

Letters

Ensuring a Smooth Landing

To the Editor:

Health care professionals embrace the concept of life-long learning. However, much of our deepest learning does not necessarily derive from formal educational processes but rather from our daily interactions with patients and their families.

One of the most moving moments in my career, representing an epiphany, occurred in 1996 when I met a very special elderly gentleman. In the interests of maintaining confidentiality, I will refer to him as "James." He was referred to me for palliative medical management in the setting of end-stage heart failure. I initially consulted on his case while he was still at his home. Although he was essentially bedbound with intractable dyspnea, his cognitive prowess displayed no decrement. Almost instantly, a mutual rapport developed between James and me that was propelled by a common passion we shared for aviation. James was a highly decorated veteran from World War II, during which he was an elite bomber pilot for the Royal Air Force of the United Kingdom. He successfully completed a record number of bombing missions over various European targets. After the war, he immigrated to Canada, married, and raised his family in Toronto. He subsequently became one of the original pilots for Trans-Canada Airlines, the predecessor of present-day Air Canada. Following a distinguished career in commercial aviation, he held an array of administrative posts within the airline industry.

James was afforded all available options to treat his heart failure. He was not a candidate for cardiac surgery or transplantation. Conventional medical therapies were becoming

increasingly ineffective and associated with negative sequelae through side effects. James self-initiated a request for a palliative medicine consultation after chatting with one of his wartime colleagues who was undergoing palliative management for advanced cancer.

After reviewing James's history and physical examination, I sat down across from him and posed a question, the answer to which would lead to a revelation. I asked James, "What do you think palliative care is all about?" After a brief pause, during which he reflected on my question, he provided an answer: "Palliative care is all about ensuring a smooth landing." The eloquence of his answer stunned me as I realized that he had just summed up the essence of palliative care in a beautiful metaphor. As a former pilot, James fully appreciated the comfort and relief associated with achieving a "smooth landing."

In the days and weeks that followed our initial encounter, James's profoundly insightful statement continually ruminated in my mind. Through my own personal reflections, I came to realize the uncanny parallels between the life of an aircraft and that of a human. A given aircraft is conceived by aeronautical engineers and architects and undergoes a complex metamorphosis within a plant of a manufacturer. On completion, it is adopted by a family, one of the airlines. The new aircraft will then undergo custom detailing that reflects the culture and values of the particular airline. The aircraft then launches its life by embarking on numerous trips and duties throughout the world to "earn its keep." During these times, it will experience breakdowns necessitating various repairs and renovations. It will endure moments of crisis, and it will be associated with a complete range of emotions from the passengers it carries. During one of its voyages,

the captain will make an announcement: "Ladies and gentleman, we are about to commence our descent into the airport for the last time." Thereafter, the aircraft proceeds to descend in a stepwise fashion, hopefully en route to a "smooth landing" before becoming decommissioned.

All humans, except those who suffer a sudden and unexpected death, will eventually receive the diagnosis of an incurable illness, whether cancer or noncancer. The moment a physician shares this information with the patient is akin to the captain making the announcement of commencing the aircraft's final descent. Thereafter, humans generally proceed to experience stepwise declines in their functional capacity as per the natural history of their particular disease, culminating in their deaths. Ultimately, what all humans intrinsically desire is, in fact, comfort, dignity, and quality of life en route to their hopefully smooth landing. Thus, it behooves all health care professionals to help navigate patients along the complete disease trajectory and facilitate the transition of "flight plan" from Active and Aggressive Medical Management (AAMM) to Conservative Palliative Management (CPM).¹

For those who confuse palliative care with euthanasia, James's metaphorical anecdote may be further extended. The adoption of a palliative approach allows the aircraft to naturally descend while supporting a "smooth" and "natural landing." The adoption of euthanasia could be depicted by having a terrorist on board that aircraft to instantly detonate a bomb promptly on hearing the captain's announcement that the final descent was about to commence, thus forgoing a natural landing.

In summary, health care professionals are blessed with enriched learning opportunities through their daily interactions with patients. This narrative exemplifies the concept of the "radial metaphor" where a metaphorical expression, followed by critical reflection, evolves into a conceptual model.² This process is touted as one of the most potent tools in the development of "integrative thinking."² Thus, even after our patients have experienced their respective smooth landings, their legacies continue to soar through the wisdom that they impart to us.

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Plain Abdominal Radiographs to Diagnose Constipation Patients with Advanced Progressive Illness?

To the Editor:

Librach et al.¹ have produced a comprehensive document based on best available evidence and the opinions of clinicians acknowledged as experts in their fields. The authors acknowledge that there is a need to undertake further research to build a better evidence-based foundation for the management of the common and distressing problem of constipation in advanced and incurable illnesses. Given this, it is concerning that these guidelines advocate the use of plain abdominal radiographs to diagnose constipation.

To date, the role of plain radiographs to assess fecal loading and diagnose constipation has not been confirmed. Plain abdominal radiographs are useful to exclude bowel obstruction as a cause of the change in bowel habits² but currently otherwise offer very little other information to define the problems resulting in the complaint of constipation. As a result of this sparsity of evidence, best clinical guidelines in the investigation and management of constipation in nonpalliative care populations recommend *against* the use of plain radiographs.³