As I write this, I know that I have only a few weeks—or less—to live. The metastases from my renal carcinoma have spread to my lungs, my arm bones, my spine, and even my brain. It will not be long before they kill me. The metastases were discovered more than a year and a half ago. Since then, I have tried hard to follow the progression of my disease with the same scientific curiosity and intellectual rigor I employed in more than 25 years as a practicing physician. This has not always been possible, but I have tried my best to study the process of dying so that I could use my death to help others—terminally ill patients, their families, and their physicians.

I have written extensively about my experiences with metastatic cancer,1,2 and the National Kidney Cancer Association recently published a short book I wrote for the dying and their families.3 What I would like to do here is to offer you, my colleagues, a few additional insights I have learned in the last 20 months.

If this experience has taught me nothing else, it has taught me the importance of hope even in the face of impossible odds. I knew, as soon as the metastases were discovered, that the chances of my surviving for very long were slim to nonexistent. And I have always acknowledged just how small the chances of my survival were. Nonetheless, somewhere inside myself I clung to the belief that I could beat those odds—that somehow I could find the right drug or the right combination of agents that would allow me to vanquish my disease.

What I have learned, in other words, is that acceptance and denial can coexist. Acceptance of my prognosis has allowed me to tidy up my affairs, to spend time with my family, and to renew my faith. But hope is a powerful ally, our last defense against despair. It has helped me to withstand the excruciating pain and the other sequelae my metastases have caused.

As physicians, we must never give our patients false hopes or unrealistic expectations. But neither should we deny them the comfort that hope can bring.

What I have also learned is that the psychological reactions to metastatic cancer are much more intense than I had anticipated. All the medical knowledge in the world did not exempt me from episodes of delusions, depression, excessive anger, or hysteria. Understanding the chemical and physiologic processes that contributed to these reactions made it easier for me and my family to cope with them, but it could not prevent or ameliorate those episodes.

Medicine and my family have been the two great joys of my life, and I have been lucky to spend the last year and a half concentrating on them. In this time, I have written extensively on sepsis, which has been one of my chief research interests for almost 30 years. I have also worked as a counselor to other dying patients. And, as I mentioned, I have tried to turn a scientist’s eye on my experiences as a terminally ill patient, so that others might benefit from my death. The joy these efforts have given me has been profound.

In addition, the support I’ve gotten from the medical community has buoyed me tremendously; I hadn’t realized how many friends I’d made in medicine until I found out I was dying. To those who sent me notes or who gave me your best wishes in person, I can only say thank you from the bottom of my heart.

However, the greatest lesson I have learned is the importance of open communication between a dying patient and his or her loved ones. Only this way can everyone involved begin to reconcile their feelings, which include not only love but intense sadness, fear, anger, guilt, abandonment, and resentment.

The importance of open communication is something I had to learn the hard way. My father was a very quiet man; personal discussions were hard for him. He never told me
that he loved me or was proud of me. Consequently, I never
told him that I loved him, and I never let him know how
deeply I respected his achievements. My father died sud-
denly of a myocardial infarction when I was in my third year
of medical school. I've always regretted that he may have
died without knowing my love.

In the 30 years since then, I've tried to avoid making the
same mistake by telling my family how much I love them and
how proud I am of them. But I am human, and I may
sometimes have been too preoccupied with work to have
expressed my feelings as often as I should have. Thus, I will
always be grateful that I have had the last 20 months to make
sure that my wife and daughters know exactly how much they
mean to me. But it will always be too late to tell my father.

I urge you all to help your dying patients, their families,
and friends to learn to communicate openly before it is too
late. A strategy that I found effective in my work with
terminally ill patients was to suggest that their families and
friends write letters to their loved one while he is still alive.
In the letter, they can celebrate that person's life, commemo-
rate his achievements, remember shared experiences, and
express their emotions. The dying patient can then enjoy
their thoughts, feelings, and reflections while there is still
time to do so.

Finally, death is a time for reconciliation and forgiveness.
If there is anyone I have inadvertently offended during my
career, I ask them to forgive me. I have asked God's forgive-
ness for my transgressions, and I have tried to forgive myself
for my shortcomings. This has given me the peace to face my
death.

It has been a privilege for me to be a physician and an
honor to work with all of you. I hope and pray that despite
the changes wrought by managed care, you continue to find
medicine to be the idealistic and intellectually stimulating
profession it was when I first entered it. I leave all of you
with sadness, but I know that you will carry on where I must
leave off. Farewell.

REFERENCES

1. Bone, RC. A piece of my mind. The taste of lemonade on a
summer afternoon. JAMA 1995; 273:518
2. Bone RC. A piece of my mind. Another 'taste of lemon-
ade.' JAMA 1995; 274:1656
3. Bone RC. A piece of my mind. Lemonade: the last
refreshing taste. JAMA 1996; 276:1216
4. Bone RC. A piece of my mind. Maunnee: my Walden
Pond. JAMA 1996; 276;1931
5. Bone RC. As I was dying: an examination of classic
Cancer Association, 1997