

Oration from 1997

Oration Title:

Socrates, Einstein and the Worcester District Medical Society

Orator:

H. Brownell Wheeler, M.D.

Abstract of Oration:

In 1996 Dr. Wheeler began a program through UMass to provide better end-of-life care to patients. He cites the primary problems with today's end-of-life care in hospitals. Patients wishes are either not communicated to their doctor, or not carried out, because of a fear of malpractice, a family's wishes, or a doctor's ingrained drive to apply all possible means of keeping a patient alive. Consequently, many patients die in hospitals, often in pain, attached to respirators and other technological marvels, many times following lengthy hospital stays or severe illnesses. Dr. Wheeler cites a study which examined thousands of "critically ill and dying patients" who "had only a 50 percent chance of surviving". The objective of the study was to improve decision-making and achieve a better outcome for these seriously ill and dying patients. Unfortunately, the initial phase of the study found that patients' wishes were not being followed, and, when questioned as to why, doctors gave two primary reasons: "they often were not sure that patients were going to die and so they prolonged aggressive treatment. The other problem was that physicians said they simply did not have enough time to communicate adequately, particularly with family members." Even after supplying resources to solve these problems, the same regrettable outcome was achieved in the second phase.

Wheeler's next focus is the newly founded Project on Death in America, begun by a billionaire named George Soros. Dr. Wheeler tells the story of how Soros became so involved in end-of-life care practices in America.

Through three case reports, Wheeler shows his audience that sometimes, even when medical intervention could prolong life, even perhaps for many years, it is not always the best course of action. Often patients see what their physicians cannot--that their life, as they knew it or wished to live it, is over. They bring to the decision the personal aspect just as the doctor presents the medical perspective. Thus, it is as much a physician's role to discuss end-of-life decisions and recommend that they write-out their wishes in an official manner as it is to discuss prognoses and treatment options.

In a touching segment, Dr. Wheeler relates a story of visiting a friend of his who was dying of cancer in a hospital. Through their talks, Dr. Wheeler assured his friend that his decision to decline further chemotherapy was a perfectly sound, legitimate decision. He also discussed

death as an experience and what it meant to his friend. As the man's children, both doctors, said to Wheeler after their father's death, his talks with their father had showed them "what it meant to be a real doctor." Wheeler clarifies this role as being one of listening, listening to the patient's fears, beliefs, and personal struggles. Having a doctor listen to them can ease their fears, reinforce their beliefs, and help them cope with their decisions.

Dr Wheeler cites five suggestions made to improve the end-of-life for a greater number of patients. He talks about the formation of a committee in Worcester to focus on end-of-life matters (such as healthcare proxies and the pros and cons of physician-assisted suicide).