days. She also described the best, worst, and most likely scenarios for a comfort-focused plan. Recognizing how important it was to him to interact with people — communication with others had been his life's work — Father Andrew asked to be extubated. He died later that day, surrounded by family.

An audio interview with Dr. Schwarze is available at NEJM.org

The patient's name has been changed to protect his privacy.

Disclosure forms provided by the authors are available at NEJM.org.

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Certain about Dying with Uncertainty

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Mrs. C., a woman with whom we'd had a long-standing patient–physician relationship, one of us for over 25 years, died recently in the 87th year of her life. A woman who had always maintained her cheerful spirit even in the midst of quite trying medical setbacks, she was one of our favorite patients. But what made her most special was her perspective on life and death: we learned a lot from her.

Mrs. C. was a child of the early 20th century. Born in 1930, she was in her formative years when World War II ended. She lived north of Boston, married there, and raised her family. As was common at that time, her father and siblings smoked, and she started smoking as a teenager. By the time she was 20, she was at a pack a day, sometimes more. It was not until 1995, more than 30 years after Surgeon General Luther Terry's report documenting that smoking posed a health hazard, that she quit.

But the damage had already been done. By the early 1990s, her FEV_1 was 35% of the predicted value, and she was short of breath walking on a level surface at a modest pace. The damage went beyond her lungs: she had coronary artery disease and ischemic cardiomyopathy. Despite these challenges, she was unusually optimistic and continued living a rich and full life.

Nevertheless, when her husband died of a brain tumor about 5 years ago, she witnessed the good and the not-so-good that medicine had to offer. She saw interventions that improved things slightly for a short while but did not provide meaningful and sustained benefit. After he died, we had "the conversation"; we had broached the subject before but had never discussed it in great depth.

She knew what she wanted. She told us and her family that she had enjoyed a good life and if an event came along that was the medical equivalent of a flat tire, we should fix it. But if something happened that required major intervention, she didn't want it. We vowed to keep our part of the bargain. If we had only known how hard that would be.

The next few years were largely uneventful, save for minor COPD flares, so her care was easy. Then, several months ago, her daughters brought her in with massive lower-extremity edema and hypoxemia. Her hematocrit was 18; she was in florid cor pulmonale. Blood transfusions, oxygen, and diuresis brought her back, and soon she was home but without a firm diagnosis explaining her anemia. She initially thought of this event as a flat tire, but we knew there was more going on. Our training taught us to find the cause, and we spoke with her about the next steps in her evaluation. If she had cancer, given her coexisting conditions, it would be hard, if not impossible, to treat or even palliate. But it was possible that she had a benign and treatable condition and her former life could be restored.

This is where she became the teacher, and we her pupils. Our diagnostic uncertainty might have been uncomfortable for us, but it wasn't for her. She was at home and not struggling for every breath. She could tolerate the absence of a firm diagnosis because she was not interested in paying the physi-

cal and emotional price of trying to squeeze out a few more months or years of life. This was the lesson she was teaching us.

After she had been home for a few weeks, she again became short of breath and was readmitted to the hospital. Imaging revealed a gastric mass and changes consistent with widespread liver metastases. Although we were more certain of her diagnosis, there was still uncertainty regarding potential treatments and palliation. Once again, she put uncertainty aside and returned home. With help from hospice, she was looking forward to her final days.

Over the next 3 weeks, she visited her 97-year-old brother in a local nursing home, had dinners with her "Moms' club" — friends from her youth who had shared life experiences since the 1940s (see photo) — checked off her bucket list of local favorite foods, stopped all her meds, said goodbye to her family, and slipped away overnight.

Mrs. C. and Her Moms' Club.
Mrs. C. is the second from the right.

Although we had left diagnostic stones unturned and therapeutic paths untrodden, to Mrs. C. the potential benefits of seeking answers did not outweigh the potential harms. She had outlived her "three score and 10" by nearly two decades and was happy to let her life end — even with some uncertainty that it had to end right then. "I have had a good life," she told us, "and this is its end; I accept that." She taught us to accept that, too.

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