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To Pronounce

By Thomas J. Doyle

To Pronounce: a transitive verb meaning to declare officially or ceremoniously.

The pager's strident ring shakes you out of sleep. It's 4:30 am. You call the hospital's fifth floor and hear the nurse's voice - calm, deliberate: "Mrs. S. in 5043 passed. Can you come and pronounce her?"

As the covering night doctor, you handle everything - including the death pronouncements of patients whom you have never met. The nurse mentions that Mrs. S. died alone, with no one at the bedside.

As the early morning light filters through the hospital, you walk to room 5043. You pause, steps slow, and knock quietly. You enter the room to find yourself alone with Mrs. S.

She is in the hospital bed to your right, an immaculately clean cotton blanket tucked fastidiously around her upper arms in a swaddling embrace. She is thin, elderly, and her eyes are closed. Is she peaceful? It is difficult to place her expression. She is drained of color, absent of breath.

The white board on the wall has been updated with the name of Mrs. S.'s nurse. Under "Today's Plan" the word "COMFORT" is written in black ink, with no scheduled procedures, no specimens to be obtained. Under the heading "Discharge" is written: "TBD." Determined by whom?

The television perched high on the wall facing the bed is tuned to the hospital's "Care TV" channel – slow moving images of shimmering ponds and forests, with calming, meditative music warbling in the background.

You prepare to verify, to diagnose death. Out of habit, you reach for a radial pulse, her skin already cool to your touch. No radial. No carotid pulse. You rub her sternum. No response. You note that her pupils are fixed, dilated. You check for any sign of a pulse, any breath, for more than a minute, then another minute, then for more time. Why? you always feel a vague paranoia, an anxiety to be absolutely sure of death, beyond any doubt. No final agonal gasp, no cardiac escape rhythm, and no chance she will wake up in the morgue.

You look around the room. There is a lone sympathy card on the side table, no flowers, and almost no other personal items. In that moment, you feel acutely the sensation that comes during such a pronouncement in an empty room - an almost out-of-body experience – tremendously sad.

When family is present there are cries, wails, those who pace in and out of the room in the first moments of mourning. You enter those rooms as physician, but also intruder, into the liminal space between the stillness of death and the suddenly poignant transience of life. You sometimes feel akin to the grim reaper, stethoscope in hand.

With family and friends in the room, the sense of the altered reality of the diagnosis of death takes on a magnified intensity. There is an uncomfortable theater to some of these pronouncements, as you place your stethoscope on the chest of the deceased, listening to silence. The mourners at the bedside observe your every movement, hang intently on your words as you offer condolences.

Once, as you arrive, a daughter of the deceased is literally climbing onto the bed. As you wait quietly in the corner, she clings to the body of her mother, holding in one hand a cell phone to live-stream the final moments after her mother's passing to a sister in Portugal whose muffled howls of grief echo unnaturally in the room.

Another evening, as you enter a room for a pronouncement you are unexpectedly welcomed, even beckoned, to join the many people gathered at the bedside of an emaciated man in his mid-sixties who has just died. The mood in the room is paradoxically light.

The TV is off and acoustic guitar music plays on a small cd player in the corner. There is a tray of cookies and snacks and a pot of coffee to sustain the mourners in their vigil. The deceased man was a musician, his friends tell you, and his death was a release from weeks of suffering from terminal cancer. He died quietly, at peace, with no words of love or caring left unsaid.

Mrs. S., on the other hand, had almost no friends or family. Her nurse tells you that the closest relative was a grandniece only peripherally involved in her care. Before you complete the death certificate and prepare to call her grandniece, you read the medical record to see what you can learn about Mrs. S.

Your time in the chart is best spent reading notes of the palliative care nurses. They are rich with family detail about Mrs. S. in youth, later life, and her recent fight against cancer. You skip dozens of physician notes, glossing over notes of consultants who signed off days ago.

Mrs. S. had successful treatment of localized breast cancer many years prior, but then in her late eighties, the cancer recurred and metastasized. Some notes mention consideration of a final attempt with palliative chemotherapy to salvage a few weeks of life. But her malignancy had overtaken her frail body, and just two days prior Mrs. S. shared in, even directed, the final decision to change her code status to "comfort measures only" and enter hospice care. She remained in the hospital on a morphine drip until you were summoned to pronounce her death.

Some might say that this familiarity with her case is unnecessary. Mrs. S. died and what her family needs is a death pronouncement and signature on her death certificate so the logistics of funeral and burial can begin.

But you know the value of familiarity with the life of the deceased you are asked to pronounce. You recall uncomfortably a death many years ago in the middle of the night during a busy shift. You had to squeeze in a pronouncement between care of a patient needing transfer to the Intensive Care Unit and an urgent admission in the ER. You knew only the patient's name and that she died in hospice care in the hospital. As you left the room you were pursued in the hallway by the patient's daughter, tears streaming down, with a question about her deceased mother's final days. You were uninformed, unable to answer in a way that could comfort.

It may sound strange, but after many years of medical practice and hundreds of inpatient death pronouncements, you have acquired a certain skill in this grim duty of medicine. This expertise feels rooted in the most basic tools of medicine. You hope that by pronouncing death with care, respect, and humility, you ease death's burden just a bit for families – and for yourself.

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