. *Am J Hosp Palliat Care*. 2003; 20(2): 135-139.
2. Callanan M, Kelley P: *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying*. New York: Poseidon Press, 1992.

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