



Final crossing

Crossing over: narratives of palliative care

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New York: Oxford University Press; 2000
457 pp \$63.95 (paper) ISBN 0-19-51234-3-3



The preface of this wonderful book contains a quotation from Paul Ramsey's *The Patient as Person*:

Upon ceasing to try to rescue the perishing, one is then free to care for the dying. Acts of caring for the dying are deeds done bodily for them which serve solely to manifest that they are not lost from human attention, that they are not alone, that mankind generally and their loved ones take note of their dying and mean to company with them in accepting this unique instance of the acceptable death of all flesh.¹

Through the detailed and sensitive presentation of 20 narratives about seriously ill and dying people, the authors of *Crossing Over* illustrate the complexity and variability of caring for people who are dying. Derived from a three-year prospective ethnographic study of the experiences of real patients, families and their caregivers, these narratives go beyond case reports in their attention to the processes by which patients, families and health care providers find personal meaning in illness, and how personal meaning influences the experience and outcome of care.

The book is divided into three sections: an introduction, the narratives and a discussion section on "working with the narratives." The introduction presents key issues in caring for dying people, the development of palliative and hospice care in the Western world, the process by which the narratives were gathered and written, and the place of this book among other current palliative care texts. The narratives themselves comprise the largest part of the text. The discussion section explains the authors' research methods and offers comments and questions to guide

analysis of the narratives. An additional and particularly helpful feature is an index of themes and where they occur in the narratives. The extensive bibliography is most useful.

Based on real-life situations, *Crossing Over* does an excellent job of presenting the reality of caring for the dying from all perspectives. The cases are as complex as the people involved, and things do not always go well. The challenges in complex symptom control, resource constraints, interpersonal interactions and the unique adaptation of each patient and family to illness are found in the narratives. It is refreshing and affirming to find such richness of detail and such an honest and complete presentation of the day-to-day reality of palliative care, a reality that is full of difficulty but also, in the words of the authors, "full of the therapeutic power of human presence, honesty, compassion, humility, humor, and the affirmation of life."

Each narrative is presented with a patient's name and a theme, such as "Jasmine Claude: A study in faith," "Joey Court: The death of a child," "Susan Mulrone: A private matter," "Klara Bergman: Burdens from the past," "Leonard Patterson: Jagged edges" and "Costas Metrakis: It was not a peaceful death."

Leonard Patterson was a 62-year-old European American with colon cancer. His narrative is a description of poverty, tumultuous family relation-

ships, the complexities of relationships between health service agencies, social services constraints and difficulties in achieving pain control. It is also a portrait of a man who, accustomed to helping others, has great concern for his troubled family's future without him and of a family that is able to rise above some of the very great difficulties they face and to grow in the process. His story is an example of a humane and heroic effort by a hospice team to journey with the patient, assist the family at home and in hospice, and to provide respectful and sensitive care that encompasses the physical, spiritual, social and emotional spheres. I was deeply touched by it.

Klara Bergman was an 80-year-old Holocaust survivor, having lost her husband, mother and 14-month-old son (who died of pneumonia) in the camps. Her courage and dignity are evident in her rebuilding of her life and in the way she faces her death. She is deeply troubled in her dying about her decision to have taken her infant son with her to the concentration camp rather than leaving him with friends. The narrative is a sensitive portrayal of how these wrenching decisions affected her life and that of her daughter, who was born later, and the way in which the care team provides support to both.

All of the narratives are engrossing. They are also instructive, illustrating how the issues that arise in palliative care can be addressed through a team process. We are fortunate, with the publication of this text, to have an even wider variety of excellent textbooks from which to learn and teach. The unique strength of this book is the deeply human perspective it offers on what is the essence of "person-centred care." It is the voices of ill people, their families and those who care for and



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about them that are heard. Reading the narratives provokes self-reflection, something that is invaluable to the physician and other care providers who wish to journey with dying people.

Who should read this book? Those who teach palliative care will want to use this book in their work. Practitioners will find that it affirms the work they do. Indeed, all health professionals may find

enrichment and inspiration in this text.

The title, *Crossing Over*, is meant to illustrate the many physical, emotional and spiritual leaps that the authors witnessed during their study. Patients, families and care providers “crossed over” to other viewpoints and to new journeys and roles. This book allows us to cross over into the world of the patient and family in a moving and educational way.

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Reference

1. Ramsey P. *The patient as person*. New Haven (CT): Yale University Press; 1970. p. 153.

At wit's end

Wit

Vancouver Playhouse Theatre

January 8 to February 3, 2001

Written by Margaret Edson; directed by Glynis Leyshon

Starring Seana McKenna, Alex Poch-Goldin and Joy Coghill



Wit, the Pulitzer Prize winning play by first-time American playwright Margaret Edson, is relative to its subject matter a defiantly funny work. The protagonist is Dr. Vivian Bearing, an English professor who has dedicated her career to the complex

nos. “I have stage 4 cancer,” she reflects ruefully after the doctor has left. “There is no stage 5.”

The overlay of Bearing’s preoccupation with language and the medical staff’s fixation on her illness creates a tale of two solitudes and dual obsessions as she journeys through a series of eight toxic treatments. As her self-assured persona of the acclaimed academic is gradually stripped away, she seeks and finds, with the help of a compassionate nurse, a renewed humanity.

Blending Bearing’s irrepressible intellectual vigour and humour with strong supporting characters (particularly

Jason Posner, played by Alex Poch-Goldin, values Bearing for what he can learn from her treatment. He dismisses instruction in bedside manner as “a waste of time for researchers” and instead obsesses over clinical details. Nonetheless, his self-absorption and lack of insight into Bearing’s psychological needs gradually give way to compassion as she approaches death.

Cheryl Brown of the Ovarian Cancer Alliance in Vancouver welcomes the awareness of ovarian cancer that has been generated by performances of *Wit* across the country. “We are trying to wake Canada up to ovarian cancer,” she says. “In general it has not been talked about.” Asked if she finds the medical characters in the play believable, Brown replies that the limitations of Bearing’s care aren’t representative of her own experience in BC, although “it would be an accurate portrayal of others’ experiences, in other parts of the country.” She points out that the play is now ten years old and does not reflect advances in palliative care. Bearing faces death with only one nurse attending to her emotional needs. Although this sparseness highlights the drama, the lack of other team players undercuts the play’s credibility.

Margaret Edson, who wrote this play as a response to work experience on a cancer ward, donated her Pulitzer Prize money to set up a foundation to teach medical students better bedside manner. Interestingly after the success of *Wit*, she is not planning to write another play and has returned to teaching kindergarten.

Heather Kent

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verse of the 17th-century “metaphysical” poet John Donne. Bearing is diagnosed with Stage 4 ovarian cancer, and she agrees to an experimental trial of highly aggressive chemotherapy, which she approaches in the same way as she studies Donne’s “Holy Sonnets” on mortality and salvation: passionately pursuing the meaning of words. The first barrage of medical terms — “insidious,” “antineoplastic,” “epithelial” — is volleyed in the opening scene, when she is matter-of-factly informed of her diag-

Jason Posner, the medical research associate) the mood of the play ranges from wit to poignancy. Convincingly played by Seana McKenna, Bearing speaks directly to the audience throughout the play, and she is engaging from the opening scene until her final flight at the moment of her death. The conviction of Bearing’s performance — her own mother is living with advanced ovarian cancer — was acknowledged with a standing ovation the night this reviewer attended.