
At the coalface

The ultimate curse

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Abstract

This paper tells the story of a doctor in a vegetative state. The approach towards him is quite different from that towards a common patient. The other physicians cannot deal with this situation with the necessary open mind.

This time the brilliant and sometimes histrionic orthopaedic surgeon came into my division not as a consultant but as a patient. We had often joked together about the risk of becoming the 'victims' of our nurses, but now he could not joke anymore. With no reason (or too big a reason) he had injected himself with three vials of curare. Re-animators had re-started his heart after 15 minutes, but his cerebral cortex was definitely shut off. 'Persistent vegetative state' (PVS) was the diagnosis and nothing would wake him up again.

His parents, his pretty and self-confident wife, and his colleagues came daily to ask for impossible good news, and to speculate on his case. With my knowledge of bioethics and of neurology I could extensively discourse on this clinical situation, on its possible evolution, on its social and economic impact, but this man was not just another PVS patient. He was a friend, and I could not answer the only question which seemed to matter: why? He wanted to die, that was clear; and from his point of view he had completely succeeded: he did not suffer anymore. But the mourning of his relatives would be much longer than he expected. If he could have imagined his present situation he would probably have chosen a more precise method. As it was he was lying in an open grave, with nurses feeding him with a tube and colleagues checking his pulse, his blood pressure and his reflexes in a useless day-by-day routine. He was an object of commiseration. On the other hand, who among his colleagues would

have the courage to stop feeding or hydrating him? Even the hospital administrator, usually so concerned about cost-benefit problems, did not touch that issue in this case. The re-animator – the resuscitating doctor – previously so proud for having re-started that heart, now tried to defend his role. It was his duty, he said, to try everything to save the patient, but even he admitted that he would not have been so determined if he could have imagined this outcome. He had made the rational choice of stopping resuscitating techniques in other similar cases, but he could not do so with this very special case. New re-animation techniques often permit the saving of lives in many desperate situations, but sometimes they just avoid death, and death is not necessarily the worst outcome. Is 'permanent vegetative state' the ultimate curse for doctors and patients?

His parents still wait for an impossible miracle; they look for a grimace, a minimal sign of suffering. They even invite to his bed some of his many girlfriends, to create some reaction that could testify he is alive; but he is simply non-dead. It is useless to try to explain to them that euthanasia would be probably the best choice, considering that their son wanted to die. They still seem certain that his act was a mistake, and still wait for him to wake up and explain to them how it could happen.

He is sometimes put in a wheel-chair and taken out into the garden: he seems to look around and we almost expect him to rise and say 'Gotcha!' His fellow colleagues, if they force themselves to look at him, seem to forget all their knowledge and doubtfully ask: 'are we sure that he will not ...?'; 'what are the chances that he will ...?'; 'is there any other medical centre in the world where perhaps he could ...?' We can only wait for a merciful untreatable infection to end this curse.

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Key words

Persistent vegetative state; euthanasia.
