

## The Second Victim: How to Heal After a Patient's Death

### The Incident

The day was winding down at the skilled nursing facility (SNF). As we were finishing with the orders, a nurse popped her head into the office and asked if we could see a patient who had just been discharged from the hospital. It was my second week on rotation, and I was nervous but excited to take the lead with the medical intern to interview the patient. We shuffled toward her room with the rest of the medicine and pharmacy team following closely behind. The moment I walked in and laid eyes on her, I knew something was off. It was hard to believe she had just been discharged. She sat in front of us with her eyes closed as we tried to gather more information about her shortness of breath. After witnessing our struggle, the attending tried to communicate with her, but to no avail. I was concerned. As I looked around the room, the anxious faces showed me I was not the only one. The attending noted that she had been discharged from the hospital and was believed to be stable enough for SNF placement. He completed a physical assessment, asked the intern to order labs that would be checked the next morning, and made sure he had staff checking on her. We left for the day.

That night, I read my e-mails and noticed a medical resident's note about the SNF. The patient had gone into cardiac arrest a few hours after we left. I felt numb as I read further. She was transported to the hospital, where she passed away.

### The Aftermath

I kept racking my brain, wondering if any of us could have prevented this. Was there anything we could have done to make a difference? Was death a normal part of a pharmacist's life when dealing with the geriatric community? I had a scheduled meeting with my preceptor the next morning. Still in complete shock, I told her every thought going through my mind. She calmly listened, took it all in, and validated everything I was feeling. It was therapeutic, yet I felt like I had not obtained complete closure. Weeks later, I had a chance encounter at a conference with my geriatric pharmacy mentor from school. After I disclosed what I had recently gone through, she showed concern, followed by a gentle smile. She told me that death is something I need to become comfortable with because of my desire to work with older adults, but she noted that it would never feel normal. As we parted ways, she recommended I read *Being Mortal* by Atul Gawande because of its applicability to my situation and career path.

### Healing

I learned about a lot of things in medical school, but mortality wasn't one of them ... the purpose of medical schooling was to teach how to save lives, not how to tend to their demise. —Atul Gawande

The above quotation from *Being Mortal* resonated with me. In pharmacy school, we are taught how to use medicines to heal, but we barely touch on what happens when a patient dies and how to cope with the mixed feelings of guilt and sadness. I found that speaking about my experience with my coresidents and the clinical pharmacists helped me move forward and heal. I accept that blame cannot be placed on one person because we are a team that tried our best to do what we felt was best for the patient at that time. Through open discussion, I learned how others reason through this process and understood how to cope. It is valuable to think about what occurred after the fact and to give yourself a moment of silence to observe the loss of life. By taking this time, it ensures that you are not moving through the day without truly feeling the weight of emotions. It also gives you a chance to self-reflect to make sure you are okay. I know that in my future career of caring for the geriatric community, I will undergo this

experience again. Although it will be a weight to carry, I hope to use these tools to manage appropriately. What tools have you found helpful in coping with similar experiences? Please send comments to [resfel@accp.list.com](mailto:resfel@accp.list.com), and start a discussion!

**About the Author:** Archana Raghavan is a PGY1 pharmacy resident at University of Pittsburgh Medical Center. She is passionate about chronic disease state management for older adults, keeping up with pop culture, and exploring new restaurants.