

# Pistachio Ice Cream

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What started as another week in the intensive care unit (ICU) turned out to be a week all about ice cream. It started with Sally, a woman in her 60s, admitted with shock and a painful sacral wound. This hospitalization was part of her larger battle with end-stage lung cancer, with diffuse metastases marbling her thoracic and lumbar vertebrae.

Sally was receiving low-dose vasopressors for shock, and she appeared uncomfortable. I pulled up a chair to talk to her. Sounding resigned, she said she was in intractable pain but was more concerned about being evicted from her assisted living facility for requiring more assistance than they could provide for her. Her spinal metastases had rendered her nearly unable to walk.

I asked Sally about her family. She said she had moved to Southern California for cancer care, traveling thousands of miles to escape a husband for reasons she didn't want to discuss. Her only child was many states away and wasn't planning on visiting.

Sally was sad. She was trapped in a hopeless situation. Suddenly, my desire to lift her spirits overrode pressing to-do list items such as discussing her code status. I asked the only question that seemed to make sense at the moment.

"Do you want some ice cream?"

Sally was not expecting this question. Sitting up in excitement, she broke into a smile and said, "Yes!"

After several cups of vanilla ice cream, Sally's voice grew stronger.

Opening up to members of our team, she acknowledged that her final days were upon her, expressing a desire to spend those days pain-free, in a peaceful place staffed by compassionate care providers. After meeting with the palliative care team, Sally chose a hospice home with private bedrooms, lush gardens, and a tranquil patio. She was discharged to that facility the next day, dying there comfortably 10 days later.

After Sally, the week of ice cream continued. This time, it was Gustavo, a patient in his mid-50s. Like Sally, Gustavo had end-stage cancer, though his was metastatic penile cancer complicated by peritoneal carcinomatosis and a fungating inguinal metastasis protruding through his groin.

With his children serving as English-Spanish interpreters, Gustavo had just been informed by the medicine team that he had stopped making urine, was in shock, and was approaching the end of life. He agreed to come to the ICU for temporary vasopressor support so his friends and family could say their goodbyes.

When I pulled up a chair to meet Gustavo, he seemed withdrawn, and his children and wife were crying. In my best high school

Spanish, I asked him about his life. He told me he was a lettuce farmer who dedicated his life to providing for his family. But he was not in the mood to talk about his medical issues. He did not want to discuss how medical delays and access challenges had allowed a tiny growth on the tip of his penis to metastasize like wildfire to his groin and abdomen, or how it felt to undergo a total penectomy. He was not in the mood to talk about

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how few providers spoke directly with him in his native language. He was not in the mood to talk about his impending death.

Remembering Sally, I asked the only question that seemed to make sense at that moment:

"¿Quieres helado?"

Gustavo gave me the same look that Sally had given me.

"¿Sí? Helado?" he said.

"Por supuesto — tenemos vainilla, fresa, y chocolate." My Spanish wasn't great, but I was trying my best.

"¿Pistacho?" he asked.

I wasn't sure if we had pistachio, but we would try. "Vamos a buscarlo," I said.

And lo and behold, Gustavo's nurse found pistachio ice cream. He ate lots that evening while visiting with family and friends. After a restful night, Gustavo's shock

progressed. He died comfortably the next morning, with family at his bedside.

The third ice cream story came the following day. It was a Saturday morning, and we had just admitted Cathy, a patient in her late 50s. Like Gustavo, she had stopped urinating, and like both previous patients, she had terrible cancer — hers a fungating, cantaloupe-sized pelvic mass compressing her internal organs.

As we approached Cathy's room during our morning rounds, the gynecologic oncology team exited, informing us that they had told her there were no cancer treatment options and she should consider end-of-life care. She did not take the news well, requesting additional options to help her live as long as possible.

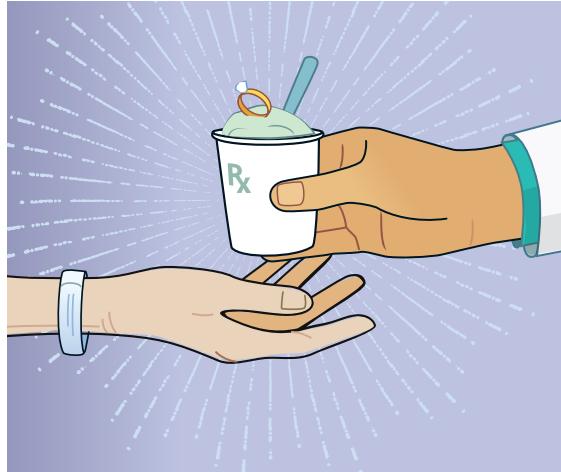
It was our turn to talk to her. Her room felt like Gustavo's — somber, with tearful adult children and spouse at the bedside. Pulling up chairs, we asked Cathy about her life. We learned she was a nurse who had been living an active life until 4 months earlier, when what she thought was a urinary tract infection turned out to be a large, unresectable ovarian tumor.

As our conversation continued, Cathy showed brave insight into her predicament. She knew she would die soon and that heroic interventions would be futile. Nevertheless, she expressed a strong desire to live as long as possible.

I thought about Gustavo and his pistachio ice cream. "A patient in a neighboring room died yes-

terday," I told Cathy. "But only after we found out he wanted pistachio ice cream before he died. As you face death, what is *your* pistachio ice cream?"

Cathy thought for a moment.



"My son and his fiancée are getting married in a few months," she said, looking at them standing at her bedside. "And I was hoping to live long enough to attend their wedding. If I could see them get married, that would be nice."

I didn't expect that answer. Though initiatives like the 3 Wishes Project<sup>1</sup> offer formal guidance on honoring such wishes, my interactions with Sally, Gustavo, and Cathy that week revealed a simpler yet sufficient approach. As patients brace for their final days, the simple act of pulling up a chair, connecting, and offering ice cream can be all it takes — to bring clarity to complexity, outline realistic goals, and, sometimes, make the impossible possible.

Inspired by Sally and Gustavo, I asked the only question that seemed to make sense that morning.

"Why don't we have a wedding today?"

Cathy didn't expect this question. Neither did her son and his fiancée, who instantly and enthusiastically agreed to the proposal. Our ICU team and Cathy's family discussed logistics, and before we knew it, my ice cream question had launched a full-blown wedding.

Everyone stepped up. I contacted an event-planner friend, who summoned a violinist on short notice. My wife and kids rush-delivered a box of wedding decorations from home. Cathy's family called their priest, and relatives were sent home to gather wedding attire. Our ICU staff bought a cake, and Cathy's friends brought food from a restaurant her family

enjoyed. And a mere six and a half hours after I asked about ice cream, the couple exchanged vows in front of 40 relatives and friends in Cathy's hospital room.

Unfortunately, our ICU team missed the ceremony because we were admitting another patient. When we visited Cathy's room later, though, we were greeted by her family and friends, who formed a receiving line as we approached her. Cathy lay in bed, decked out in a dress, jewelry, a wig her family had brought, and makeup that the nurses had applied.

When we reached her, Cathy smiled. "I'm happy," she said. "Now I'm ready to go." Thanking us, she requested transfer to the inpatient hospice unit.

As we left, Cathy's family and friends thanked us for our compassion. I couldn't help but notice the impressive buffet, especially the end section where two wed-

ding cakes sat beside — what else? — two tubs of ice cream. As I paused, reflecting on my week, a relative noticed me gazing at the half-eaten dessert.

“Doctor, would you like some ice cream?”

I willingly accepted a bowl — not for the ice cream itself, but for the connections and acts

of kindness it had come to represent.

Identifying details have been changed to protect the families' privacy.

Disclosure forms provided by the author are available at [NEJM.org](https://www.nejm.org).

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1. Cook D, Swinton M, Toledo F, et al. Personalizing death in the intensive care unit: the 3 Wishes Project: a mixed-methods study. *Ann Intern Med* 2015;163:271-9.

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