

*“The memories we elude catch up with us like a shadow.*

*A truth appears suddenly in the middle of a thought, a hair on the lens.” (1)*

## **Reunion with the Dead**

**Richard Sobel**

As I entered the room I was suddenly confronted with every patient who had died under my care in the 26 years I had served the community. They appeared in order, the first person I hardly knew: he died shortly after I arrived in the village as the community physician, but the last to appear had died just a month previously. I had known this vivacious young girl since her birth 18 years previously. Surely, if this were a dream, it would be the nightmare of any clinician even if the treatment of each patient had been beyond reproach.

It was not a dream: it was an experience not to be forgotten. That year, as every year, on the evening of Yom Kippur, the Day of Atonement, in the club-room of my kibbutz, a community of several hundred souls, there was a display of everyone who had died since the founding of the kibbutz in 1943. The glass walls of the room faced onto the central piazza where a few members of the kibbutz could be seen milling about. Within the dimly lit room, two memorial candles burned on a side table near the entrance: on the opposite side of the room some 60 captioned photographs were set out on a large U-shaped white-clothed table and on another square table embraced within the arms of the U.

I had not known those who died before 1974. They were all young people who had been killed in action from the War of Independence until the Yom Kippur War in 1973. The photographs of these young men and one woman were the hardest to look

at since each individual had been caught in a moment of happiness and hope for plenitude, a moment in which death did not seem possible.

And then, as I walked alongside the table looking at the photographs, I started seeing the faces of those individuals who had died during the 26 years that I had been the physician for this kibbutz. The pattern of recall repeated itself from face to face: I would remember the disease, then the period of dying, then I would think about the funeral and the period of grieving. Finally, I would rediscover memories of the person as a living member of the community and as part of a family.

The causes of death were not unique to this kibbutz or to Israel. One young man died in an army training accident, another was killed near Gaza by terrorists, two individuals died in the Kinneret, one by drowning and the other in a freak accident; a teenager died after being kicked in the head by a horse.

People had died of malignancies ( Hodgkin's, Acute Myeloid Leukemia, cancers of the lung, pancreas, stomach, rectum, a glioblastoma, a T-cell lymphoma of the brain): they died of heart disease after repeated bouts of heart failure, arrhythmias, angioplasties, implanted defibrillators; one 88 year old man died of TB mistaken for widespread metastatic disease. Some of the elderly seemed to have simply faded away in a sort of generalized apoptosis but more likely died of sepsis. As I recalled their diseases, I remembered the initial visits, the first concerns, the anxiety until the problem was "named", the discussions about what to expect, the progression of the disease—it all came back afresh.

The process of dying on kibbutz is, perhaps, different than dying in a town or city.

With rare exception, the patients died at home in their own beds and not in a hospital

or nursing home. The nurses and I had known them for years as unique individuals: these were not patients seen for the first time or sporadically in a hospital. In this setting, the patient being seen almost daily in the course of life in the community, the onset of dying could be recognized well before the terminal days or weeks. It began when the individual sensed that his illness was determining his fate. At that point the goal was care and not cure: every effort was made to minimize suffering but these efforts were never more than partially successful. Pain could usually be controlled but suffering involves far more than pain. That suffering can be controlled is a myth we tell to ourselves and our patients. Death may have been welcome when it came, but seldom was the dying good. As I passed each photograph, I had flashbacks of many of the last weeks, days, and moments of these people's lives. For days afterwards, I still could hear the 40 year old woman who cried out that she had lived only half of her life just moments before exsanguination from an extensive gastric carcinoma.

A kibbutz funeral is an extraordinarily personal event. In many instances, almost the entire community takes part in the funeral. The body, in a shroud or simple pine coffin, is brought on a wagon to the cemetery from a building near the center of the kibbutz. The mourners walk behind the wagon in a slow, quiet procession to the graveside site. The cemetery is set on a triangular knoll at the perimeter of the kibbutz, an olive orchard to the north and the open desert to the south. The burial is usually in the late afternoon when the heat is less intense and a cooling wind from the Mediterranean can be anticipated. The eulogies, muffled by the wind moving through the eucalyptus and the pine trees, are given by family and by friends. We offer our condolences at the graveside, again in the home of the bereaved during the following week of "shiva", and sometimes 30 days later at a graveside ceremony. If caring for a

dying patient whom you know as a friend is difficult, attending the funeral and visiting the family afterwards is an experience one does not forget: it is a lesson in humility. As a physician, I tended to feel guilty even though I had done nothing wrong: I couldn't help feeling apologetic. Until I became a kibbutz physician, it never crossed my mind to attend a patient's funeral: I went to the burials for the same reason everyone else did—to pay respect for an acquaintance who had died, to share in the mourning, to console, and yet I always had the impression that my presence, as the individual's physician and not just as another member of the community, was particularly appreciated by the family.

Contemplating those photographs of everyone who had died since the time I arrived at the kibbutz in 1974 released a flood of memories. If this was like a raging river overflowing its banks, then my scanty memories of patients I had treated between 1957 and 1974 were like a wadi, a dry river bed. I could recall the names of only a handful of patients, all of them people who had been both my patients and my friends in my rural, small town Vermont practice. Individuals I had known only as patients, I could remember only if my experience with them had been, in some way, unusual because of their personality or their illness. I remembered the usual medical dramas: hemorrhages, fatal heart attacks, moments in the emergency room and intensive care units, disconnecting respirators, injecting morphine until a patient choking to death from a medullary carcinoma of the thyroid finally died, a drunk who threatened me during a house call, seductive hysterics, an old man with the “blue bird of happiness” tattooed on the tip of his penis, miserable patients “stored” in Goldwater hospital and used for courses in physical diagnoses. It is the sort of list any physician who has been

a clinician for 50 years can report. But who were these people? What were their lives? What were their names?

One of the Memorial Day customs in Israel is to read out the names of those who were murdered in the Holocaust. Names are important. Does it matter that I can only recall as unique individuals with life stories those patients who I knew as people and not only as patients? Is this just evidence of one of my personality defects, an embarrassing and regrettable inability to recall names? Does it mean I have been too closely involved with the kibbutz patients or inadequately involved with my patients in my previous clinical practice? Does the usual distance between patient and physician yield a certain mutual anonymity, the physician becoming a faceless technocrat, the patient becoming a disembodied disease? Involvement brings a rich spectrum of memories and not just generic flattened recollections, but it comes with an emotional price. As the average age of the members of the kibbutz rose and more and more approached the final chapters of their lives, I found that I could no longer be their physician. I had known them and their families too long and too well and found it too depressing to continue in this role.

A week after my reunion with the dead, I returned to the club-room. The room was brightly lit, the tables rearranged, and the photographs replaced with platters of bread, cheese, fresh fruit, and cakes. It was a wedding reception: the father of the groom had died a year before of heart disease. His photograph had been among those I had seen-- his life, his dying, and his funeral, among those I had recalled the week before. Life's cycle continues.

“Each that we lose takes part of us;

A crescent still abides,

Which like the moon, some turbid night

Is summoned by the tides” (2)

#### References

- 1 Michaels A. *Fugitive Pieces*. New York: Knopf, 1997
- 2 Dickinson E. Time and Eternity XCVII. In. Dickinson E. *The Collected Poems of Emily Dickinson*. New York: Barnes and Noble, 1931: p. 231

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