

Case report

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Professor Ragnar Nesbakken, Professor and Chief Surgeon of the Neurosurgical Department, Oslo City Hospitals, Norway, died last year. This poem was written to him in the form of a personal letter in 1981. The writing of the poem, says Dr Solgaard, followed the care of a patient with a severe head injury which involved 'non-surgery decisions and a concealed misinterpretation of the death criteria among the medical staff'. The poem was translated from Norwegian to English by Professor Nesbakken, a medical expert in medical ethics.

4 p.m.
White, female, fifty
on a moped against an army truck.
Deeply unconscious thereafter.
5.30 p.m.
Arriving neuro centre:
Flexion by pain in one leg
but bilateral Babinsky.
Unresponding and maximum dilated right pupil
Profuse bleeding through ruptured left tympanic
membrane
through nostrils and from the throat.
Insufficient spontaneous respiration
Cerebral hypertension.
6 p.m.
Bilateral dilated, unresponsive pupils
No cranial nerve reflexes
Extension on pain.
Cat scan: Subdural haematoma over the right cerebral
hemisphere, with bleeding from contusions in the deep
frontal and temporal area.
Midline shift: 1.5 cm.
Concluding: Dying patient. No surgery.

To counteract the brain swelling
dexamethasone, manitol and hyperventilation are
started
No response in neurological status.
Next day:
No response to pain. Failing blood pressure.
New cat scan:
Contusion-bleedings evolved to widespread deep
haematomas
combined with dilated left posterior horn
as the CSF-circulation is blocked.
Respiratory drive has ceased.
I want to disconnect the artificial ventilation.
However
the medical and nursing staff doubt my moral and legal
right to do so.
Another night.
48 hours after arrival the artificial ventilation
was disconnected during terminal angiography:
Contrast stopped in the common carotid artery.

Sehr geehrte herr professor!
Why did you teach me this?
For thou shall know: It is a bitter cup to know.
To know when not to operate.
The word says:
'They did whatever they could. They operated'
But I did so much more. I did not operate.
The ignorants believe in the magics of surgery.
The shaman in white. The last train.
As the shaman says: 'No!' a big silence is rising
twinkling in green from negative outbursts
from the still smiling beautiful members of the staff.

Like a melted down high voltage tower
you are isolated
by spoken and unspoken questions.
'How could you avoid operation?'
'Isn't it a bit casual?'
They got a taste of biology in return.
But the answer is not there.
The answer is a vision of human life.
Despite all talk of ethics
it is not *comme il faut* in clinical work
to build a decision on a vision
of what it is to be a human being.
In respect and veneration of the life that was.
Surgery may be the position
of the by the wind sailors.
But the quick-witted optimists of biology
do not conceive that.
They believe in the only begotten pump,
and the holy common bellow.
Then you are all alone with your 'No'
and with your doubt
that torment your soul through the night and rain.
Force the snake off my nest
the slim, self-sufficient with shining cheek
That we are able?
Legions we can make.
They will roll to the rhythm of the archery's drums
with the respirator in march time
with a streamer on the feeding catheter
and a syncopated drip of amino acids.
We may fill up the valley
with spastic and glassy and toothless fathers
with a lot of nice little bedsores.
We may fill up the valley
with foaming, incontinent, paralysed mothers.
They will flood the far-famed city.
'Cause we know
how to do it
My God, we are able.
A roll of drums, a flourish
to the surgeon.

But the patient has walked the road down
The door is left open
I will do it myself
Close it with care and comfort
One little question is left
A question of utmost sincerity:
That of the meddling mechanics.

Husband
and sons
are left
in grief.

The woman is dead
Danke sehr, herr professor