FIRST OPINION

My patient was gone. I had to help his family see it

The art of medicine means sitting with families' grief and hope

ALLISON DINNER/AFP via Getty Images

By Raya Elfadel Kheirbek Dec. 15, 2025

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Bullets tore through Michael Thompson's car at a stop sign, ending the life of a 35-year-old father in an instant. Just minutes earlier, he had dropped his 8-year-old daughter, Emma, at dance class, her pink tutu bouncing as she waved goodbye.

Now, in the ICU, his young body lay tethered to machines — tubes in his mouth and chest, wires across his torso, a ventilator's hiss forcing his chest to rise. His brain, the essence of who he was, was fatally injured — a medical and legal declaration of death. I was called as a palliative care physician to help Michael's family understand what that meant, and to walk with them through the unthinkable. (All names are pseudonyms to protect the family's privacy.)

His family's grief filled the room, raw and heavy, as I prepared to document our meeting. On the screen, a pop-up appeared:

"Patient is deceased; do you want to continue?" Its cold bluntness paled against their pain.

Michael looked alive. His chest rose and fell with the ventilator. His skin was warm. His heart was beating. Families easily grasp cardiovascular death —no pulse, no breath, no blood pressure. But brain death is different, and deeply misleading. Machines sustain the appearance of life, even when the person is already gone. The tests told the truth: no reflexes, no blood flow to his brain — final and irreversible, unlike a coma where hope might linger.

Michael's family couldn't accept that truth at first. His mother, Sharon, spoke haltingly on the phone, her voice breaking. His grandmother, Eleanor, stood by his bed, her eyes locked on the monitors showing a heartbeat and blood pressure. The technology made it so much harder: He looked like Michael. This is when palliative care is asked to step in — bridging what medicine knows with what families see, and holding space for their grief.

Gun violence claims nearly 47,000 lives each year in the United States, a toll that held steady in 2023. For young Black men like Michael, the risk of dying by gunfire is seven times higher than for others, turning errands into tragedies. Traumatic brain injuries from gunshots contribute to more than 69,000 deaths annually, many ending in brain death, where ventilators keep a body going even after the person is irreversibly gone. These are not statistics to their families. They are fathers, sons, brothers — lives stolen.

I explained gently that brain death meant his brain and brainstem — the centers controlling breathing and heartbeat — were gone forever. "It's not like a coma," I said. "There's no coming back."

Eleanor, her hands trembling, told me how she had survived Covid-19 when doctors nearly gave up. “But I am here,” she said, her voice fierce with hope. Families often anchor to their own survival stories. More than half of families struggle with brain death, studies show, hoping for miracles. Physicians report frequent requests to continue support, some escalating into legal battles with conflicting outcomes.

We met Michael’s family where they were. They asked for time. They asked for a second opinion. We honored both. Eleanor’s hope held strong, as it often does for families resisting withdrawal of support. Most U.S. hospitals lack clear guidelines for these situations, leaving families and clinicians alike in limbo.

They also worried about organ donation — a decision fewer than 1% of families consent to after brain death, often because the body still looks alive. In some cultures, 70%-80% of families reject brain death as “true death.” We reassured them nothing would happen without their consent. Families are often asked to decide on withdrawal within 72 hours, a timeline that can feel crushing, though brain death offers no recovery.

When the second opinion confirmed what we already knew — no reflexes, no blood flow — hope began to shift. At his bedside, Eleanor led a prayer, her voice steady with love as we disconnected the machines. The ventilator fell silent. Michael’s family clasped hands and said goodbye, tears falling for a father taken too soon.

The science of medicine told us Michael was gone. But the art of medicine, and the work of palliative care, meant holding space for his family’s grief, hope, and faith.

After years of counseling families through loss, I am still moved by their strength. I carry with me Eleanor’s prayer, carrying love across a silent room, and Sharon’s resolve for Emma, who will never again run into her father’s arms after dance class.

Medicine isn’t just tests or machines. It is presence — sitting with families in their grief, faith, and love. Our tools should support that presence, not interrupt it with cold prompts.

In the end, the ventilator wasn’t keeping Michael alive. It was keeping the rest of us from having to say goodbye. Some days presence is all we have left to offer — and all a family needs to finally let go.

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Letter to the editor

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