

Taking care of our patients when they are dying is never easy, but because of the intensity of the experience it is a time in which we learn and grow. The difficulties we face make sense both because the pain touches a deep spot within ourselves and because our therapeutic armamentarium is—by its nature and by the inevitability of death—inadequate. At some level we may want to have more control and competence, but it is likely that skill and serenity, as with the other major touchstones of the physician's art, are gained more through studied experience than instruction. A reference cited by this study indicated that physicians older than 50 years have more positive attitudes than their younger colleagues, and the physicians in this study whose thoughts and feelings are so well examined had an average age of 49 years, which is probably close enough for them to have gained that clinical maturity.

I found the results of the study—particularly the quotations from the transcripts—to be reassuring. My colleagues are both wise and smart, and I am proud of our insights, maturity, and skills. Medical school, residency, and formal continuing medical education can give us the facts and basic competencies needed to deal with dying, as well as the other delicate and intense challenges to our physician-patient skills (such as sexual, physical, and substance abuse), but it is only in practice itself that we can integrate our inner selves with this difficult and moving work.

Donald Koltsch, MD

*From the Department of Family Medicine, University of North Carolina, Chapel Hill.*