Listening With Grace and Dignity

Kathryn Jobbins, DO, MS, FACP

It was a usual Thursday in our residents' ambulatory clinic. I waited for Anthony, my third-year resident, to return after seeing a patient—he had been gone for more than 45 minutes. When he returned, he sat down and let out an audible sigh. The woman he just saw was struggling with severe depression. She said she felt like she was drowning. She was in an unhealthy relationship, was about to lose her children, and had neglected her own health. Anthony said it was like listening to one crashing wave after another.

"I did nothing for her," he said. "I don't know how we can help her."

As a physician, I understood how he felt. He needed to solve her problems, and he was frustrated with his inability to do anything but listen. Having been on the other side of this type of conversation, however, I understood what his patient must have felt with him: a relief from the crashing waves that can come when a physician listens.

My lesson began in 2003. I was 23 and had just relocated from my home in Massachusetts to Ohio to start my master's degree, when I got *the* telephone call that my mom had been diagnosed with cancer—perineal squamous cell carcinoma. My mother shined with a bright light that filled any room she entered. She was tall, blonde, tough as nails, and had an infectious laugh. She was in the first class of women to attend a local college, and she believed in the power of positive thinking. It was impossible to believe that anything could slow her down.

I clenched the telephone to my ear, taking in the sound of her unwavering voice, and feeling every inch of the 600 miles that separated us.

Over the course of the next year, we experienced things I never expected. We were so happy the cancer was found early that we clung to the positive and blocked out everything else. Unfortunately, my mother suffered a complication from the treatment. Another complication hit her a few months later. With each telephone call I heard another issue. Soon, the complications felt like the ocean during a hurricane, waves crashing one on top of the other, unrelenting, with no time to catch our breath.

DOI: http://dx.doi.org/10.4300/JGME-D-19-00332.1

Then one day in December, I received a call telling me that I needed to come home.

I traveled straight to the hospital. My sister and I stood there in shock, looking at our mother with her arms connected to tubes, monitors surrounding her body, the dull hum of machines filling the room. I felt scared and overwhelmed. I looked at this frail woman in disbelief. This could not be our mother. They told us that her hemoglobin was 3. She needed blood transfusions. She was leaking into her abdomen. They explained she was too weak to undergo any surgery.

Later that day, another physician arrived. He towered over us as he spoke. "Your mother is probably not going to survive this," he said, "and she won't make it to New Year's."

We sat in stunned silence, with nothing but the beeping monitors to distract us. *He told us our mother was dying*. He told us quickly, without any family or friends to support us. Before we even had a chance to speak, he left.

My mother, the eternal optimist, underwent an experimental treatment at the time—hyperbaric oxygen therapy. Against all odds, she proved that physician wrong. Not only did she ring in the New Year, but she lived for another 13 years.

Still, my mother was in and out of the hospital often. Despite multiple admissions, new complaints, and a body that was failing her, my mom clung to hope that someday the damage done to her body would go away. Sadly, it never did.

When it was time, a group of physicians I knew well by that point, who truly cared for my mother, sat with us listening during the hardest conversation we would ever have. They stayed beside us quietly, patiently waiting to offer support, inviting my family to use the space that was needed as we discussed her end-of-life wishes. Many of those physicians cried alongside us, knowing that crying was what we needed in that moment. I asked her how she wanted to die. After a few moments, she broke the silence. She spoke clearly and in few words, "With grace and dignity."

During my mother's illness I was in training as a resident. I started to hide my emotions, worried I would appear vulnerable and exposed. In fact, there was a secret place in the hospital I would go if I needed to cry alone. I became fearful my colleagues would hear weakness in my voice, or assume I would

Downloaded from https://prime-pdf-watermark.prime-prod.pubfactory.com/ at 2025-10-27 via Open Access.

crack under pressure. Physicians should be strong and steady under all circumstances, not break down or cry.

As a family member of a patient with a chronic illness, I learned just how wrong that was. Like many of my peers, I built an armor to protect myself from my own insecurities; however, my mother's life, sickness, and death taught me many lessons about grace and humanity.

At first, whenever difficult medical conversations occurred with my mother's team of physicians, I would change from connected family member to distanced physician. I was oblivious to the sense of ease I felt in being a physician, consuming words and facts that I memorized during training. It wasn't until my sister pointed out this shift, and how it made her and my mother feel, that I realized how listening offered another way for us to heal, perhaps not our physical pains, but our emotional ones.

On that particular Thursday in clinic with my resident, I thought of my mother and what we had been through. I thought about when my sister and I felt like we were drowning. I thought of the physicians who sat quietly listening, their shared tears, not a sign of weakness, but a sign of humanity. Through their willingness to be vulnerable, I had learned that it's okay to feel connected to our patients, to come a little undone, or to cry, and to view this connection as an important part of what we can do to help. Good physicians listen, so as to help their patients and families handle the blows of crashing waves with grace and dignity.

I sat with Anthony, listening as we reviewed his appointment. "You just spent over 45 minutes with her," I said to him. "I doubt you did nothing."

Kathryn Jobbins, DO, MS, FACP, is Associate Program Director and Clinical Educator, Department of Internal Medicine, University of Massachusetts Medical School-Baystate.

The author would like to thank Rebecca Blanchard, PhD, Angela Sweeney, Gina Luciano, MD, Reham Shaaban, DO, and Megan Kilgallen Reno for their continued support and for always believing in her. She would also like to thank the physicians and nurses at Baystate Medical Center for the care they provided her mother.

Corresponding author: Kathryn Jobbins, DO, MS, FACP, Baystate Medical Center, Department of Internal Medicine, 759 Chestnut Street, Springfield, MA 01199, 413.794.3023, fax 413.794.8075, kathryn.jobbins@bhs.org

Downloaded from https://prime-pdf-watermark.prime-prod.pubfactory.com/ at 2025-10-27 via Open Access.