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from “Shedding Your Fears: Bedside Etiquette for Dying Patients”
by Stan Goldberg

Death, just like the rest of life, involves transitions. We go from youth to age, comfort to discomfort, being single to being partnered. Tibetans use the word \textit{bardo} when they speak of transitions. It refers to what happens along the path from who you are to who you are becoming. It’s not a description of a physical condition, but rather it’s more of a psychological state in which things, previously thought of as solid, develop the consistency of Jell-O. For many of your patients, it will be their hardest transition. Dying is a time for honesty, to simplify concerns, to “rest in the moment,” tie up loose ends, and prepare for whatever will shortly happen.

Talk gently to your patients, be accepting, and, above all else, become a compassionate listener. [Professionals have] trained to be “fixers” of problems. It often results in talking too much and scurrying around “doing things.” Yet, some of the most meaningful moments I’ve had with my hospice friends occurred when I sat quietly at their bedside. And often my quietness was also the most helpful thing I could do for them, such as cradling a woman with throat cancer as her pain became unbearable. No words, just compassion.

At a workshop on death and dying, Sogyal Rinpoche said that lectures are for entertainment, silence for deep learning…. As you sit at the bedside of patients who are dying, ask yourself if the words you are about to say are necessary. Can you send your feeling nonverbally? This isn’t a time for frivolous chatting, most of which is done to hide discomfort in the presence of a dying person. Learn how to cultivate silence.

Dying, for many people, is a gaping hole signaling the beginning of a transition into the unknown. It’s true even for those having a spiritual practice. The philosopher Nietzsche wrote that if you gaze too long at the abyss, “it looks back and devours you.” As your patients are pushed into a transition and face Nietzsche’s abyss, imagination runs wild, transforming improbabilities into possibilities. Sometimes, just your calm presence is enough to nudge the improbabilities back into possibilities. Other times, listening compassionately is all that’s necessary.

Compassionate listening? Now there’s an interesting concept. One that sounds like it comes from a New Age movement in California. Unfortunately, we [Californians] can’t take credit for it. It’s a term that’s over 2,000 years old and is hard to define succinctly in English. The easiest way of understanding what it involves is to use Thich Nhat Han’s simple description of how to do it: listen to everyone as if he or she was your mother.

How can you say anything to hurt the person who gave you life and nurtured you when you were helpless? During my first hospice training, I wrestled with understanding the term. I asked Frank Ostaseski, the founder of the Zen Hospice Project in San Francisco, how I could practice compassionate listening with someone who’s dying. He responded, “You’ll just know. You’ve been doing these things your entire life.”

Although I initially didn’t understand his response, it became clear when, after I sat silently for an hour with a new client who for four days refused to talk to anyone, the client [finally] said, “I’m afraid of dying.” Almost effortlessly, I began discussing the dying process with him. Later, it became easier when I was playing cards with a 7-year year-old who said, “I’m not going to see you again, am I?”

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