

Dr Aesop

"Did you ever read the book *Catch-22*?"

Second-year resident Elliott Zaslow looks at me blankly.

"No."

I fight the urge to scold this young man for his ignorance. How can he not know about this favorite novel of my youth? A novel published over 30 years ago. I shift my hands slightly on the steering wheel. Increasingly, I am forced to recognize that the residents I teach are of a different generation from mine.

"Do you know what a catch-22 is?" I ask.

"Isn't it some kind of circular, unavoidable trap?"

At least he knows that much. I'm sure he's wondering what, if anything, this has to do with the home visit we are getting ready to make, but he remains politely silent.

"The hero of the book, Yossarian, wants out of the military in the worst way. He knows if he can be certified as crazy he can get out, but the medical officer tells him, 'You'd be crazy to want to stay in the military—not to want out.' Yossarian ponders this a while, then asks, 'You mean, since I'm the only one here that wants out, anyone on this base but me could be discharged for being crazy?'"

"That's right," the medic says, "but there's a catch, catch-22. First you have to ask to be discharged."

"But if they ask," Elliott interjects, "they are no longer crazy because they want out, so no one ever gets out."

We both smile at the elegance of the catch as we pull into the Evans' driveway. Ginny, a vibrant woman around 40, welcomes us into her home and ushers us to her mother, Norma Delaney. I was fortunate to have known Mrs Delaney in a better time, when she was as full of life as her daughter. Now Mrs Delaney has end-stage chronic obstructive pulmonary disease. Her world seems limited to the 52 feet of oxygen tubing that allows her access to most of the house. After introductions are made, Mrs Delaney turns to me and asks point blank, "Doctor, can't you help me end this?"

I am prepared for her question because Mrs Delaney and I have had several such discussions. Elliott, however, is looking at his feet and is clearly uncomfortable. I turn back to Mrs Delaney.

"No, I'm sorry, I can't."

"Do you think I'm crazy?"

She is staring intently at me, her furrowed brow silent testimony that she wants me to take her question seriously.

"No, I don't think you're crazy."

Many in our society would consider her request irrational. I wonder if Elliott understands the implications of my answer. I would have to remember to explain later that in the United States, competent patients are allowed to dictate how they are to be treated. But when it comes to suicide, whether self-inflicted or physician assisted, there is a catch. For patients to be considered competent, they must not be

demented, delirious, depressed, or otherwise impaired in their decision making and they must be fully informed about alternative means of treatment. Despite the ongoing moral, ethical, and legal debates, there are many in our society who believe that competent, well-informed, optimally treated patients would never choose to shorten their lives. Such a choice could only be made out of mental incompetence, lack of knowledge about alternatives, or poor medical treatment.

Aware of Elliott's confusion, I ask her, "Why don't you want to live?"

"You know why."

"Yes, I know, but I want Dr Zaslow to understand."

She looks at me, then turns to Elliott with a sigh. "My world is so small. I can only go as far as this contraption"—she waves her hand at the oxygen tank in disgust. She has a portable tank, but Ginny and I have pretty much given up on encouraging her to use it; I suspect she is too embarrassed by the inevitable stares it draws—"and I'm a terrible burden to Ginny and her family."

"That's not true! Mother, we all love you and want you—" Ginny's protests are vehement, but Mrs Delaney is firm. "Yes, yes, I am. Besides, what do I have to live for, soap operas?"

Elliott has a pained look on his face, as if he is uncertain how to respond. I turn the conversation to the ostensible reason for our visit—the

medical examination and medication adjustments. But as we bring the visit to a close, Mrs Delaney turns to me once again.

"Are you sure you can't help?"

"No, I'm sorry. You know I can't." Seeing her despair, I add, "You know I like you and I want to help, but"—I stop, searching for the right words—"I know you are not crazy," I say finally, hoping my ambivalence is not noticeable, and knowing that for Mrs Delaney the only right words are the ones I cannot say.

On the way back to the clinic, Elliott asks me questions about Mrs Delaney's care. In his own way, he is expressing society's belief that I must be doing something wrong or she would not still wish to die. I explain that her wish to shorten her life has been consistent over the past 5 years. She often refuses her medicines, and Ginny must coax, cajole, or wait until the symptoms convince her mother to take her pills. Mrs Delaney sometimes pulls off her oxygen, and Ginny must wait until her mother becomes somnolent to replace it. Her mother has made other, more decisive suicide attempts. Ginny has hidden all the knives in the house because of one such attempt, and the back door leading to the pool now has a dead bolt because of another. Mrs Delaney receives ongoing treatment for depression and her counselor believes that all of her vegetative symptoms have cleared. She has no pain.

At rest, receiving oxygen, she has minimal air hunger. Ginny has welcomed her mother into her home, and there is no apparent family conflict. Still, Mrs Delaney wants to die. And neither I nor her counselor expects this to change.

When we get back to the office, I can tell that my account of Mrs Delaney's history has done little to resolve Elliott's doubts. He asks to look over the chart, saying he might come up with some ideas to help my patient.

"Please," I say, "I'd welcome any new ideas."

I wonder if Elliott realizes that I, too, have doubts, but for different reasons. I believe laws are necessary to protect the majority who could be hurt by legalized physician-assisted suicide. I do not wish to change those laws; but I am offended by those who refuse to acknowledge that a few patients like Mrs Delaney do exist. Finding comfort in simple answers, they say the patient is depressed, or blame the physician for inadequate treatment. And in their attempt to make the world black and white, they are blind to the gray reality: that patients like Mrs Delaney place a different value on their lives from the accepted cultural norm, but society prohibits them from acting on their beliefs.

Do I say all this to Elliott? I think not. It has taken me 16 years to reach this perspective; I can't expect him to come to the same con-

clusions without working through the issues on his own. Besides, my job is to help Elliott become an independent professional, not a clone of myself. So I tell him the story of *Catch-22* as a kind of modern fable, and take him to see Mrs Delaney.

The story is meant as a beginning, not a final answer. After sifting through my patient's chart and second-guessing my care, I hope Elliott will come back to talk with me. Rather than giving him a series of pat answers, we will talk about realities—about laws and why they exist, and about Mrs Delaney, an individual not well served by the rules. If I am careful not to say too much, in time he will feel confident to write his own moral to this story.

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