

## **Reflections on Death**

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*Book of Mormon:* The soul is reunited with the mortal body to stand judgment before God<sup>1</sup>

*Bhagavad Gita:* “ There is no possibility of any soul being eternally lost...we may endure countless eons of birth and death, but we must find our final rest in the eternal spirit”<sup>2</sup>

*Woody Allen:* “I’m not afraid of dying, I just don’t want to be there when it happens”

Discussing death in a medical journal is an interesting proposition, in that our goals as health care providers are to help prolong life and quality of living. At the extreme, we regard death as a failure on our part. Only relatively recently and in a fragmented fashion, have we as medical professionals begun to look at death somewhat more realistically, as evidenced by the institution of the living will and of advance directives. Considerations of quality of life and sensitivity to the dying process have emerged somewhat in the consciousness of the medical community.

As medical professionals, we deal everyday with illnesses and infirmities which we will never experience ourselves. It’s different with death: we will all face and experience it. As an anonymous pundit once said, “None of us makes it out of here alive.” A lot of our anxiety about death has to do with what follows it and the fact that we are so much in the dark about it. Dying involves crossing to the other side of the curtain, an experience which is invisible and unknown. Many belief-systems and religions purport to possess the map to the after-death experience, but they don’t agree. The Gnostics, the ancient Greeks, the Buddhists and the Hindus believe in reincarnation. The Chinese Buddhists describe the 10 hells of purification which are to be experienced before reincarnation, and the ancient Egyptians believed that the size of the burial chamber increased or decreased after interment, depending on the virtue of the deceased.<sup>3</sup> Christian religions teach that the souls of all the departed must face God on Judgment Day. The ancient Greeks enclosed information in the tomb of the deceased regarding negotiating the underworld. They also, along with the Romans, placed a coin under the tongue of the corpses for Charon, the boatman who took them across the river Styx, and enclosed honey cakes in their tombs as an offering to Cerberus, the three headed dog who guards Hades.<sup>4</sup> Some faiths believe in rapid interment of the remains of the dead, while the Irish believe that the soul of the dead person doesn’t depart from the body immediately. The wake is designed to provide for company for that soul as it makes the transition.<sup>5</sup> We can generally agree that what happens after death is a mystery, partially breached only by mystics and those who have had near-death experiences.

As health care givers in homeopathic medicine, we deal everyday with issues of life and death, either remote or more immediate. Many of the patients we see are those for whom mainstream medicine has no solution except physical pain control, when that is an issue. As André Saine said when he took the case of a woman with multiple sclerosis in front of

the class at the Breitenbush seminar earlier this year, “this is not just an exercise, this woman’s life may depend on what happens here”. The implication is a weighty one for the homeopathic provider: we may be this person’s last chance for help in *healing*, otherwise they may suffer greater infirmity and early death. It represents the other edge of the sword, the counterbalance of the incredible gift we have been given by Hahnemann and which we have chosen to accept. Knowing what homeopathic medicines can do endows us with proportionately more responsibility in the lives of each individual we treat. It shifts the responsibility even more in our direction than it does for the mainstream physician, assuming that the *simillimum* (or even a similar and substantially palliative medicine or series of medicines) for each patient resides in our homeopathic materia medica.

Our personalities, along with our experiences and our belief systems, combine to shape our attitudes toward death. These attitudes directly influence the manner in which we address mortal illnesses and the death experience in our patients. It seems clear to me that fear is our biggest obstacle to our being maximally effective to our patients in this regard. In retrospect I can see many instances in which I was afraid to deal directly with death in some of my patients, relatives and friends.

Working on cadavers my first year in medical school was a daily face to face experience, so to speak, with death. The unspoken message during all of my medical training was that our purpose was to prevent death, almost at any cost, without much attention to assisting patients with the inevitable when it arrived. If a patient died it was almost universally regarded as a failure on our part, though many times we thought to ourselves that it was a blessing that the person was finally released from their suffering. During<sup>6</sup> medical school I remember only one professor, the chairman of the department of Pediatrics, C. Henry Kempe, who formally addressed the matter of death. He realistically and compassionately spoke to us as a class about dealing with the death of a child. I remember the relief I felt to have a teacher actually talking about it. Elizabeth Kubler-Ross came out with her seminal work on death and dying after I was in medical school. It provided a quantum leap in consciousness about death and the dying process, for the medical profession and the general public alike.

The attitude that people were all to be treated until their last breath with all that medical science could offer began to soften somewhat with the advent of the hospice concept. This caught on in the U.S. well after it had in England. In the more distant past, throughout the world, birth and death have been events which took place at home rather than in the vastly different environment of the hospital. With our advancing civilization, and especially since the industrial revolution, we have come to rely more on technology to provide assistance with matters which are in the realm of nature. Fortunately, this is beginning to be recognized, with the advent of hospice and advance directives (patients letting their doctors know in a formal written fashion, well in advance, what their wishes are for the extent of medical intervention when they are terminally ill). Issues of futility—what to do when an individual approaches death and only extreme measures would be contemplated to keep them alive—are addressed by geriatricians now, to the relief of doctor and patient alike.

## *Vignettes*

**Mr. Trujillo** was a 76 year old man with congestive heart failure, diabetes and hypertension. I had been treating him for a few years at the Mariposa Clinic, a subsidized neighborhood clinic run by the city of Denver, at which the emphasis was on patients having their own doctor whom they would see at each visit. It was during my time at this clinic that I was introduced to and began to use homeopathic medicines in my practice. Mr. Trujillo had also been seen by the specialists at Denver General Hospital, was in worsening failure, with the conclusion that nothing more could be done. He was in his own home, under the care of his daughter, who told me he was very apprehensive and restless, and she felt helpless to comfort him. I had read in one of the homeopathic texts that *Arsenicum album* in high potency could ease the discomforts of the dying process, and—anticipating such a situation—I had ordered a CM potency of *Arsenicum* to try when the situation arose. Mr. Trujillo's daughter administered one dose of the medicine to her father and reported to me that the following day he had gotten up and dressed himself and went to sit on the front porch in the sunlight. This he did each day for the next week, seeming very relaxed and reminiscing with his daughter as they sat together. His restlessness and apprehension were gone and he seemed very much at ease, including his respiration, which had been extremely labored. On the eighth night he died peacefully in his sleep.

**Mr. Rivera** was a man whose wife I had treated during my time at the clinic. He always accompanied her to her appointments, but I rarely saw him for care. His wife was a saintly-seeming woman with a wonderful and supportive family; her husband was very quiet and gentle-seeming, always looking uncomfortable in the clinic setting, but always there with his wife. She called me when he was dying at home, and asked me if I would visit, which I did. I found him to be in a quite peaceful state, surrounded by many family members, who were alternating at keeping the vigil at his bedside and visiting in the living and dining room. The peaceful feeling in the house was palpable, reflected in the demeanor of Mr. Rivera. At the time, it didn't seem that there was anything I could even try to do, or a medicine I could administer which would in any way improve on this scene. I sat with him for a time, and left, grateful for having shared in that sacred experience. Mr. Rivera died peacefully two days later. He was the beneficiary of a culture in which death was still commonplace at home, and of a family which was large, close-knit and very loving.

**Frances** was my Godmother, one of the kindest and most graceful people I have ever known in my life. I have many fond memories of visits to her and my Godfather's house during my childhood, when my brother and I played with their children. In my earlier years in homeopathy, Frances contracted chronic myelocytic leukemia and was treated with a series of chemotherapeutic regimens. My Godfather, Herb, is an engineer. In an effort to cope with her chronic illness day in and day out, he kept a chart on which he graphed her response to each successive course of chemotherapy. Each time she was

treated the duration of her remission shortened, so that he could almost predict when she would no longer be able to be helped at all. This time indeed seemed to arrive when she was gravely ill in the hospital, and Herb and his family were told there was nothing else medical science could do to help her. He asked that she be released to live her last days at home, and arrangements were made for visiting nurses and a hospital bed. When I visited during this time it was frightening to me to see her in a moribund state, this woman who had been a pillar of my childhood. She could barely speak, lying motionless in her bed with her eyes closed. I asked if she wanted to try a homeopathic medicine which might make her more comfortable, and she said she did. Again I prescribed *Arsenicum album CM*. That prescription was in October, and by early November she was out of bed, back to her activities as a housewife, and later cooked her family Thanksgiving dinner. After 17 more months with her family, during the majority of which she remained active and functional, Frances died peacefully.

**Jackson** was a 95 year-old friend and mentor of a male acquaintance of mine. The man was certainly a father figure, largely revered for the common sense and basic wisdom which he imparted. Jackson lived in a very run-down neighborhood by himself, in one half of a duplex, the other side of which was without human inhabitants, but brimming over with items he had collected over the 90 years of his life. His side of the duplex was likewise full of similar acquisitions, which he had collected in his decades of searches through alleys: old furniture, broken hardware, appliances and tools. The man had a tremendous mistrust of doctors, having had many bad experiences in the medical care system. His health had declined to the point that he was near death, and the friends consulted me for help. Jackson had stopped eating and drinking and seemed ready to give up his existence on earth. He agreed to have me visit him and to bring him a medicine, *Hepar sulphuris 30c*, which I had chosen based on scanty symptoms surrounding his dental pain. I came to his home on a quiet snowy night, double-checked the address to make sure I was in the right place, as I didn't see any lights on. His friend finally answered my knock and led me through a narrow path between stacks of junk in the darkened living room of his house. We ended up in his small candle-lit bedroom. Jackson was there in his ancient iron bed; and his friend's wife, sitting by him on the death vigil, had been gently trying to give him fluids. Having sized me up after a short conversation, he decided it would be all right to take the medicine, and he did. I joined his friends at Jackson's bedside, listening to his meandering reminiscences and bits of philosophy. Two days later, I prescribed another medicine, *Belladonna*, after the *Hepar sulphuris* had aided his pain and he had become delirious, and he once again settled into a serene state. Much more significant than the medicines I prescribed was the atmosphere created there in his home by his friends, I have no doubt. During the remainder of their three day vigil, Jackson remained pain-free and descended to the easy death which he experienced later that night. When I thought of the alternate scene of him in a hospital bed with numerous electronic monitors and tubes and wires and sensors, I felt tremendous admiration for his friends and a hope that I will have the same fortune when it's my time to depart this earth.

Of course, all my experiences of visits with dying patients have not been so serene or ideal-seeming. I can remember many elderly patients who ended up in nursing homes in

various parts of the city, whom I would've liked to attend at their death, but who didn't die at the time it seemed they were going to, so that I was unable to be involved in the process. Likewise, I've experienced a number of "false alarms", in which I went to elderly patients' homes with the hope of being a comfort to them in what seemed to be their last hours but which proved not to be. One such lady called me the next week and said gleefully, "well, I'm still here, doctor!"

A wonderful example of a patient who was comatose and terminally ill with chronic renal failure but who recovered with a series of extremely skillful homeopathic prescriptions and is still alive, was presented by Dr. Saine at the H.A.N.P. Case Conference in November, 1996. Such a remarkable and unusual case as this blurs the boundary between cases of patients for whom there is hope and those whose conditions are regarded as futile.<sup>7</sup>

Home death seems to me to be a crucial ingredient in our looking at how we deal with death in this century, as medical professionals. The homeopathic prescriptions mentioned above weren't elegant, but they had their place in the death experiences cited above, alongside the environment created by those in attendance. I value greatly the concept of death in one's home when at all possible, in a milieu of love and support. Pain control, of course, is essential, however it is surprising how much fewer narcotics seem to be necessary when the environment is harmonious. It's not impossible for there to be graceful deaths in hospitals, but it takes determination on the part of the family and an understanding hospital staff to create the proper environment. Just as there are midwives to assist in one's embarking on life on earth, we would do well to develop a similar profession for the express purpose of supporting a good death process.

I wrote the following poem after Dr. Dennis Kay and I were asked to visit a terminally ill young girl in Children's Hospital.

### **Death Bed of a Teenager**

In the heart of the hospital  
Devoted to children,  
Fed by thick power lines  
Animating bank upon bank upon bank  
Of machines  
To support lives,

There she lay  
In the center of it,  
Motionless, the color of violets.  
Gurgle and hiss:  
Tides of measured air,  
Relentlessly monitored.

Numbers and graphs,  
Calculated fluids  
In and out,  
Shift upon shift upon shift,  
Skill upon love upon month,  
Spirits crying for resolution.

Encircling and embracing all the numbers  
All the fluids and charts and electronics  
And devotion,  
Was wallpaper of months of sentiments,  
Cards from countless souls  
Who loved her.

“These are the homeopathic doctors,”  
I heard someone say,  
As we entered,  
(Those odd people who trade  
in the ethereal)  
Wondering if we had some miracle with us.

Her mother wept,  
Still more tears,  
Finally  
Reluctantly—gratefully  
Sealing  
Her silent “*bon voyage*”.

Before anyone unhooked anything,  
The numbers began to plummet,  
Tumbling  
Downward through the core  
Of all the digital displays,  
Which could no longer contain her.

Despite my sadness and fear,  
I felt like an angel of death, honored,  
To have been there  
For her passage...

Nicholas Nossaman lives and practices medicine in Denver, Colorado. He has been prescribing homeopathic medicines for 24 years.

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## References

<sup>1</sup> **The Book of Mormon**, Translated by Joseph Smith, Church of Jesus Christ of Latter Day Saints, Salt Lake City, Utah, USA, 1830)

<sup>2</sup> **Bhagavad Vita** (Translated by Eknath Easwaran, Nilgiri Press, Petaluma, California, 1985, p. 167)”

<sup>3</sup> **Merriam Webster’s Encyclopedia of the World Religions** Wendy Doninger, consulting editor, Merriam Webster, Springfield Mass. 1999, p.282.

<sup>4</sup> **Grecian and Roman Mythology**. M.A. Dwight, A.S. Barnes and Co. New York, p. 75.

<sup>5</sup> **Anam Cara: A Book of Celtic Wisdom**, John O’Donohue. Cliff Street Books, Harper Collins Publishers, New York. P.209.

<sup>6</sup> Dissimilar Disease, Saine, A., *Simillimum*, Vol X, p. 24-34, Spring, 1997.