

# How doctors want to die is different than most people

By Stephanie O'Neill, Southern California Public Radio

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Nora Zamichow says if she and her husband, Mark Saylor, had known how doctors die, they may have made different treatment decisions for him at the end of his life.

## Story highlights

- A [study](#) shows almost 90 percent of doctors would forgo resuscitation if facing a terminal illness
- Doctors are more likely to die at home with less aggressive care than most people get at the end of their lives

Dr. Kendra Fleagle Gorlitsky recalls the anguish she used to feel performing CPR on elderly, terminally ill patients.

"I felt like I was beating up people up at the end of their life," she says.

It looks nothing like what people see on TV. In real life, ribs often break and few survive the ordeal.

Gorlitsky now teaches medicine at the University of Southern California and says these early clinical experiences have stayed with her.

"I would be doing the CPR with tears coming down sometimes, and saying, 'I'm sorry, I'm sorry, goodbye.' Because I knew it very likely was not going to be successful. It just seemed a terrible way to end someone's life."

Gorlitsky wants something different for herself and for her loved ones. And most other doctors do too: A Stanford University [study](#) shows almost 90 percent of doctors would forgo resuscitation and aggressive treatment if facing a terminal illness.

It was about 10 years ago, after a colleague had died swiftly and peacefully, that Dr. Ken Murray first noticed doctors die differently than the rest of us.

"He had died at home, and it occurred to me that I couldn't remember any of our colleagues who had actually died in the hospital," Murray says. "That struck me as quite odd, because I know that most people do die in hospitals."



A family portrait of Nora Zamichow, husband Mark Saylor and their daughter, Zia Saylor.

Murray began talking about it with other doctors.

"And I said, 'Have you noticed this phenomenon?' They thought about it, and they said, 'You know? You're right.' "

In 2011, Murray, a retired family practice physician in Los Angeles, shared his observations in an article that quickly went viral. The essay, "[How Doctors Die](#)," told the world that doctors are more likely to die at home with less aggressive care than most people get at the end of their lives. That's Murray's plan, too.

"I fit with the vast majority that want to have a gentle death, and don't want extraordinary measures taken when they have no meaning," Murray says.

A majority of seniors [report](#) feeling the same way. Yet, they often die while hooked up to life support. And only about one in 10 doctors report having conversations with their patients about death.

One reason for the disconnect, says Dr. Babak Goldman, is that too few doctors are [trained to talk](#) about death with their patients. "We're trained to prolong life," he says.

Goldman is a palliative care specialist at Providence Saint Joseph's Medical Center in Burbank, Calif., and he says that having the tough talk may feel like a doctor is letting a family down.

"I think it's sometimes easier to give hope than to give reality," Goldman says.



Los Angeles doctor Ken Murray first started thinking about how doctors die roughly ten years ago, when a physician he knew passed away.

Goldman read Murray's essay as part of his residency. Goldman too would prefer to die without heroic measures, he says, and knowing how doctors die is important information for patients.

"If they know that this is what we'd want for ourselves and for our own families, that goes a long way," he says.

In addition, Medicare does not pay doctors for end-of-life planning meetings with patients.

Nora Zamichow wishes she had read Murray's essay sooner. The Los Angeles-based freelance writer says she and her husband, Mark Saylor, likely would have made different treatment decisions for Saylor's brain tumor if they had.

Zamichow says that an arduous regimen of chemotherapy and radiation left her 58-year-old husband unable to walk, and ultimately bedridden, in his final weeks.

"At no point," she says, "did any doctor say to us, 'You know, what about not treating?'"

Zamichow realized after reading Murray's essay that doing less might have offered her husband more peace in his final days.

"What Ken's article spelled out for me was, 'Wait a minute, you know, we did not get the full range of options,'" she says.

But knowing how much medical intervention at the end of life might be most appropriate for a particular person requires [wide-ranging conversations about death](#).

Murray says he hopes his essay will spur more physicians to initiate these difficult discussions with patients and families facing end-of-life choices.

*This story is part of a partnership that includes [NPR](#), [Southern California Public Radio](#) and Kaiser Health News.*