

Readers Respond to *Losing My Dad*

The June issue of the *Health Policy Newsletter* featured an editorial about Dr. Nash's experiences surrounding the passing of his father. Dr. Nash received an overwhelming outpouring of reactions and comments to this editorial from over 100 colleagues across the nation. His article struck a chord with many on both a personal and professional level. We have compiled a list of excerpts from letters to Dr. Nash that represent and capture our reader's reactions.

I applaud you for articulating your feelings the way you did. Thank you for openly sharing your feelings and your compassion. The lack of communication in coordinating various specialties and sub-specialties can be the difference between life and death of a patient.

I am particularly touched at your vivid and accurate description of the disconnected, fragmented system of care we have.

Thank you for sharing this part of your life with us. It does remind us how important it is to look at health care from the other side of the hospital bed.

*I very much appreciated your lead article **Losing My Dad**, very poignant with many layers of take-home messages.*

I just read your column in the newsletter about your father's death. It was moving and lovely, and it made me really get a sense of his life and yours. But it was also a wonderful piece on the critical importance of health care reform. I expect that, were your father to read it, he'd be proud and not a bit surprised at your focus on the vital connection between the past and the future. The irresistible pull of the opportunity to make things better for those to come – to keep them from suffering what we know how to prevent – your passion for that screams out from your writings. . . . As a health care consumer and a teacher of future health professionals, thank you for the passion you bring to this work – and for sharing it so boldly with your peers.

*I am writing to you to say please continue to do whatever you can to get the message out to your colleagues, on the importance of speaking in laymen's terms to **both the family and the patient**. Please continue to stress, not only are these individuals sick, they are someone's father, son, brother, etc. I have hope*

with you leading this drive that the breakdowns in communication will be minimized and the burden on the families will be lessened to give them the freedom to care for their loved one rather than fight to understand and figure out how to work with multiple departments and systems.

Your commitment to working to find solutions to "our broken system" as someone in a position to make a difference is encouraging.

Your article touched me deeply. It was lovingly written and your views are so important.

I think you did a service writing eloquently about him, expressing the circumstance that healthcare is about people we care for in deep personal ways, as well as people we don't know.

I read your very touching description of your father's death and tribute to him and his life. I wanted to let you know that I found its message to be quite relevant and heartfelt. Thank you for sharing it. It is a constant reminder of how much work there is still to do when one hears stories that have impacted those we know and care about personally.

What I felt in your story was the need to not let your father be 'just a patient' to these people, but to be a memorable person. It is the difference between caring for people's problems and caring for people with problems, and caring about people with problems.

I valued your perspective which entwined the significance of being family-centered with being patient-focused. In a meaningful way, your reflections poignantly add to the call that it is indeed time for change in health care delivery, and it begins with us.

*You nailed medical reality in your editorial about your dad in the Jefferson **Health Policy Newsletter**.*

You have allowed your personal experience to further heighten your sense of the quagmire of the current public healthcare policy, especially as it relates to us non-clinicians.

I wanted to write to let you know how much I enjoyed your editorial. It was poignant and so apropos for

anyone who has gone through end of life decline with parents.

*Your editorial in June's **Health Policy Newsletter** was inspiring. You are so correct about the problems of fragmented care.*

Although our country trains the brightest physicians, possesses the best medical tools, and spends the most funds supporting its care delivery, it appears that one of its greatest deficits stems from poor communication and unsuitable attitude. This is most evident in the care of the elderly and of people with disabilities.

I thought your letter was a wonderful tribute while at the same time personalizing many of the issues in the healthcare system.

You very poignantly point out the paradox of feeling the loss of your father with the drive and energy that you feel in your role of Dean of the School of Population Health. I admire your reflections and wish to reinforce that your work is so incredibly important to us all, for those of us who have or who will also suffer the challenges of our healthcare systems.

The story you wrote about his passing, and your memories of life with him, was wonderful to read and brought back many of my own thoughts about my dad. Very good of you, and no doubt, good for you!

Your recounting of your dad's story will help us deal with our family member's end of life considerations. Thanks for sharing what must have been a difficult column to write.

It strikes me that we spend many hours and years of training to learn how to assist in the natural process of birth and very much less time in the learning how to assist the natural process of dying. I hope that students in your medical school are taught how to deal with dying in an empathetic and supportive manner and to understand that death is not "the enemy" but the ultimate outcome for us all. Learning how to deal with death and dying is a skill and your insights and empathy will be valuable to the students you teach.

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