Hippocratic or hypocritical?: Pointing a finger from the past, ...
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Hippocratic or hypocritical?

Pointing a finger from the past, Hippocrates directs all young physicians: 'Above all, do no harm.'

BY ZOE OLIVER

On the cusp of earning their MDs, budding young doctors still pledge themselves to Hippocrates' 3rd century BC standard: "*Primum non nocere.*"

We enter into the struggle with illness, armed with the latest knowledge and the desperate promise to do no harm. However, sometimes we find ourselves standing haplessly beside our medical arsenal, wondering why we are reluctant to use it.

One experience marking my memory is my stint on an internal medicine team that looked after a man I'll call Mr. Maxwell. One winter evening, I left the hospital knowing that Mr. Maxwell would die that night. The thought did not sadden me. I had gone into his room every day for two weeks, to be greeted with a stare which was both blank and pleading. In caring for him, I experienced first compassion, then anger. That evening, as his death approached, I felt little more than relief.

Mr. Maxwell was 94 years old, although he would have been hard pressed to tell you his age. Or his name, for that matter. My introduction to him was his incomprehensible moaning, which could be heard a considerable way down the hospital hallway. In fact, on first sight, I was convinced that such uproar, such protests could not have possibly emerged from such a weakened wee man. His arms and legs were so grotesquely swollen that they seeped fluid onto his pillows and sheets. Small puddles formed on his bed before being wiped up by staff. While he was only incontinent of urine, we used a catheter to keep him clean, but as he lost control of his bowels he also required thick padded undergarments. Occasionally his lungs would fill with fluid or he would get a touch of pneumonia. When it would get too hard for him to breathe, we would place a tube down his throat and suction out his airway secretions. On and on we tinkered with the balance of fluid between his veins and his legs and his sheets. He was too demented to articulate exactly why he was uncomfortable, but it was clear that he was.

Mr. Maxwell's days were filled with two important activities, the first being constant repetition of the phrase, "Let me go to sleep." Since he kept nurses busy through the night with his moaning, I understood that he referred to a more permanent type of slumber. Mr. Maxwell's second activity was the consumption of copious quantities of ginger ale. He couldn't get enough ginger ale. Of course, when I knew him, most of the ginger ale that Mr. Maxwell drank ended up as fluid on his bedsheets, so he wasn't allowed to drink too much.

I would have liked to romanticize that this patient was a sweet and caring soul, thereby increasing the tragedy of his suffering. The truth is, I had more idea of the indignity of his death than of who he was in life. Perhaps certain images emerged from memory to amuse him through the fog of his dementia, but he could not share these rememberings in any coherent manner. I felt obliged to considering his forgotten past as justification for prolonging his present, as though his long life might balance out his long death.

As my compassion waned, I became angry at the hypocrisy of using medicine to keep such suffering alive. Mr. Maxwell's family lived in another province, and they called once in a while to find out how he was doing. They were not there to dress his bedsores. But they insisted on "having everything done," even when it was made clear to them that resuscitation was only a temporary resurrection of an irreparably aged body. That said, they opted for all life-saving measures: CPR, electric shocks to the heart, the whole nine yards. At a few points during his stay with us, Mr. Maxwell's heart stopped, and we restarted it because his family had asked us to.

It was their right, no doubt. The basis of their decision — whether faith of love or ignorance — should not be assaulted. But I couldn't stop myself from questioning them any more than I could prevent Mr. Maxwell from puddling up his bedsheets.

So after a nurse found Mr. Maxwell lying too still in his puddles that night, an alarm went out over the hospital. All sorts of doctors and technicians came running to shock his heart, to inject him with this and with that, to raise their eyebrows at each other and, finally, to pronounce him dead. Our potions and paddles had failed to kick-start his heart. And what if our measures had worked? More ginger ale, more moaning, more long-distance phone calls, another sprint to resuscitate.

When Hippocrates fathered the principle of non-maleficence, medical knowledge was a crumb in the loaf that we now feed to our patients. I wonder what he would have thought of our new-fangled techniques and our zeal to use them. Medical ethics has transformed considerably over the past 2,000 years, and now the principal of non-maleficence is just one component of patient care. There are other ethical doctrines, and we consider the autonomy of the patient, as well as the justice of their situation. There are also degrees of care, in that a patient can request to not be resuscitated but to maintain basic life-saving medications. Most of the time, the patients, the families, and the medical staff manage to weave their way towards death by the least-harmful route possible.

But not always. As with Mr. Maxwell's family, there are those legal guardians who insist on having everything done. And while Canadian doctors have the right to refuse futile medical treatments, the boundaries which define futility are blurry. Compliance with the wishes of the family is a commonly chosen path. So when Mr. Maxwell's family wanted full treatment of his organ failure, we complied, with restrictions on ginger ale.

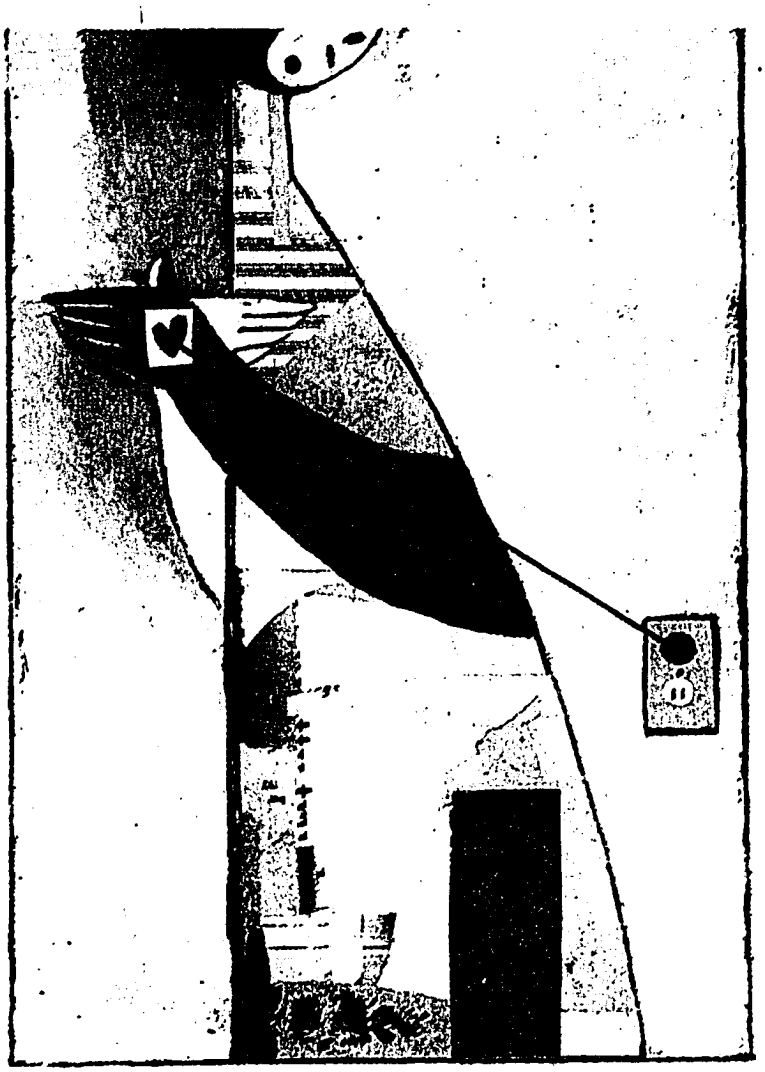
As expected, when I returned to the hospital the next day, Mr. Maxwell was gone. A young mother with a drug overdose was in his bed. No one was with him when he was released.

No one becomes a doctor thinking that they will do harm. Thousands of bright minds from across Canada pledge themselves to Hippocrates' words, and as many bright minds become disillusioned at seeing patients in states of intractable suffering.

The law allows patients and families to withdraw from our balms and our potions, from our medications and our machines.

So I must ask, gently, if one day I am your doctor and you are dying, please allow me to do no harm.

Zoe Oliver is about to graduate from medical school at the University of Western Ontario.



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