

Essay/Personal Reflection

Cite this article: Zhao J, Chen L (2023). Light of the setting sun. *Palliative and Supportive Care* **21**, 1085–1086. <https://doi.org/10.1017/S1478951522001274>

Received: 30 August 2022

Accepted: 30 August 2022

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As soon as I entered the room, I noticed an unpleasant odor. My nose twitched in an effort to identify its source. It was a mix of disinfectant and malodorous bodily fluid. The newly admitted woman lying in bed tried to squeeze out a smile, her face a mask of misery. Her chest was heaving sharply, a sign of her distress.

I reviewed her medical records and found that 3 years after undergoing breast cancer surgery, she had developed pulmonary metastasis. Currently, she was hospitalized due to a femoral shaft fracture in her right limb caused by an accidental fall, which was suspected to have been made worse by bone metastasis of breast cancer. As she was experiencing considerable pain, I asked the nurse to administer an analgesic and oxygen treatment. Soon, she calmed down, and I began a detailed physical examination, which confirmed that there was only a right femoral shaft fracture and no other associated trauma or neurovascular damage in the lower limb. I placed a temporary cast on her right lower limb to prevent severe pain caused by fracture displacement.

After minimizing her pain, I asked her about her medical history. She began by saying that 3 years ago, she found a lump in her left breast about the size of a peanut, but she did not take it seriously at first. When it became as big as an egg, she went to the hospital and was diagnosed with breast cancer. She had surgery, followed by 6 rounds of chemotherapy. One year ago, they found lung metastasis after she reported that she had difficulty breathing. That day, she accidentally fell off a chair and suffered a fracture, and now she thought that she would be stuck in bed for a long time until it healed.

I explained that we had palliative surgery now, and if she did not have any contraindications, her fractured femur could be fixed so that she could sit up and even walk slowly. It would not have any meaningful adverse effect on her tumor metastasis. Her husband protested against having surgery. All he wanted was for his wife to feel less pain and breathe better on oxygen. I initially thought that this was yet another man who had lost patience after spending so many years with his wife. But then she gently reminded him that the decision had to be consensual as she only had a few months left to live.

She turned to me and told me that her husband loved her very much. After her condition deteriorated rapidly, she was filled with despair, depression, and helplessness. She even thought it would be better to die soon rather than put her relatives through further agony, and that during that time, her husband was there for her. He encouraged her not to give up when she had lost faith and took her to doctors everywhere. She claimed that she would not be alive today without his loving care.

She went on to explain that in the final stages of her cancer, she inevitably thought about the question of death and what would happen to her soul. Would it continue to exist, or did it just disappear from this world? Was there really a place called Heaven? And what would her legacy be to her family after she died? Despite not being a particularly caring person before her illness, after that conversation, her husband thought for a long time and said in a serious tone, “I don’t know whether there is a soul or Heaven after death. But I cannot bear to let you go.” She had been so angry that he had not expressed those feelings earlier. She then looked tenderly at her husband as he wiped his face with a towel.

She then told me about how community volunteers provided her with answers to her predicament. Sometimes when she needed treatment while her husband was at work, the community volunteers arranged for someone to accompany her to the hospital, and they even helped her clean the house. She admitted that as a very sensitive person, sometimes the casual words or behaviors of other people made her suspicious of their intentions, but in this case, she felt very happy with the community volunteers. She asked them why they volunteered, and they told her that helping others made them feel good, especially helping someone like her with terminal cancer regain confidence in life, and that such endeavors benefited not just a single person or family but also society at large. It was their way to give back to society and reflect on the value of their own lives.

Suddenly, she felt like she wanted to do something for others before she died, not only for her family and friends but also other people in the world to remember her years later that a warm person had helped them and that person was her. She pointed proudly to herself. She and her husband joined the community volunteers, and when she did not need treatment and was well,

she accompanied them in doing charity work. She actively learned about death education and hospice care and took other courses to better communicate with people like her with terminal cancer. Now she felt like a winter sunset, which did not necessarily warm a person but its afterglow offered a glimmer of light and hope to those who were about to sink into the cold gloom. She wanted more people like her to see the bright sunset glow and learn to blossom in its beauty in the last stage of life.

She now felt like her life was very complete. She would not refuse treatment if she had a few more years to live or even one more year. She wanted to be there for her husband and children, and she wanted to help people with her friends, but she did not want to undergo another surgery. She just wanted her pain minimized and to breathe easier. She assured me that her family and friends would accompany her to the end.

Love inculcates a sense of meaning in the lives of patients with advanced cancer. Love is an integral part of life and the human experience. As this case has shown, both “to love” and “to be loved” provided strength to the patient and enabled her to purposefully deal with the uncertainty in her life. It also demonstrated the importance of family support.

This conversation illustrated that individuals not only develop a deeper understanding of love after being diagnosed with an illness but also have a profound desire to help and love others. In looking for more opportunities to help others after they get sick, they are also reconstructing and deepening interpersonal relationships. This story also highlighted that interpersonal relationships are the essence of social behavior in Chinese and Confucian culture, which holds that these relationships are not only important for the development of one’s personality but also very important in defining the

meaning of existence in daily life. This suggests that when caring for people with advanced cancer, it is important to create a warm, intimate, and supportive environment. Moreover, patients should be provided with appropriate means and opportunities to love and help others in the event of illness.

How can we better convince the families of terminally ill patients of the importance of searching for meaning in life? I have 3 suggestions. First, we should ensure that patients understand their current situation and encourage them to divulge their feelings, from the time of their cancer diagnosis to the present. Second, we should help patients to review their life and support them in telling their life stories and their lived experiences both before and after their cancer diagnosis, and positive events should be reinforced. Third, we should ask patients to express their needs and concerns about the present and the future.

Therefore, developing strategies for searching for life’s meaning will result in better end-of-life care for patients and their families. We should encourage dying people to express gratitude, love, and apologies and say goodbye to achieve a sense of accomplishment, intimacy, and inheritance in their end of life. In addition, we should help them to achieve a peaceful death through the self-realization of what they have done and what they will not have to do. In the face of death, one should know that the value and significance of life lies not in its length but in its depth.

Funding. This paper was funded by Guizhou Provincial Health Commission, Science and Technology Fund Project of Guizhou Provincial Health Commission, China (gzwkj2021-491).

Conflicts of interest. The authors report no conflicts of interest.