



THOUGHTS OF A MEDICAL STUDENT: “HOW DO YOU NOT TREAT A PATIENT?”*

Guus Brand¹

¹ Bachelor's student Medicine, Radboud university medical center, Nijmegen, The Netherlands

Guus Brand is a medical student at the Radboud University in Nijmegen and our standard columnist. He writes about any peculiarities or striking events he encounters during his study program. This column will be about the difficult end-of-life decisions that physicians have to make during their career.

For Christmas, I received the book “Die ene patient” by science journalist Ellen de Visser. It is a bundle of her weekly columns in De Volkskrant, in which she interviews physicians about that one patient who changed their view on their profession. Many of these stories are hopeful and end in a full recovery, but too many end with palliative sedation, euthanasia, or ceasing of treatment. As a medical student and aspiring doctor, these latter stories in particular grip me, as I recognise that I do not feel prepared to make the existential choices these brave doctors, nurses, and other healthcare workers were able to make. I wonder, how does one choose to cease treatment, in consultation with the patient, and let a life slip away? How do you not treat a patient?

Do not get me wrong, I am well aware of the theoretics of when I should choose, in consultation with the patient, to stop the treatment a patient and let them pass away. I am informed of the possibilities and impossibilities of treatment in the final stage of life and the physiology of dying gracefully and peacefully. It is not the medical and theoretical aspect that is daunting to me, but the actual decision is. Many medical students, including myself, are not yet set on how to deal with our own mortality. However, as young professionals we are expected to be able to make decisions that might, both actively and passively, end a life. This is one of the aspects of the job that frightens me the most.

In my opinion there should be more space for learning how to handle such existential questions, particularly in the bachelor curriculum. It has come to my attention that several medical interns have sought spiritual guidance with the local pastor of the student's church, mainly to talk about the final stages of life. Even though it is fantastic that the church offers this support and guidance, it should not be necessary. As far as I am concerned, this kind of existential guidance should be an official part of the curriculum. It should be a full course, with European Credits as a reward if needed. Instead of conventional teaching and examination about evidence-based knowledge on existentialism and death, I believe that there should be room to talk to one another. I want to encourage you to discuss with each other and those with personal experience regarding what it is like to administer the final dose of morphine. What does it feel like to cease treatment in consultation with a patient, and how does one cope with doing so? Talk to terminally ill patients about how they feel about their final stages of life. Personally, I feel that such an addition to the curriculum would better prepare us for the reality of what it is like not to treat someone, and, therefore, what it is like to bring a life to an end.



Additional reading sources

Are you intrigued by palliative care after reading this column? One of the books that the author recommends is the novel “Being mortal” by Atul Gawande, an American surgeon. Additionally, you can have a look at the following articles selected by RAMS:

- Brighton, L., Bristowe, K. Communication in palliative care: talking about the end of life, before the end of life. *Postgrad Med J* **92**, 466-470 (2016).
- Arantzamendi, M., Belar, A., Payne, S., Radbruch, L., Hasselaar, J., Centeno, C. Clinical aspects of palliative Sedation in Prospective Studies. A Systematic review. *Journal of pain and symptom management* **14**, 1-25 (2020).
- Hui, D., Hannon, B., Zimmermann, C., Bruera, E. Improving patient and caregiver outcomes in oncology: Team-based, timely, and targeted palliative care. *CA Cancer J Clin* **68**, 256-276 (2018).
- Galekop, M., Van Dijk, H., Exel, J., Cramm, J. Views of professionals and volunteers in palliative care on patient-centred care: a Q-methodology study in the Netherlands. *BMC Palliat Care* **18** (2019).

*This column aims to highlight the personal perspective of a student. Therefore, the views and ideas expressed in this column are the own personal views of the columnist and do not necessarily reflect the view of RAMS. If you have any questions or comments regarding this column, contact the editorial board of RAMS.