



*This is a resident case log of a patient encounter in which
an “Aware Medicine topic” was central.*

Referral to Tibetan Medicine

While working on our inpatient family medicine service I became involved with a patient reluctant to face his imminent death. Mr. R was a 57 year old suffering from advanced metastatic hepatocellular carcinoma due to a chronic hepatitis C infection, and the hepatologists caring for him had estimated his lifespan at weeks. As is common with dying patients in the hospital, many of his doctors had tried to express to him the gravity of his condition without crushing his hope; subsequently, hours before discharge home on hospice care he was left with a poor understanding of his prognosis, in part because no one had told him.

His impending discharge from the hospital left me with a complex dilemma that cold December morning. It so happened that I carried two bits of information that converged at that moment to offer new vistas of potential to his remaining days of life. I had heard shortly after his admission for encephalopathy that the patient and his wife were planning to travel to Thailand to seek alternative treatments where conventional Western medicine had nothing more to offer. Sometime in those preceding weeks I'd also learned from my friend, who is a physician of traditional Tibetan medicine, about a special medicine developed in Tibet that had cured numerous “incurable” cases of hepatitis and liver cancer. This Tibetan physician also explained that this treatment was receiving considerable attention from scientific researchers in several Asian countries. As one who has personally experienced the benefits of Tibetan medicine, I had to acknowledge the potential benefit the therapies of Tibetan medicine despite their difference from my own practice.. My dilemma was this: should I attempt the verbal surgery needed to facilitate his understanding of his prognosis *and* attempt to preserve his hope by discussing this Tibetan treatment, or would the risks of this discussion outweigh the benefits? With my attending I went into the room with great caution and sweaty palms.

Sitting at the bedside of our patient and his wife, I entered into conversation with open ended questions, as I'd learned in the first year of medical school. I asked about his understanding of his condition... he spoke of his plans to get a therapeutic paracentesis. I pressed him... “What is your understanding of your prognosis?”

“I don't know,” he said. “Not good.”

We explained cautiously that although one never knows with full certainty, that the experts thought that he had weeks to live. “Really?” he said. There was a pause... “I just don't think that it's my time to go yet.” His voice was sincere, but somewhat restrained.

“I heard that you were planning to go to Thailand prior to your hospitalization,” I said.

“Yes,” he said as he and his wife both changed positions in their seats, as though remembering a long lost friend. “We had a contact of a traditional healer there.” As looking to his wife, he said, “we should look in to that again.”

My attending and I gently discouraged this, explaining that such a trip would be very uncomfortable and nearly impossible in his current condition. Mr. R and his wife agreed. The conversation then went to the details of his discharge. We said our goodbyes and left the room. After a brief conversation with my Tibetan physician friend on my phone, I was back in the room offering a referral to Tibetan medicine.

Our patient went home that day with hospice care, a few days later was visited by the Tibetan physician. Accompanying my friend on this home visit, I witnessed his way of interviewing the patient and assessing his pulse. I also witnessed a more direct, yet amazingly compassionate approach to the



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circumstances. “You should stop watching the TV news and do what you can to enjoy your time and connect with your loved ones, because none of us knows how much time we have left,” said the Tibetan physician. “Your time is very precious.” I saw in Mr. R’s eyes his radical acceptance as he stared in to space, nodding in agreement.

Several days later Mr. R died, at home, surrounded by his loved ones. In reflection, I am glad I did what I could to help him in this so difficult of transitions. I do wish I could have been there for his widow after his death, as I still have an uncertainty about how helpful this referral was. Did this referral give a false sense of hope? Did it help with the transition of death? Although supported by my attending and colleagues, I still have this uncertainty. Is this the uncertainty of death?