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### **“The Hidden Power of a Single Word”**

Not long ago, I was present to witness the unexpected power that can be hidden in a single word. Uttered by a seasoned physician who meant only well, the word greatly distressed a room full of people without the physician ever becoming aware of the effect of his word choice. The word that he casually employed was “agonal”, and the power of a word to mean completely different things to different people was never so clearly demonstrated to me.

Some background is in order here. The physician is a well-respected oncologist, who is known to the author to be a genuinely compassionate and even spiritual person who has dedicated his life to caring for those with cancer. The occasion was the final hour of life for a family member (whom I’ll call Sam) dying of an aggressive form of cancer while still in the prime of life. All the options had been explored, and home hospice care had been the order of the day for the last few months. Gratefully, pain had been very well controlled throughout, and only when it was clear one morning that Sam was unresponsive and near the end was the decision made to move him to a hospital room.

The word went out, and family came to the hospital to pray and support each other and say goodbye to Sam. Sam could no longer be said to be outwardly responsive of what was taking place. There was a sense that a cancer-riddled shell of the man was still present, but that the spirit had largely departed. We felt that he was not suffering at this point, which was a source of great comfort to those around him.

As the end drew near, Sam’s breathing became shallow and cyclical, with lengthening pauses in between groups of breaths. This is a predictable pattern well known to those who care for the dying, and medicine has given it different names. Sometimes they are collectively referred to as “agonal” breathing. It in no way implies that suffering or even consciousness is present in one who breathes in this fashion before passing on.

Perhaps you can imagine what happened next. Sam’s physician came into the hospital room knowing he was largely unconscious, well-medicated, and very near the end. He knew that the correct orders had all been given and that there was nothing more to do than wait. He saw the breathing pattern, recognized it, and confirmed for them that Sam was now “agonal” before turning and leaving the room to see his next patient.

The doctor meant to communicate this “Sam is unconscious, not suffering, and the end is very near as indicated by this breathing pattern. There is nothing more that needs to be done.”

The family heard this: “He’s in agony.”

The doctor had no clue about the miscommunication from the anxious facial expressions and body language of those present (not to mention their questions) because he was so quickly gone. The family was not only deeply distressed to think that Sam’s final moments were to be spent in agony, but absolutely appalled that the doctor could be so callous as to let him suffer through his final moments unaided. It didn’t help the doctor’s cause that he had to ask Sam’s wife if she was Sam’s wife for about the third time in their working relationship (in partial defense, I was often the one who brought Sam to his office for exams – but the doctor really shot himself in the foot with that particular line, and more than once).

Fortunately, things were straightened out again with an explanation of the medical meaning of “agonal” by those who knew. Sam’s wife and family were reassured that he was not in agony, although the energy in the room was never the same again. Sam passed away quietly with one final breathe shortly thereafter, and as far as we could tell, it was a peaceful transition.

The doctor still doesn’t know this story. He also doesn’t know that litigation (for an unrelated matter having to do with diagnosis and treatment early in the case) was considered for some time after Sam’s death and finally rejected. The litigation may or may not have had any factual basis to support it that would have stood up in a court of law. That wasn’t what was really driving the consideration of a lawsuit – it was really about anger, and it was about miscommunication. A single word became very important.

Medical journals now routinely roll out studies showing that lawsuits against physicians can be largely predicted by how well that physician can communicate with others. Those who communicate successfully often impart a feeling of caring, and leave the patient with a sense of having been heard by their doctor. Those who are brief, arrogant or self-centered in their interactions might just as well paint a bulls-eye on their backs. The rate of litigation turns out to have very little to do with professional competency, as is the basic assumption. People who are injured but feel heard are forgiving. People who are not injured but feel ignored will often sue. Juries will often see it that way too.

Words should be thought of as tools. When you pick up a tool, you pay attention to what you do with it (or you may lose a finger or worse). Pay attention to your words – use them to accomplish a goal, to achieve an effect, to heal an injury. Words are symbols for ideas – pick them with deliberation and with awareness of what you are trying to accomplish. Silence is like an amplifier for your words – use it judiciously to bracket your words and give the words you do choose to share more power. Look for the effects of your words in the responses of those you speak with – did the other hear you correctly, or at all? Did your words accomplish the work you intended? If not, stop and reevaluate, and try again if appropriate. Finally, use words to let others know that they have been heard by you - reflect what is said to you with enough variation to avoid mimicry but enough accuracy so that the speaker knows that the ideas they represent have been heard as intended. The power of letting someone else know they are heard is astonishing!