Palliative Care: The Unexplored Frontier of Anesthesiology

The Coincidentia Oppositorum

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While perusing the Rice University course catalog for graduate fall enrollment, an interesting seminar caught my attention – "Life at the End of Life." This course, offered through the Department of Religion, would examine themes associated with death and dying in a multidisciplinary approach, combining perspectives of biomedicine, religious studies, art history, and bioethics. Though the course was outside my MD/PhD field of study, I felt it would offer a valuable perspective on caring for patients that I could use throughout my future career, regardless of my specialty. Surprisingly, I found myself drawn to this new field, palliative care medicine, which I found to be remarkably different than my existing research pursuits. After all, I was a graduate student in the chemistry department, where I learned to synthesize nanoparticles for their use in traumatic brain injury and other biomedical applications. However, my interest was piqued, and I was inspired to delve more into this field.

In the years that followed, I continued my scholarly learning and passion at Rice University. Later, I attended Harvard University, in partnership with the Massachusetts Institute of Technology, taking courses such as "Humanities of Care," "Love," and "The Meaning of Life." These courses gave me incredible insight into people, from understanding their passions and hopes, to learning about what brought meaning to their life. As an anthropologist, I not only explored the meaning of life in the philosophical abstraction, but also how people grappled with this question in their daily lives, specifically when facing difficult decisions between meeting and defying cultural expectations. I learned from my mentors in palliative care, pursued new research projects, and found inner fulfillment when being present with patients in some of the most powerful moments in their lives.

This year, I found a calling I did not previously anticipate – the combination of palliative care medicine with obstetric anesthesia. This unity of opposites, or *coincidentia oppositorum*, only exists in patients experiencing intrauterine fetal demise (IUFD). Unfortunately, these patients often go unseen by palliative care teams. A patient experiencing an IUFD may not have a terminal illness necessitating palliative care, but the neonate is not present to ask for pediatric palliative care. How can a patient be alive and experiencing a death at the same time? This coexistence of conditions that are opposite to each other, yet dependent on each other, creates tension and conflict. I realized the importance of providing palliative care support to these patients and distinctly recall one patient's experience that had a profound impact on me.

My patient was a young Spanish-speaking woman whose fetus, unfortunately, had severe congenital malformations that were not compatible with life. Arriving at the hospital for her scheduled cesarean section, she was nervous, not only for the known outcome of her baby, but also about undergoing an unknown process. Upon learning that I was to perform her anesthesia, she was relieved, as I am bilingual and would be by her side throughout her whole surgery. The skills I learned earlier in my palliative care work were paramount as I explained and counseled her in the different options for anesthesia. I listened to her as she shared her story and held her hands as she cried. I stayed by her side, comforting her as she held her son and was with her as she mourned the loss of her child. I will never forget this patient, our shared experience, and the impact she had on me.

This experience was one of many during my obstetric rotation that called me to pursue a career in obstetric anesthesia. While obstetric anesthesia can offer many joyous and positive moments, such experiences can change in an instant. As a society, I feel we do not have adequate support systems for patients who experience birth traumas such as miscarriages, IUFD, or neonatal death. I feel a strong desire to be present and support these patients in one of the most difficult experiences of their lives. I feel called to walk alongside these patients and care for them.

As physicians, we bear witness to many moments in which patients are at their most vulnerable. Whether a patient is receiving an organ transplant, staying in the ICU, or coming in to give birth – as anesthesiologists, we intimately share the same space with our patients in these moments. When patients are placed under general anesthesia, it is our face they see and our voice they hear before closing their eyes. When they wake up, we are often the first face they see and the first reassurance they receive that things are going to be O.K.

Palliative care has taught me to listen, be present, and truly see my patients as more than a clinical task. It is a rewarding experience that reintroduces humanity into medicine. As I finish my residency at the University of Colorado and begin my fellowship in obstetric anesthesiology at Stanford, I know my skills and experience in palliative care will help me continue to provide compassionate care for all my patients. I am empowered with the courage to pursue the belief that everyone deserves the same comfort, care, and support we receive coming into this world as we do leaving it. ■

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