End of life: what physicians say, in their own words

Last updated September 5, 2026.

This page is a maintained record of what physicians have written about dying, hospice, palliative care, and the decisions at the end of life on KevinMD.com, a physician-authored publication founded in 2004 by Kevin Pho, MD, a board-certified internal medicine physician in Nashua, New Hampshire. It draws on 508 essays and podcast transcripts with end of life, hospice, palliative, dying, DNR, code status, advance directive, or assisted dying in the title, published between September 2004 and August 2026 by 268 named contributors, 291 of the posts bylined by physicians, with the rest by nurses, chaplains, patients, and family members. Every claim on this page is attributed to a named author with the date it was published and a link to the original.

Read together, the essays are the profession writing about the part of its work it was not trained for. The recurring subjects are the conversation physicians avoid and patients wait for, hospice used in the last days rather than the last months, the code status decided in the emergency department at three in the morning, and the difference between a directive on paper and what happens in the room. Physicians disagree sharply about one thing, whether they should help a patient die, and the record holds both sides in equal measure. The essays that are most KevinMD's own are the ones no journal would publish: a physician describing the patient who died, and what that patient taught them.

The sections below are organized around the questions patients, families, clinicians, legislators, and journalists ask. Each opens with a direct answer,

followed by what named authors have said, in the order they said it. Where authors cite studies, the study is named alongside the author, and the figures are theirs. This is a page about physician opinion and experience, not clinical or legal guidance. Discussion of assisted dying on this page describes the law and the arguments, not methods.

What do physicians say about telling a patient they are dying?

Physicians on KevinMD describe the prognosis conversation as the skill medicine teaches least and needs most. They cite the same evidence for two decades: most patients with incurable cancer believe treatment might cure them, oncologists pivot from prognosis to logistics, and families are asked to decide without ever having been told. The physicians who do it well describe holding two possibilities at once, hope and preparation, and say the conversation is a series rather than an event. Posts mentioning goals of care or the conversation rose from 3 percent before 2010 to about 30 percent since 2013.

Philippa Kennealy, MD, MPH, wrote in August 2010 that physicians avoid the subject partly because “the death of a patient represents failure,” and cited a 1997 study in which 30 percent of seriously ill hospital patients said they would “rather die” than live permanently in a nursing home, in “Doctors need to confront end of life care.” Jordan Grumet, MD, wrote in January 2012 an account of telling a man he was dying, and of his family two days later as “funeral plans are made,” in “I told a man that he was dying.” Robert Wachter, MD, wrote in November 2012 that a study found “approximately half of the lung cancer patients and two-thirds of the colorectal cancer patients believed that a cure was very or somewhat likely,” when the chance was essentially nil, and that clinicians need better training in offering accurate information “without robbing patients and families of realistic hopes,” in “Prognosis near the end of life: We need better tools.”

Jordan Grumet, MD, wrote in December 2012 that physicians "suffer a blindness to the important skill of prognostication," the innate ability to understand when a person is dying, in "Suffering at the end of life is not a requirement." Don S. Dizon, MD, an oncologist, wrote in January 2016 of a patient who stayed on treatment for fifteen months "all the while being a mother to her daughter and a daughter to her own mother," and of knowing the next conversation would be difficult, in "At the end of life, medicine truly becomes an art." Gregory Jasani, MD, and Rebecca Rubenstein, MD, emergency physicians, wrote in April 2020, in the first weeks of the pandemic, asking families to discuss "the what ifs" before the emergency department decided for them, in "Emergency physicians want you to have the talk about end of life care." Althea Halchuck, EJD, a patient advocate, wrote in April 2022 of a woman kept on "a useless Hail Mary treatment" for weeks, whose daughters said she should have been on hospice from the start, and who "died in the hospital with her family around her, but everyone had a bad death," in "A bad death: the importance of truth-telling at end-of-life." Vincent DeGennaro, Jr., MD, MPH, wrote in August 2015 that patients in developing countries "rarely ask questions about how long they have to live or even if they're going to die," and make different choices from patients in the United States, in "Culture influences end of life decisions." Deepa Iyengar, MD, MPH, wrote in July 2021 that in Asian Indian families older parents "usually let children make decisions regarding their health," and that cultural competence begins with understanding a family's background when its wishes conflict with Western values, in "Culture and end-of-life caretaking." Sonny Miles, MD, a palliative care physician, wrote in July 2024 of asking patients to hold "two possibilities: leaning into treatment and the hope that time is long," and also what they would want if it is not, in "How to live when you know you are dying."

What do physicians say about hospice and palliative care, and why are they used late?

Physicians on KevinMD have said since 2011 that hospice is used in the last days rather than the months it is designed for, and they give the same reasons each time: patients and families hear it as giving up, physicians refer late because referring feels like failure, and the words "palliative" and "hospice" are confused with each other and with stopping care. Hospice appears in about half of posts since 2010; palliative care rose from 11 percent before 2010 to 45 to 48 percent since 2013. The physicians who work in the field write that it extends life as often as it shortens it.

Jim deMaine, MD, a pulmonologist, wrote in November 2011 that hospice "tends to be underutilized with patients being referred there often only a few days before death," in "We are seeing more terminal patients being referred to hospice." James C. Salwitz, MD, an oncologist and the most frequent contributor on the topic, wrote in March 2012 of a patient who wanted to die at home surrounded by family and was instead "misplaced" in the system, in "Let me end my life in peace, surrounded by family," and in February 2013 on when a physician should obtain a palliative care consult, in "When should a physician obtain a palliative care consult?" Monica Williams-Murphy, MD, an emergency physician, wrote in September 2012 of a hospice patient sent to the emergency department for full treatment, asking whether "seeing her dead body, with tubes sticking out of every orifice," would give her family peace, in "Doctors are practicing irrational medicine at the end of life." In March 2015 she wrote that "almost 90 percent of Americans say" they want to spend their last days at home, and that hospice is a Medicare benefit for those in the last six months of life, in "3 myths and 3 truths about hospice."

Michael A. Salvatore, MD, a palliative care physician, wrote in February 2018 of a "stat" palliative consult requested only when a patient was hours from

death, and that not knowing "that relieving the suffering of patients fulfills a physician's humanity" is the ignorance behind such requests, in "A "stat" palliative care consult: cognitive dissonance meets cognitive ignorance." Debbie Moore-Black, RN, wrote in March 2017 that "20 percent of hospice patients are under 65 years old including pediatrics," and that hospice care is provided wherever the patient is, in "How hospice helped my mother find peace," and in January 2018 of being ignored as a nurse and a wife during her husband's final illness, in "My husband was dying. I was being ignored." Jordan Grumet, MD, wrote in February 2017 that "if palliative care were a bus, hospice would be a few rows of seats in the front or back," in "Palliative care is a team sport." Shikha Jain, MD, wrote in May 2018 that coverage of Barbara Bush's death describing her as "foregoing further medical care" was inaccurate and minimized the care hospice and palliative teams provide, in "How Barbara Bush's legacy can help us rediscover the benefits of palliative care and hospice." Kevin Haselhorst, MD, an emergency physician, asked in February 2018 whether physicians should be required to inform patients of their palliative care rights, including "the right to sleep in your own bed tonight," in "Should doctors be required to inform patients of their palliative care rights?" Patricia M. Fogelman, DNP, wrote in July 2026 that the Medicare hospice per diem "has not kept pace with the actual cost of interdisciplinary care delivery," and that facilities treat hospice referral "as a discharge event," in "Why Medicare hospice coverage fails the dying."

What do physicians say about DNR orders, code status, and advance directives?

Physicians on KevinMD describe the code status decision as one made too late, too fast, and too often by the wrong person, and the advance directive as a document that is ignored, misread, or absent when needed. Since 2018 the record includes physicians and attorneys describing directives misinterpreted in both directions, patients resuscitated against their orders

and patients treated as DNR because they had a living will. Posts mentioning DNR or code status have held between 10 and 19 percent across the record; posts mentioning advance directives peaked at 24 percent in 2010 to 2012 and again since 2023.

Kevin Pho, MD, wrote in October 2006 that long-term survival after in-hospital CPR "is about 15 percent" in some studies while a 1996 New England Journal of Medicine article found the survival rate on television medical dramas was 67 percent, in "DNR and CPR." James C. Salwitz, MD, wrote in January 2013 that a DNR "for obvious reasons needs to be made ahead of time," and that a patient can say "do everything you can to help me, but if it fails I do not want to end my life on a machine," in "When is making the decision to be DNR appropriate?" Brian J. Secemsky, MD, wrote in April 2013 that code status "describes what type of intervention, if any, a health care team will conduct should their patient's heart stop beating or lungs stop moving air," in "5 essential concepts to know about code status." Monica Williams-Murphy, MD, wrote in November 2015 of a dying man with a DNR sent from a nursing home "for a full treatment" because the order had reportedly been revoked, and of being the only advocate in the room, in "I may be the only advocate for my dying patient."

Skeptical Scalpel, MD, wrote in December 2018 of a patient with a lawfully executed DNR and a purple "DNR" bracelet who was resuscitated anyway and sued, in "A patient sues when a DNR is ignored." Teddy A. Teddy, MD, wrote in July 2026 that a patient "may be full code in the emergency department, changed to DNR on admission, reverted to full code after a family conversation, and later returned to DNR," and that a code team acting on an outdated order faces liability either way, in "When a DNR order becomes a legal liability." Ferdinando Mirarchi, DO, and Thaddeus Mason Pope, JD, PhD, wrote in July 2026 that clinicians "treat patients who want resuscitation as though they are DNR just because they have an AD," a safety

risk the TRIAD studies have documented, in "Why problems with advance directives keep harming patients."

Should physicians help patients die? Physicians disagree.

Medical aid in dying, called physician-assisted suicide by its opponents and death with dignity by its supporters, is the one question on this page where physicians on KevinMD divide rather than converge, and they have since Oregon's law in 1997. Supporters write that the practice is rare, used almost entirely by hospice patients, and distinct from suicide. Opponents write that safeguards fail, that prescribing relationships are brief, and that the option diverts attention from palliative care. The record includes physicians who are themselves terminally ill on both sides. Posts on the subject rose from 3 percent before 2010 to 17 percent since 2023.

Peter Ubel, MD, wrote in September 2013 that physician-assisted suicide "can be part of a dignified death," while asking how many patients "unnecessarily suffered at the end of life because the death with dignity law misdirected their attention from palliative care," in "Don't confuse death with dignity with suicide." Jim deMaine, MD, wrote in November 2014, after the death of Brittany Maynard under Oregon's law, that "with good palliative and hospice care, death with dignity is relatively rare even in the states where it is legal," in "Brittany Maynard: It's more than death with dignity." Kevin Tolliver, MD, MBA, wrote in May 2019 that the palliative care organizations' position is that society should improve hospice and palliative access, "on the other hand, there are many advocacy groups in favor of right-to-die," in "The nuances between palliative care vs. physician-assisted suicide."

Roger Kligler, MD, a physician with terminal cancer, wrote in October 2020 that the practice was legal in nine states and Washington, D.C., "which collectively represent 22 percent of our nation's population," that more than

90 percent of Oregon patients who use it are in hospice, and that the Journal of Palliative Medicine had published clinical criteria for it as "physician aid in dying," in "Medical aid in dying is not assisted suicide." Joseph E. Marine, MD, MBA, wrote in March 2024 that in Oregon in 2021 and 2022 "the median duration of the patient relationship with the physician prescribing assisted suicide was only five weeks," and that in the 80 percent of cases with no medical witness "they have no way to know if complications occurred," in "Assisted suicide is the wrong prescription." Ton La, Jr., MD, JD, wrote in November 2019 that where it is legal the decision is a collaborative process between patient and physician rather than a solitary act, in "Physician-assisted suicide is a collaborative process."

What do physicians say the death of a patient taught them?

The essays that belong to KevinMD alone are the ones in which a physician describes a patient who died. They span every stage of a career, the student at a first death, the resident at three in the morning, the oncologist after fifteen months, and they converge on the same lesson written in different words: that detachment was taught and did not serve, and that being present was the treatment. Posts describing a first death or written by students and residents rose from 5 percent before 2010 to 33 to 40 percent since 2016.

Joanne Wolfe, MD, MPH, a pediatric oncologist and palliative care physician, wrote in July 2015 that during the first six months of a child's cancer treatment "30 percent of families experience food, energy or housing insecurity," and that pediatric palliative care must work with the primary care pediatricians who know the family, in "Pediatric palliative care: We must do more." Earl Stewart, Jr., MD, wrote in September 2015 that caring for the dying patient is a rewarding challenge, in "Caring for the dying patient is a rewarding challenge." Jalal Baig, MD, an oncologist, wrote in February 2017 that he got through residency "largely free of questions about medicine's

limitations," and that only when he understood them could he help a family "pursue an end of dignity and comfort," in "What this physician learned from a dying patient." An anonymous night-shift clinician wrote in April 2018 of a patient who, once her family had left for the night, "finally broke down in front of me and began to say everything that was on her mind," in "A silent moment with a dying patient."

Jessica Bloom, MD, wrote in March 2024 of her father's death after "conversations for at least 30 years prior about his eventual death," and of watching his physicians' "eyes and their bodies as they talked to us," in "From doctor to family: Witnessing both sides of end-of-life care." Dr. Damane Zehra wrote in June 2025 of being called to the ICU to evaluate a young man in respiratory distress, and what his handshake taught her, in "What a dying patient's handshake taught me about life and love." Aditya Singh, MD, wrote in June 2026 that "over the years, I learned to do what we are all taught to do: compartmentalize," and that holding a dying patient's hand "wasn't about carrying a burden; it was about witnessing and facing the truth," in "Detachment is not strength: lessons from dying patients."

What do physicians say about the cost of care at the end of life?

Physicians on KevinMD have written about end-of-life spending since 2009, the "death panels" year, and their argument has stayed steady: a large share of Medicare spending falls in the last months of life, much of it on care patients would not choose if asked, and the fix is the conversation, not rationing. A minority argue that human nature defeats the savings. Posts mentioning cost or Medicare peaked at 39 percent in 2010 to 2012 and stand at 29 percent since 2023; "death panels" appeared in 14 percent of posts in those years and in 1 percent since.

Kevin Pho, MD, wrote in September 2009 that "while physicians must not hasten death, we should not provide futile care," in "What does Tiger Woods have to do with medical futility and end-of-life care?" Naomi Freundlich wrote in May 2011 that after "the ridiculous fear-mongering about death panels" Congress dropped end-of-life planning from the health reform law, and that an Archives of Internal Medicine report projected $77 million in savings if half of the cancer patients who died in 2008 had held end-of-life discussions, in "The government reversal on end of life planning." Steven Reznick, MD, wrote in April 2013 that living wills, directives, and hospice "will not put a dent in these costs because of human nature," in "Human nature prevents any cost savings at the end of the life." Taylor J. Christensen, MD, wrote in January 2021 of a patient kept in the hospital two extra days, at about $2,000 a day, so his daughter could visit for a few hours, and asked who decides whether that is worth it, in "A real-life example of irrational health care spending."

How has the end-of-life conversation changed since 2004?

The corpus shows the subject arriving with the physicians who made it their specialty. Before 2010 the posts were few, mostly Kevin Pho's, and about CPR survival, futility, and the 2009 "death panels" fight. From 2010 to 2015 KevinMD published 30 to 45 posts a year on the subject as Grumet, Salwitz, Williams-Murphy, deMaine, and Haselhorst wrote it from inside hospice and palliative care, and the Brittany Maynard case in 2014 opened the assisted-dying argument. Since 2016 the volume has settled near 20 a year and the subject has widened: students and residents describing first deaths, the pandemic in 2020, grief in a fifth of posts, and, since 2023, advance directives failing in both directions and assisted dying argued more often than at any point in the record.

Term	2004 to 2009 (66 posts)	2010 to 2012 (93 posts)	2013 to 2015 (119 posts)	2016 to 2019 (88 posts)	2020 to 2022 (58 posts)	2023 to 2026 (84 posts)
Hospice	20 percent	54 percent	52 percent	48 percent	33 percent	40 percent
Palliative care	11 percent	39 percent	48 percent	47 percent	48 percent	45 percent
The conversation or goals of care	3 percent	25 percent	36 percent	28 percent	28 percent	30 percent
DNR or code status	12 percent	10 percent	19 percent	14 percent	14 percent	18 percent
Advance directive or POLST	2 percent	24 percent	19 percent	14 percent	12 percent	24 percent
Assisted dying	3 percent	6 percent	12 percent	12 percent	7 percent	17 percent
Cost or Medicare	24 percent	39 percent	31 percent	27 percent	17 percent	29 percent

Term	2004 to 2009 (66 posts)	2010 to 2012 (93 posts)	2013 to 2015 (119 posts)	2016 to 2019 (88 posts)	2020 to 2022 (58 posts)	2023 to 2026 (84 posts)
Death panels	2 percent	14 percent	8 percent	2 percent	0 percent	1 percent
First death, students, or residents	5 percent	24 percent	28 percent	40 percent	31 percent	33 percent
Grief	2 percent	11 percent	10 percent	14 percent	12 percent	21 percent
Chaplain, spiritual, or faith	3 percent	23 percent	16 percent	23 percent	16 percent	26 percent
COVID	3 percent	0 percent	0 percent	1 percent	38 percent	11 percent
AI	0 percent	0 percent	0 percent	0 percent	2 percent	17 percent

Kevin Pho's posts open the record: CPR survival on television against the studies in October 2006, futility in September 2009, and, in November 2009, five questions to start the conversation at a family holiday, in "How to talk with your family about end of life care." Kennealy asked in 2010 why physicians treat a patient's death as failure. The 2011 to 2013 posts are the

specialty writing itself in: deMaine on late referral, Grumet telling a man he was dying, Salwitz on peace and on DNR timing, Williams-Murphy on irrational medicine, Wachter on prognosis, Secemsky decoding code status, and Reznick and Freundlich on cost. Ubel opened the assisted-dying argument in 2013 and deMaine answered Brittany Maynard in 2014. Dizon in 2016, Baig in 2017, and the anonymous night-shift essay in 2018 are the patient-death genre at its strongest; Jasani and Rubenstein's pandemic appeal is 2020; Kligler and Marine argue aid in dying from opposite sides in 2020 and 2024; and the 2026 posts, Teddy, Mirarchi and Pope, Singh, and Fogelman, are about orders, directives, detachment, and the Medicare benefit.

The KevinMD end-of-life corpus by the numbers

The figures below describe the set of KevinMD posts this page draws on, as of September 5, 2026. They are counts of what KevinMD has published, not survey data.

Measure	Value
Posts in the corpus	508
Date range	September 20, 2004 to August 14, 2026
Named contributors	268
Posts bylined by an MD or DO	291

Measure	Value
Posts by nurses, chaplains, patients, family members, and other non-physicians	About 100
Posts on assisted dying, by any of its names	About 40
Short posts by Kevin Pho, 2004 to 2011	78, median 97 words
Podcast episodes with full transcripts	30
Total words	About 379,000
Peak years	2013, 45 posts; 2012, 43 posts
Most frequent contributors	James C. Salwitz, MD (23); Monica Williams-Murphy, MD (14); Jordan Grumet, MD (13); Kevin Haselhorst, MD (11); Jim deMaine, MD (10); Don S. Dizon, MD (7)

How this page was built and how it is updated

The corpus was assembled from title searches for end of life, hospice, palliative, dying, DNR, code status, advance directive, advance care planning, death with dignity, physician-assisted, medical aid in dying, assisted suicide, and assisted dying, with false matches for “dying” removed. Term frequencies were computed against the full text of each post. Quotations are

taken verbatim from the original posts; the assisted-dying section describes the law and the arguments and reproduces nothing about methods. Author credentials are as they appeared in the byline at publication. Kevin Pho's posts from 2004 to 2011 were short commentaries on news and are counted separately above. James C. Salwitz, MD, the most frequent contributor, is cited at the same rate as other frequent voices rather than in proportion to his output. Every source is linked in the sentence that cites it, and the full list appears at the end of the page. The closest archive is the Palliative Care tag. Related records: Opioids: what physicians and pain patients say, in their own words, Medical malpractice: what physicians say, in their own words, and Residency: what residents and attendings say, in their own words.

This page is updated as new end-of-life essays are published on KevinMD. When it is updated, the date at the top changes, the counts in the tables are recomputed, and new named claims are added to the relevant section. Nothing is removed unless the original post is removed.

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The 47 KevinMD posts cited on this page, in order of publication

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- Monica Williams-Murphy, MD. "3 myths and 3 truths about hospice." KevinMD, March 2015.
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- Anonymous. "A silent moment with a dying patient." KevinMD, April 2018.

- Shikha Jain, MD. "How Barbara Bush's legacy can help us rediscover the benefits of palliative care and hospice." KevinMD, May 2018.
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- Kevin Tolliver, MD, MBA. "The nuances between palliative care vs. physician-assisted suicide." KevinMD, May 2019.
- Ton La, Jr., MD, JD. "Physician-assisted suicide is a collaborative process." KevinMD, November 2019.
- Gregory Jasani, MD and Rebecca Rubenstein, MD. "Emergency physicians want you to have the talk about end of life care." KevinMD, April 2020.
- Roger Kligler, MD. "Medical aid in dying is not assisted suicide." KevinMD, October 2020.
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