

**Speaking From The Heart by Sunita Puri, MD
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Start of Transcript

[Applause]

It's an honor to be with you today. I'm here as a palliative medicine physician but I was always first a writer and somebody who loved language. I think this is why I became a palliative medicine physician because conversations are my procedure and words are my tools.

Interestingly though, I grew up in a home with a tremendous amount of silence around important topics. My parents and I didn't really talk about feelings. We didn't talk about some of the things that an ordinary parent-child relationship might talk about.

But one thing I am so grateful my parents talked about with me early on was mortality and the way that they taught me about mortality was through poetry and through the Hindu scriptures. [0:01:00] It was through growing up with a father who read to me from the Bhagavad Gita which is one of the most high forms of literary art in India that I first learned how to think about being mortal and how to live with purpose.

But, the thing that I really took away from those early readings of my father was just how beautiful and important and essential language is and also how elemental in a space between two people, whether it be a father and a daughter or a patient and a doctor.

A line that I will never forget, one that taught me about metaphor but also taught me that there is something in me that deeply wanted to write was the following line from the Bhagavad Gita.

"The soul wears the body like a coat and discards it at the time of death." It was through listening to language like this that I not only learned about the great tradition I came from, that my [0:02:00] parents came from. But also really learned how to use language to fill spaces that were potentially uncomfortable, how to use the literary arts and writing to convey things that might be difficult or awkward in a one-to-one conversation.

But when I became a physician, my love of language and my reverence for the spoken word fell away. I began to speak to patients the way I wrote about them in a medical record using words like "metastasis" and "end stage". I hid behind euphemism about the truth and participated in the silence when I really needed to step forward and use my language thoughtfully and precisely to help my patients understand that a disease might be worsening and to help them understand not only that fact but what it might mean for their lives and what they wanted their lives to look like in this new landscape.

[0:03:00] Dying of cancer suddenly became me saying you have a poor prognosis instead of talking about the significance of a CT scan that might have shown a body ablaze with cancer and all of its organs. I talked instead about next steps for treatment. But to pause and to articulate what it meant to see what I saw in a screen was lost to me.

I spoke in long meandering sentences that danced around the truth rather than knowing the truth in my heart and conveying it concisely and compassionately. I thought what it meant to be a medical professional was to use words like "poor prognosis." Why else was I in school to learn those terms? But I didn't understand how much I had left the suffering of my patients by the wayside because of the [0:04:00] imprecision of my language and my own fear of some of the language I needed to use.

I never gave up reading and writing even in the brutal days of my residency. But I was stopped in my tracks one day when I read the following passage from the novel *Torch* by Cheryl Strayed and I recognized myself in this passage.

The doctor didn't say cancer. At least she didn't hear him say it. She heard him say oranges and peas and radishes and ovaries and lungs and liver. He said tumors were growing like wildfire along her spine. He talked for a long time in simple terms, but she could not understand what he was saying.

What does this mean exactly? Her voice was reasonable beyond reason. When I [0:05:00] read that passage in a work of fiction by a writer I deeply admire, I recognized my mistakes and I realized that in order to be the sort of doctor I wanted to be, I had to go back to my roots. I had to be professional and to use my medical knowledge. But I had to deliver it differently using the words in the reverence of language that I had been taught as a child by my parents who were God-fearing and deeply spiritual, who couldn't necessarily talk to me about sex, drugs and rock and roll but who gave me a beautiful way to talk about and embrace mortality.

In palliative medicine as I mentioned, conversations are what I do. I step into a space where there's a tremendous amount of fear and anguish and even tiny moments of joy and deep meaning but all of it can feel overwhelming.

I had to learn in my training that no one was necessarily [0:06:00] going to teach me how to step into that space and be fully human with my patients, not just to be the professional doctor. But to meet them at – in a well of suffering that I think all of us have and can tap into.

It is through this that I learned that conversations are less about handing over information like the result of a CT scan and the next steps one will take and much more about fracturing euphemism and excavating meaning out of the words that we commonly use to talk about what it means to be sick, what it means to be a fighter, what it means to be awaiting a miracle, what it means to want "everything done."

It meant moving into the difficulty of those words and trying to understand how people were using them and what they actually meant and stood in for rather than just taking them at face [0:07:00] value and moving on to next steps.

Just as I read the Gita and the poetry of Kabir and Mirabai as a young child or had my father read them to me, I had to read conversations closely as a physician. Human illness can be seen as a text and so can the body. This is a little bit more than just telling and listening to stories.

For me, it was about putting on my writer hat, becoming an accidental linguist, looking at my patients as characters with complex lives whose stories I needed to enter into through the portal of language.

It meant looking at myself as a character, as a deeply flawed person and a physician trying to do her best and only able to connect to my patients through the oldest tools we have, which are words.

[0:08:00] It meant exercising radical compassion. It meant being radically honest about whatever was going on for a patient, not filling the room with long, meandering sentences. But actually, knowing how to say something that might turn a person's world entirely but to say it with grace and compassion in the fewest words possible.

I often stopped conversations earlier in my training when someone told me they were a fighter or that they wanted everything done. When someone told me that they awaited a miracle, I thought as a physician my job is to cheer them on. But I often sat in those conversations knowing that the miracle they might be waiting for may never happen based on medical knowledge and I didn't know how to tell them that.

I know that in the past I [0:09:00] participated in perpetuating false hope when I could have stepped forward and asked, "Tell me what a miracle looks like to you. Help me understand what it means."

When you tell me that you're a fighter, tell me what that means to you. What is worth fighting for for you? Let me into your life through your words. Let the words be a portal, not a stopping block in a conversation and not something that I assigned meaning too that you may not be subscribing to the word.

Earlier in my training when I heard the word “fighter,” I thought I don’t know that I can actually be honest with this person because it might fracture their fighting spirit. I now see that had I paused to ask them to let me into what that word means, to excavate the meaning attached to that word, I could have actually had a more human conversation with my patients and I see now [0:10:00] that stepping forth into linguistic intimacy is one of the greatest privileges of being a doctor and certainly of being a palliative care doctor.

So, I now say things like, “Tell me what being a fighter means to you. Help me understand what you’re fighting for. Tell me what a miracle looks like. Do you feel that you’re suffering? Can you tell me more about what that feels like so that I may help ease it?”

It means – in a sentence I really think palliative medicine is bridging articulation and action. It means helping people to really specify what they mean when they use certain words, what they mean when they articulate certain goals and bridging them from where they are now to a place closer to those goals. But it also means being honest when we are coming up against a limit.

This is where [0:11:00] I returned to the language of spirituality that my parents gave me which is one of the greatest gifts that they gave me. That language nudged me towards a new understanding of words and concepts like acceptance and surrender and the limits of medicine, which I think are just as important to consider and reckon with as terms like goals of care and the things we hope for and the things we fight for and the miracles we might await.

The soul wears the body like a coat and discards it at the time of death. One of the most beautiful things that I think those lines of poetry from our ancient text captures is that who we are is much more than the bodies we live in.

The diseased bodies that my patients walk in are not who I see them to be. So, [0:12:00] I draw upon that language. This language handed down to me from generations to help say things to my patients like, “I hear you are a fighter and that you’re willing to put yourself through the extreme discomfort of treatment for the sake of more time to live.”

But sometimes it is the body that cannot fight anymore and one of the hardest things that we are tasked to do in this human life is to accept the limits of medicine and the power of nature above our will.

I’m able to say these things because of the poetry that my father read me when I was young. But it took going back to that to be the type of doctor that my patients needed me to be.

In the opening line of her essay *The White Album*, Joan Didion writes, “We tell ourselves stories in order to live.” In order [0:13:00] to help my patients live well, I have to listen to their stories, and I have to listen very deeply to the words they’re using as the scaffolding of their stories.

I need to understand what they mean when they tell me some – what their well of suffering looks and feels like. I need to be unafraid to step forward into however they’re articulating their suffering so that I can potentially lessen it.

But this is not a task that palliative care should do alone. It is not even a task that medicine should do alone. It is a task all of us should do, right? Reclaiming this language of suffering and loss and grief, anxiety and even joy, and what it means to live well, what we fight for, what we really mean when we say we want everything done for medicine. Those are the sorts of things and linguistic excavations we can [0:14:00] all do with ourselves and with people we love.

This will always be the domain of palliative medicine and I hope beyond hope it will be the domain of all of medicine and nursing shortly in the future. But I encourage you all to think about the stories you tell yourselves about the suffering you have, be it with a serious illness or be it just being a human being living a very difficult life, which we all face.

Think about the words. Think about what your loved ones – how they use words when they go to their doctors and tell them that they're fighters.

Ask your loved ones. Tell me what is worth fighting for for you so I can be your voice when you can't speak. Doing that close excavation is I think just as important as advancing medicine technologically because we have to contend with the meaning of what technological advance offers us, not only in terms of length of life but quality **[0:15:00]** of life.

We will all walk the people we love through suffering and illness and death and if we can all reexamine our relationship to language and think about how we use language to promote honesty, radical honesty, honesty is the greatest compassion we can exercise. Thank you so much.

[Applause]