Death Happens Every Day


I finally got to read my pile of journals that had been occupying my coffee table for the summer. I usually take a few volumes and hole up on the couch absorbing the new research that has come out. I was personally touched by Dr. Anne Katz’s (2013) editorial in the July issue of the Oncology Nursing Forum titled “Scar Tissue in the Heart.” It has happened before with her articles, but this time was a little more poignant than ever before. I felt like she was articulating thoughts that I have in my own head in a clearer way than I could ever express them myself. Dr. Katz, stop reading my mind. She spoke of a patient’s death and asked those who work with dying and death every day how they deal with it.

“How do you manage to keep going, to keep doing, when the losses pile up on top of the other? How do you keep your hearts open when they threaten to crack on a regular basis?” She continues to beg the question, “Tell me about your hearts and how you heal them. I need to learn.” Those are powerful words that made me literally gasp for air. I thought about how I could answer her plea. I thought about writing a response offering examples of personal experiences I have had, but I had no material to offer. I recently started working in hospice, but I don’t do it every day. Even in my brief periods of working with death and dying, I have no idea how I do it. With tears? Red wine? More tears? Talking with other nurses? Talking with my husband? Are those healthy and productive? I have no idea, but they don’t always help. Does anything?

I recently picked up Kübler-Ross’s (1969) book On Death and Dying from the library. I thought that it would give me a foundation for the hospice work I was getting into. One part in particular stuck with me about the stages of grief and the effectiveness of denial for a patient when presented with a terminal diagnosis.

She states, “Who was it who said, ‘We cannot look at the sun all the time; we cannot face death all the time?’ These patients can consider the possibility of their own death for a while but then have to put this consideration away in order to pursue life” (Kübler-Ross, 1969, p. 39). As nurses who work with death and dying, we also need to pursue life. Our own lives. We need to understand how to work with death but then how to return to living. If denial is productive for patients, is it productive for nurses to deny our own deaths when surrounded by deaths of others?

I don’t have an answer for Dr. Katz. I wonder if anyone does. My very best days as a nurse have been when I facilitated a comfortable and peaceful death for a patient. I may have cried to myself, but then I step out of the hospital and go home. Do I think about my own death? Sure. Do I read about death and dying in my free time? Unfortunately, yes. But I am willing to bet that if I did this full time, Kübler-Ross’s (1969) book would not be on my list of things to read. It’s the same reason I loved Grey’s Anatomy when I was in nursing school and cannot bring myself to watch it now that I am a nurse. Because I want to live a life outside those hospital walls. I want to remember that I am still here, young and healthy and able to do things my patients never will. I am a nurse, and I love caring for dying patients. But I am still here, alive and well.

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