



Respiratory Therapy & Health Sciences
Presents

Death

The Other Conversation of Healthcare

2025

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Forewords

When thinking about professions in healthcare one often thinks about assessment, diagnosing and treating. These lifesaving skills fill textbooks and classrooms of all healthcare fields. However, death is also a part of healthcare. The conversation of death can be uncomfortable; however, this is a necessary conversation in our classrooms. Preparing our students for the role death has in healthcare is vital for skill development and the student's overall well-being. It's what inspired the MGA respiratory therapy department, with the support of others, to create a 3-day symposium to start the conversation about death in healthcare. Starting this conversation can better prepare students when faced with death during a clinical rotation, aid them in exploring their own views and experiences with death, and aid them in developing lifelong skill of exploring various methods of coping. The end goal is developing well-rounded and compassionate caregivers for our community.

The following provides a brief overview of the 3-day symposium. Day 1 was a day for didactic presentations on various topics. It was designed to start the discussion of death and the importance of self-care for healthcare providers. Day 2 was a day for simulation. Simulation provides hands-on learning. Following best practices of simulation, the simulation was followed up with a debriefing period. The symposium wrapped up several weeks later on Day 3 with a reflective writing exercise. The conversation of death can evoke various emotions. Day 3 provided allowed the students to practice a form of coping. This final day allowed the student the freedom to explore their own experiences and views of death, and the view of their peers. What a great way to close the "conversation."

— Nancy Guyse, Associate Professor of Respiratory Therapy

A reflective writing workshop might seem like an odd choice to combine with Respiratory Therapy curriculum, but the positive outcomes of this experience are numerous. The writing workshop was an opportunity for students to write reflectively about their personal and clinical experiences with death and dying. First, research indicates that health care providers who participate in writing workshops about their experiences in the profession receive a variety of benefits, including: increased empathy for patients; “the opportunity to express thoughts and feelings that [do] not have a well-defined place in coursework . . . in particular, coping with a patient’s severe illness, dying and death” (Cowen et al. 316); and the opportunity to help “faculty advisors appreciate the struggles and increased maturity that [is] not always evident in typical meetings with the students” (Cowen et al. 315). Secondly, this workshop provided an opportunity for students to help their cohort and the cohorts of respiratory therapy students that will follow them by normalizing discussions of death and dying. To the students participating in this workshop: knowing that you aren’t alone, that your feelings and experiences aren’t wrong, and that they’ve been shared by others is a very powerful gift to give to the classes following you.

During the writing workshop, students and faculty wrote about and discussed the following questions:

1. How do you feel about death? What are your expectations for death?
2. What is/are your experience(s) with death or caring for a dying patient? Were your expectations met?
3. What does “self-care” mean for you as an RT student? How has this changed for you since before you began respiratory therapy school?
4. What are some other coping mechanisms that you have employed or have seen employed?

The selections in this anthology were all submitted anonymously, and each student’s writing is structured in the order of the questions listed here. Submissions have been lightly edited for spelling,

punctuation, grammar, and clarity. The anthology also includes one student submission from the initial 2024 symposium.

— Lorraine Dubuisson, Professor of English

Works Cited

Cowen, Virginia S., et al. "A Review of Creative and Expressive Writing as a Pedagogical Tool in Medical Education." *Humanism in Medical Education*, vol. 50, 2016, pp. 311-319.

Question 1:

How do you feel about death? What are your expectations for death?

Student Responses

I don't like the thought of death so usually I try to ignore the subject as a whole. I don't necessarily have a fear of myself passing. It is more of a fear of losing those around me because I know how badly it is going to hurt to live without them despite knowing that they are going to a much better place than this world could ever offer. As a follower of Christ, I expect to go to heaven whenever he feels is my time to go.

I don't much feel anything about death as far as sadness or grief but more on a religious state of the place for where that soul resides. Expectations come from an economical place and what must be done as far as funeral arrangements, cost, and family matters.

Death is a normal/natural thing. I feel like, yes, it is sad but it's normal to be sad in the beginning. My personal expectation is to feel

sad at first and then start to remember good memories of or with the deceased. Death is unexpected, so cherish every moment and have no regrets.

Typically I choose not to think about death, but I do have the understanding that we all will leave here. I don't think about/talk about death because I equate death with sadness and crying. I try to avoid that topic and become numb to it.

I have no feelings about death. I know that it is something that everyone will have to endure and face on multiple occasions throughout life. Of course, it makes me sad, but I think as I've gotten older I have come to terms with it. Some deaths are harder to cope with than others due to the nature of the relationship and how the person dies, but overall, I am okay with death. I don't feel as though you can really have expectations for death.

I think that viewing death as a healthcare worker versus viewing death personally has some impact on looking at death from a different perspective. Viewing death as a healthcare worker really makes you think about how you could have done something differently or the reasons it happened. Death is going to happen to everyone at some point; it just depends on how and when.

I feel like I didn't often think about death all that often. I try not to dwell on my own mortality because it feels like a waste of time to be worried about something that I will definitely have to experience but have no control over. My time is better spent enjoying life while I have it. I do try to make healthier choices occasionally to improve my quality of life in the present because I do acknowledge that life is a finite resource. In a clinical setting, I just try to be the best clinician I can be so patients get the best chance at life possible as well as best experience possible as they experience something terrible.

Death is something that happens every day. It is not something that can ultimately be stopped from happening. Oftentimes as a healthcare provider, you are having to prolong the period of time before someone dies even when you know it's time for the patient to move on to their afterlife. You are still having to do everything possible to keep the patient here earthside.

I feel that death like anything else is an experience. Like an experience, it can be good or bad. For a family who's son has been battling cancer, death may be heartbreaking; however, it may be a gracious relief for others who knew he suffered. For my own death, I don't care much. I want to go painlessly, but when it's my time, I will just go.

I feel death can be a sad thing. In the clinical (or any) setting, I expect it to be sad and full of emotions. I do not feel death is a bad thing; it is a part of the circle of life. I

believe to be absent from the body is to be present with the Lord.

I feel like death is an inevitable part of life. I feel like avoiding the conversation is due mainly to reasons like fear. I feel like opening up discussions is beneficial to relieving anxiety surrounding the subject. My expectations regarding my own demise rely heavily on my Christian faith. This relieves a lot of fear from dying from me.

I don't have many feelings or thoughts about death. I haven't been around it much or seen it yet. I'm sure it will be an uneasy feeling to deal with in the clinical site. I feel like it is hard to grasp for some people that a person is just gone. I feel like it would be harder for me to deal with/empathize with whoever is left behind.

I feel as if death is something I am aware of but don't like to talk about often. I don't see it

as a “dark” topic myself, but I do know the effect that it has on others. My expectations for my own death have never been considered, but I would want it to be peaceful for the ones that see me to the end of my life. The idea of death is more painful than the act of dying.

Death is a part of life, unfortunately. It's just something that we have to experience. I don't have any expectations for my own personal death except that I plan on going to heaven. As far as clinical death, it's just something that comes with the job. As long as I know I did all I could do, I also know I can't save everybody.

I feel about death that it can be peaceful or sometimes there may be pain, pain with the person or for the family. Afterwards I believe the person either goes to heaven or hell. Sometimes talking about death and dying stirs up some anxiety within me, but I think caring for a patient in their final moments can be rewarding, and I believe I was put in that room for a purpose. My expectation for death is that

for my own death it is peaceful and without suffering and that it's very far into the future.

I don't like to talk about death. Death scares me. I don't like to think about anyone I love dying. It's a traumatic experience. I've experienced so much death over the last few years I'm numb to it. I hope my family never comes in as a trauma patient and I have to perform life-saving measures on them. People always say people who die are at peace and are in a better place, but that still doesn't sit well with me because why them? I don't have any expectations for death. I usually never properly grieve. I just keep going. That's how I handle death, by just keeping on pushing through.

Death is an interesting topic. I really don't know how to feel. It is a more bittersweet situation because it sucks that it has to take place, but God knows what's right, and He has the last say so. So when it comes to death, I put

all my trust into Him. I don't know about expectations when it comes to death.

Death is an inevitable part of life. Before experiencing death so close, I was afraid; I was angry at the thought of it. Death is something everyone wants to avoid talking about, but death is an inevitable part of life. When someone so close to you dies, a part of you dies as well. Yes, their memory lives on, but you can't help but feel that part of you that's gone, too. When it comes to death of a patient, I have seen it affect some healthcare providers drastically, and others learn how to cope very well. I hope that with my close experiences to death, I am able to cope with the death of a patient in the most healthy way possible.

Death isn't something I am scared of. I know it is something that eventually happens to us all. It is sad and can be traumatic. To some people, it is something fearful. Some people are terrified of dying and never want to. Unfortunately, it is inevitable and everybody

will die one day. You may live a long life while others don't get that privilege. I don't really think I have any expectations for death. Some people die from awful ways with suffering while others don't. Personally, I don't want to suffer. I think suffering only makes it worse. Luckily, all the death I have seen hasn't been traumatic; it has all been peaceful. Nobody close to me has died recently. I was younger. But I am very emotional, so I will always cry no matter what. Losing somebody is never easy. I remember the first patient I ever watched die. His wife's screams soaring through the hallway will forever be something I can hear in my sleep. They haunt me. The expectations I have were not met that day at all.

I feel like death is so weird. It's something that we all go through but yet don't know what's going to happen when we do it. It's also weird because you don't know when it will come, so you can't prepare for it. The even crazier part about it is you will never return, so where do you go, what do you do? My expectations for death, I feel, are so simple

because there aren't any. Everyone will have their own special time to do it. I personally believe that once you complete your work on earth, then God will say, "Well done."

I feel like death is a thing that will eventually happen. I hope for my sake it happens later on in my life. I am afraid to die; however, due to my belief/faith, I know where I am going. I never had someone really close to me pass, so I do not really know the feeling of losing someone to death and more, so my feelings will always be open. I really do not have any expectations for death. I guess when I pass I want it to be more of a celebration than grief.

Death is something we can't escape. We all have an end date, and we know neither the day nor the hour. I personally feel like you shouldn't fear death since God put us on this earth with the end good being death and then transforming to the afterlife of whatever it is that you believe in. death can be a touch subject, but I feel like the better you live your

life, the more at ease you can be with death. But to say all of that, I do not want to die before I accomplish all of my goals. But my expectation for death is for it to be peaceful and around my family. Nobody should suffer when dying at all, so I would like for God to call me home on a peaceful note.

Question 2:

What is/are your
experience(s) with death or
caring for a dying patient?
Were your expectations
met?

Student Responses

I was able to care for a patient who was titled “comfort care.” This shook me because this patient knew they were dying. However, I was able to experience his last day with his wife by his die and all his favorite foods, which was crazy because I could not imagine picking out my LAST meal.

I took care of my grandpa on his deathbed. He was breathing instead of being in the moment. To me it was a medical/physiological process. My expectations were met; what I thought would happen came to pass. I've also terminally weaned someone. I had empathy but did the job.

Fiancé passing: very sad and questioning it a lot. I took time to realize I needed to stop and cherish my memories with them to be at peace.

Grandfather: tried to accept it and help/be there for others.

Last August when my grandmother passed away, that was my first time experiencing a death that was close, and I personally don't know what I was expecting. It's like before she passed were expecting and preparing for it due to the condition she was in, so I honestly feel as though since I was expecting and preparing for it weeks before it happened I became numb to the feeling. I think I had released all of my emotions beforehand. I don't really have any expectations, but I do know that I don't really like mentioning her passing or talking about her now, so I don't know.

I haven't personally cared for a dying patient, but I have had multiple experiences with death with losing both of my grandparents/aunts. My expectations were met because they were suffering, so I know that they won't have to go through that anymore. The funerals were very nice.

I have seen a lot of death as a healthcare worker and some of them were very sad, but it got to a point where I was numb to it unless they were young or a peds patient. Personally, I have only lost a couple of people in family, and I felt like I had to keep moving forward and prepare for the funeral and life going forward.

I work in the ER at my local hospital, so it's relatively common to see people die. Generally I can be at peace with those experiences because our role in that patient's crisis is to help them. Everyone isn't going to be able to be saved. One patient that does stick out to me often was a gunshot victim that was brought in. He ended up not making it, and his family showed up shortly after. Being around their grief was the most difficult part of the experience.

I understand that I'm here to save you, and I am trying. Did you not like the general vibe, or did someone call you home? Either way, your

ribs are broken and you're bleeding, so I just asked for more towels. You probably won't be back, but I will keep trying anyway.

I have worked as a CNA in hospice. So I guess that would be my closet experience. I did home visits, and so I grew connections with the patients and their families. One patient passed away, and I wouldn't say that I went unexpected. The patient's family were prepared and were really appreciative toward the care team for helping until the end.

I worked in a hospice situation, and my experience with caring for a dying patient was that it felt sad mainly from the standpoint of the family. Being in hospice made it a little better because the expectation was there. The hardest part was hearing wailing from the nurse's station knowing what had happened. It's caring for the family members left behind that is more difficult.

I haven't deal with death in the clinical site, but I expect it to be somewhat emotional. I don't know exactly how I'll feel about it, but I expect to be respectful to the patient and loved ones and try to help where I can.

My experiences with death have been expected and unexpected. For my own experience, being present for an unexpected death has changed how I see death in a clinical setting. In a clinical setting, I have seen death and almost felt "heartless" for not feeling some sort of emotion towards it, but I also feel guilty for feeling emotions about it because I didn't know the person like their family did to feel emotional about it.

I haven't experienced clinical death yet, but when I do I imagine that I'll be very empathetic for the family because that's what I want clinical workers to do for my family. I expect there to be a lot of emotions, and I also expect for myself to use the resources that I have available to me to talk about it.

I'm the last one to leave that patient, and it's hard because I'm the one that is giving them their last breath. I've been caring for a dying patient, and it's hard having never experienced death and then *bam* disconnect this patient, CPR for this one, talk to family and explain the patient is not breathing over vent. The first patient death I experienced, my expectations were not met. She was brought in while having CPR performed, and I bagged, and a minute later we stopped and just left everything as a mess and continued to the next patient who was in the same predicament, but he ended up living. Another experience was we took a moment to reflect on the life they lived and their experiences they enjoyed.

At first it was nerve-wracking, but having conversations, praying, and having dreams helped me come to terms with it. I was able to spend as much time with my loved one. I still pray about it because you never just get over it. My expectation was met because we

arranged everything how he wanted it. I do believe everything was peaceful.

As stated previously, I have experienced death so close to me. My family and I were caregivers for my grandmother. It was a very difficult time, not only coping as a caregiver, but also that person you are caring for being one of the reasons you are alive. I got to see my grandmother deceased in the ER. The image is forever engraved in my head. I hope the difficult experience will help me when one of my patients passes. I have not had a patient of my own pass away, but I know that will happen someday.

My experiences with death are always sad. Thank God, my immediate family is still here, but I have had my best friend and my god-mom pass, and both times, it wasn't easy. My expectations were met because I don't have any.

I never really had any experience with death personally, but I have seen it in a hospital setting, and it was just really sad seeing the patient laying there lifeless. It was also sad seeing the family reaction when finding out. My expectations were not met, I guess. I expected everyone to be crying, not just the family, but then again, I realized they have to keep working to help other people.

My experience with death is kind of bittersweet because my dad passed away when I was 16. I found out because I was on my phone in class when I wasn't supposed to be. I will never forget that feeling of my heart dropping to my stomach, and the world felt like it completely stopped. That was just something that caught me off-guard, and I felt like my dad passing away forced me to grow up in a way. There were certain things about being a man that I had to teach myself because my dad was not physically present to teach me those things. No, my expectations were not met because I will never know why God took my dad, but I will never question Him as well.

Question 3

What does “self-care” mean for you as an RT student? How has this changed for you since before you began respiratory therapy school?

Student Responses

I think y'all are expecting me to say something about caring for myself emotionally after a hard day at work, but I honestly leave work at the hospital and never bring it home. That's how I cope. The only thing I do for myself right now is take bubble baths.

Self-care comes down to one thing—discipline and awareness.

Self-care means destress and take care of yourself—take a minute and not worry about anything else. If I'm not okay, then nothing is going to get done. For self-care, I go to the gym, hang out with friends, use face masks, and etc.

To me, self-care means doing things you enjoy no matter what. It means taking yourself

away from the load to clear your mind. Since starting school, my self-care has not changed; I just found the time to work it into my schedule, and, yes, I'm willing to sacrifice some things for my self-care to keep my mental balance. Yes, my schedule is really busy, but I put me first, continuing to do the things I love and need to survive all while working at something I want for my future.

Self-care: going to get massages, traveling, getting nails done, shopping. I don't have as much time to do these things anymore.

Self-care is important to me because this program can be very challenging and very time-consuming, so taking a step away to clear my head of the stress and anxiety of this program is needed at least once a day.

Self-care for me as an RT student is just putting my work down for a bit and doing something mindless for a while. That may be

taking a quick walk, doing something with my family, or maybe even just stepping outside and taking a breath or two. I use the time to relax and recenter so that I'm able to refocus.

Self-care for me in the past had been going to the gym and to the movies on a consistent basis, but now I am in a new environment and school, so I don't have the time. Instead, I have now set boundaries to keep up with my self-care: no phone calls, text messages, or email before a certain time and limiting time around people who require too much energy.

Self-care means that I do something for myself, something that makes me happy, puts me first, or brings me peace. Being in school can kind of be overwhelming dealing with both school and life, so my self-care days currently consist of giving myself time to actually rest and a moment to breathe.

Self-care is something that I don't carve out time for. It's like, oh, I'm stressed, I'll eat snacks and keep going. I'm a real emotional eater. Becoming an RT student made me realize that this was something I need to focus more on. I have gotten better because I used to not realize I was stressed. I would feel tense for days, just not at ease, and I realized what caused it.

Self-care is taking time to be selfish. I think of being alone and taking time to do what I want to do rather than what I have to do or what's expected of me. Since starting this program, I have had to teach myself to really balance the time I have. I fell like I've lost some relationships from this but also gained new ones.

Self-care for me before the program was "selfish" because I would sleep, shop, or strictly cater to my desires. After starting the program, I now spend my time with others and fulfill privileges that are taken for granted. I am

aware how lucky I am to be in this position but love taking a break and catering to those around me. My faith has shaped my self-care.

Self-care to me looks something like a pedicure and a nice meal and shopping. Prior to school, it might've included a full set of nails, but nothing more than that. I feel like I take care of myself every day by getting out of the bed and showing up for the things I have planned for myself because I know a lot of people can't do that. So to keep myself from taking the small things for granted, I consider just getting up and getting ready "self-care."

Self-care for me is laying on the floor and watching a stupid movie or show. This takes my mind off the day I had and the things I saw that day. I read now to take me out of my current thoughts. Being around my friends and family helps because they do different things and they are able to lighten my mood.

Self-care means taking care of myself with massages, hanging out with my friends, getting pampered, getting my hair and nails done, being by myself getting my thoughts together. Self-care is really important; sometimes you just have to shut the world off and take care of you.

Self-care is taking care of you and making sure you are okay, taking care of your mental health. After being back to school an hour away, I feel like a lot has played with my mental health, so I started counseling. I have never been the person to just tell how I feel. I noticed different changes within myself, so I looked into talking to someone about everything that goes on with me, so hopefully that works.

Self-care to me used to be exercise, eating out, playing instruments, baths, doing my own nails. Being a mom and now an RT student, I don't have time for that anymore. Now what I have started doing is watching my comfort show or movie when I go to bed and just fall

asleep to it. I understand that with this profession, I will have to prioritize my mental health, and that includes therapy and self-care.

Self-care to me means running. Running has become a huge outlet for me recently. I have always run and enjoyed it but didn't realize how much it impacted my mental health. It keeps me sane and lets me know it'll be okay; even if in the moment I don't feel okay, I know that I will be okay.

Self-care for me as an RT student is literally not doing anything. We become so consumed with school and always having something to do that now I enjoy laying in my muumuu all day long. Before school, self-care was going to my hair, nails, and feet done and going out to eat and getting drinks with friends.

Self-care to me as an RT student is to really just make myself pretty. So I like to get my hair

done, get nails, lashes, feet done—whatever you can think of, I love to do it. Since being in school, it's been harder for me to do so because I'm always so busy trying to keep myself above ground that I forget to give myself grace.

Self-care as an RT student consists of a lot of praying compared to before I started. I have become much more in tune with God and my faith in Him because He has shown me things since being in healthcare that are eye-opening. This has not only made me appreciate life and the little things that make up life, but waking up is a huge blessing. This whole experience has made me appreciate all the little things more than the big blessings. Tomorrow isn't promised, so you can't continue to put stuff off and say, 'Oh, I'll do it tomorrow,' because you may not even make it to tomorrow.

Question 4

What are some other coping mechanisms that you have employed or have seen employed?

Student Response

I've seen a lot of different coping techniques such as alcohol and drugs, and I will admit I've fallen victim to some of those unhealthy coping mechanisms. I would go ride buggies and rink with my friends who have passed.

The coping mechanism I use is based on looking at the person who has died or is dying as a pure physiological process. I'm sure that will be harder with the family, so possibly therapy and understanding the process and pillars of grief.

Other coping mechanisms include people throwing parties instead of a funeral with family members making jokes and enjoying company.

Coping mechanisms: parties, drinking, laugh to keep from crying.

I feel like other coping mechanisms are venting to someone about what just happened, dark humor, and praying.

Typically when I'm dealing with a difficult situation, I just move on to the next task and try to stay focused on whatever the next thing is until I feel able to address whatever is troubling me.

Coping mechanisms: journaling, walking in the park, taking a moment to reflect about feelings, risky behavior, and avoiding responsibilities.

Coping mechanisms: praying, listening to music, driving in silence, talk to my dad, comedy shows.

Things that help me cope are crying/talking about it until it no longer bothers me, self-care, walking/sitting outside on a swing, hanging with friends, taking trips, listening to music, watching comfortable shows.

I have bottled things up. Like a professor said, you learn to suck it up and keep going. That is what I've done. I have felt the emotion for like three days, but I have to keep moving. I have a person who depends on me. I don't have time to cry or fall into depression. I have to keep moving. I am very glad I began therapy.

Healthy coping looks different for everybody. Healthy coping for you may not be "healthy" for somebody else. Talking to somebody, going for a drive and taking a nap are methods. It's so hard to talk to people who don't understand what you are going through.

Coping mechanisms would be to hang out with people who are going through the same thing as you because they get it. Another mechanism can be to pray! God will help answer prayers to help you be okay.

For myself coping, I can say I will always call my mom. I always say I love the way she is so optimistic, so she will always give me the wise words or comfort me when she can. It's like no matter how old I get she will always be a mom and be there. Or I will listen to music.

Things that help me cope are honestly just sitting in a dark room away from everyone and just closing my eyes. Praying is another way that I cope, but mainly I just try to get away from everyone because in my mind there is nothing that they can do to help me. So I'd just rather be alone and just think. Sometimes I also go for a walk around the neighborhood and just clear my mind.

2024 Student Submission

Question 1: How do you feel about death?
What are your expectations for death?

Death, it is beautiful yet ugly. I say this because we know (given our own beliefs) what the afterlife has been described to look like for someone who passes. That is the little hope we hold onto while grieving. Yet for the friends and family you are leaving on the earth are suffering and leaves us wondering . . . why?

My expectations for death are probably really similar to everyone's expectations or wishes: a peaceful death and to be greeted at the gates by most importantly, God. However, I also hope to see my loved ones and pets who have passed before me. I have also heard that there will be no sadness in heaven. I have a

huge heart and hope to feel no guilt for leaving my family and friends behind.

Question 2: What is/are your experience(s) with death or caring for a dying patient? Were your expectations met?

I personally, have not experienced a lot of things involving death. I am very lucky to say, that but the one person I stood side by side with on their last days was my grandmother. She knew she did not have long until she gained her angel wings, so she was prepared and trying to get her last few wishes in order and making sure we knew she loved us. During her passing I experienced a lot of guilt for not visiting her more when I could.

I have also experienced the grieving of death through my boyfriend. He has lost 5 people within the last 2 years. I have seen him at his lowest and overcoming the most difficult times in his life. I will use his dad as an example; he was scared of the hospital but knew there was something wrong with him. We begged him

to go to the hospital where we found out he had lung cancer and pneumonia. He experienced withdraws he could no longer handle and had to be put into a coma where he never woke up, and we have never felt more guilty about a decision as we did then.

Question 3: What does “self-care” mean for you as an RT student? How has this changed for you since before you began respiratory therapy school?

I always knew self-care was important but to me that meant eating fruits and veggies and drinking your water. I used to smoke, but once I got into the program and learned more about the lungs I quit. Now I am constantly taking out my anxiety on my family members trying to get them to stop smoking and trying to get them to eat healthier and work out. I am constantly thinking about the death of others because I am terrified of experiencing that kind of pain, and I would not know what to do without my friends and family. I would be lost.

Afterword

I'm clutching the cold arm of a medical simulation doll, waiting for a group of respiratory therapy students to enter the simulation lab, and hoping I can manage to cry convincingly. I'm supposed to be the wife of this plastic man who is already dead in every way that matters despite the tube down his throat and all the beeping monitors suggesting otherwise. When the students tell me they've arrived to terminally extubate my husband on the orders of his son who lives across the country—that jerk who has never seen me as anything but a gold digger, I bet—I am supposed to protest as hysterically as possible and insist that my wishes for my husband's care be followed even though his son has power of attorney before eventually accepting my lack of control.

I perform this scenario for multiple groups of students, and each group reacts to my behavior differently. Some students are cooly

professional, nearly detached, while others cope with my uncomfortable emotional outbursts by trying to offer me physical comfort (that I reject to their consternation) or connect me with a chaplain. All the students take the simulation seriously, even those who are clearly taken aback by my resistance to the procedure they've been ordered to execute and who don't quite know how to navigate working alongside my grief and anger.

Throughout the simulations, I don't have much time to think about how I feel about the premise being presented to the students. I'm too worried about looking and sounding ridiculous, about not living up to the stellar acting ability of my colleague who performed the role before me, about not providing the students with the kind of experience necessary to learn what they need to learn. I'm too astonished by how tiring pretending to cry can be. I am thinking at every moment of how to respond to students in ways they might not anticipate to really contemplate my own emotions.

Only at the follow-up writing workshop held weeks later do I have the chance to think deeply about my experience as an actor in the simulation as well as my own thoughts about death and dying. My mother was a professor of nursing, and I have always known that I could never work in healthcare because I am desperately afraid of dying. I am definitely interested in living as long as possible. Every time some TV vampire moans about the ennui of immortality, I think, “Buddy, that sounds like a failure of imagination.” Who wants to live forever? Me. It’s me. I do. But I also know that I won’t, that none of us will, and I struggle with that inevitability.

Listening to the students read what they’ve written during the workshop underscores just exactly what is being asked of them. They have to learn to complete a complex, important job correctly while also dealing with families who are scared, angry, and grieving. They will often interact with people who are at their worst and who might lash out at them as convenient targets for their emotions. Some of their patients will die, they will grieve along with the patients’ families, and then they will get up the

next day and go to work to do it all over again. I am humbled by and grateful for these students who are willing to do work that I know I could never do, and I am very glad to know that MGA is graduating the kind of respiratory therapists I hope to have by my bedside or the bedside of my loved ones if we ever need that kind of care.

— Lorraine Dubuisson, Professor of English