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Of Loss, Grief, and What Was Said

A few days ago, I greeted my longtime glaucoma patient with a routine question: “How are you?” She responded, “Not well. My son died on Thursday.” We’ve all had patients who tell us about a major loss. But even though ophthalmologists are healers, we have little training in how to approach people who are grieving, and we mostly learn from experience.

In a *Chicago Tribune* editorial, Judith Weinstein (wife of retina specialist Mat MacCumber, MD, PhD) shared some helpful insights.¹ “Don’t talk more than the bereaved,” she counseled. Someone with a recent loss doesn’t yet have the capacity to absorb others’ experiences. And contain the urge to tell your own story. As my friend Beth Reece, who is manager of spiritual care at the Shirley Ryan AbilityLab in Chicago, put it, “Ask. Listen. Listen. Listen. Ask. Listen. Listen. Listen.”

How can we invite a conversation? Beth, who works with patients in rehabilitation after a stroke, traumatic brain injury, severe burn, or limb loss, suggested simple open-ended questions, such as “How are you dealing with this?” And Judith advised against offering platitudes, such as “He’s not suffering anymore” or “Your son wouldn’t want you to be sad.”

It’s also not helpful to say, “I’m sorry for your loss.” These phrases offer cheap—and ineffective—comfort. They reduce tension for the physician, they don’t acknowledge the suffering of the patient, and they shut down the conversation. Consider, instead, a phrase that recognizes the patient’s grief, such as “What a difficult time for you.” This acknowledges the pain and doesn’t try to fix or minimize it.

Giving advice isn’t helpful, either. As with offering up platitudes, giving advice relieves the physician, but not the suffering patient, and it creates distance. As teacher and activist Parker Palmer wrote, “One of the hardest things we must do sometimes is to be present to another person’s pain without trying to fix it, to simply stand respectfully at the edge of that person’s mystery and misery.”² As healers, we need to be comfortable with sorrow and check the surgeon’s instinct to repair the pain.

After her teenager died from suicide, a friend explained that grief doesn’t have a timetable, and that each of us accommodates to loss in our own way. From her I learned

that it’s helpful to remember the person who died, and now, many years later, I try to mention him in casual conversation. We can do the same for our patients. For a patient whose spouse had accompanied her to visits, I might say, “I can just see Mr. Jones sitting right there where he always sat,” or “No one else can tell a joke like your husband could.” These small comments honor the deceased and remind the patient that neither her husband, nor her grief, is forgotten.

A now-retired retina specialist was legendary for taking meticulous “social notes” about his patients and would “remember” personal details about his patients, a practice that many physicians in our practice adopted. Our version of Epic has a yellow sticky note feature, which I use to remind myself to ask about the grieving process at the next visit. Patients genuinely appreciate hearing, “It’s been just over a year since your husband died,” or “How is the second year different than the first?” These are invitations to tell stories, a crucial component of the grieving process.

Ophthalmologists see a lot of patients in a session. The complexity of clinical care is increasing, and the competing demands can be exhausting. Do we really have time to add grief counseling into the busy clinic schedule? It really only takes a few minutes to ask a question and listen with full attention, and that just might be the most meaningful part of our day. Beth suggested that it’s especially comforting when a physician breaks from a busy clinic to invite a story, creating an “in-between space.” We are, after all, the healers.



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1 Weinstein J. The art of consolation. *Chicago Tribune*. Jan. 16, 2020.

2 Palmer P. *Let Your Life Speak: Listening for the Voice of Vocation*. John Wiley & Sons; 2000:63.