

Letters to the editor



Appreciation of wit and wisdom

Last week I called your office to request a back issue of *The Pharos* (Winter 1997) for a friend, Dr. Marshall Blankenship, a physician and fellow Sherlockian. This issue contained a fine article on Sir Arthur Conan Doyle by Dr. C. Frederick Kittle.

When I explained to your staff the reason that my name does not correspond to that of the AΩA member, they said they thought you might be interested in the story.

Years ago, I often baby-sat for my daughter and son-in-law, a budding pediatric endocrinologist. I became enchanted with *The Pharos* at their house, and when the time came for renewal, my son-in-law arranged that it be delivered to him at my address. And so it has been all these years. Now he reads it when he comes to my house.

So I would like to thank you for the many hours of delight that *The Pharos*, with its unique blend of wit and wisdom, style and substance, has brought to me. I feel very lucky and very privileged to have access to such a splendid journal.

MaryJane Kunnath
Homewood, Illinois

Semantics and deep meaning of death by natural causes

I usually read the articles before the editorials, but there was something about your editorial entitled "Natural causes of death" (Winter 2005, p. 1) which caught my eye. To broadly state that "Death is not natural and we as physicians should never imply that it is," is in direct contradiction to the very existence of palliative care medicine. As an intensivist very much involved with the growing trend of providing palliative care in the intensive care unit, I rarely have to deal with the "unnatural" death as suggested by the case described by Dr. Spielman. I more frequently have to deal with patients who are interrupted from their "natural" death long enough to suffer the indignity of a post-resuscitative anoxic encephalopathy,

mechanical ventilation, and ultimate withdrawal of life support. Pneumonia may no longer be the "old man's friend." Death is as natural as birth, and any statement to the contrary conjures up images of Ted Williams in a cryogenic chamber somewhere in Arizona.

Although a 27-inch golden trout is not necessarily a bad thing, I would much prefer a hole-in-one before taking my last sleep.

Mark I. Zimmerman, M.D.
(AΩA, New York University, 1985)
Summit, New Jersey

Your editorial, "Natural causes of death" in the Winter 2005 issue of *The Pharos*, had me nodding my head in agreement through the first five paragraphs. However, your summary sixth paragraph took a sharp turn when it tossed in an argument that was both preposterous and unsupportive of your thesis. That was your statement "There are no natural causes of death. Death is not natural and we as physicians should never imply that it is."

Huh?
I couldn't find a definition of "natural" anywhere that would support that statement. Death for all of us is inextricably linked to life; death is life's natural endpoint.

In fact, we physicians apply our art and science to thwart the natural course of disease so as to heal completely, or extend life as much as possible. There is nothing natural about giving antibiotics, removing an inflamed appendix, or radiating a tumor. But using science, technology, training, and experience we intervene because we know we can alter the natural course of life events to the favor of our patients.

What your first five paragraphs argued was that in the course of altering nature we physicians at times are guilty of errors, specifically iatrogenic errors. You had a plethora of arguments you could have chosen to end your editorial, from discussing the implications of the phrase "primum non nocere," to invoking the costs of iatrogenia and citing data

from the Institute of Medicine's 2000 report. Or you could have simply made the point that in attempting to modify nature to the benefit of patients, we sometimes alter its course to the worse.

However, arguing that "death is not natural" was wrong as a statement and does not provide a logical conclusion to your editorial.

Robert A. Munson, M.D.
(AΩA, Loyola University, 1985)
Monument, Colorado

Dr. Harris's reminder (in "Natural causes of death" in the Winter 2005 issue) that doctors have an obligation to search for the causes of unexplained death in their patients is an important one. But I am concerned that his statement, "Death is not natural and we as physicians should never imply that it is," may inadvertently convey another, unfortunate, message.

Modern medical technology provides an armamentarium which, skillfully and judiciously applied, often produces marvelous relief of suffering, enhancement of function, and extension of meaningful life. Unfortunately, however, it also may be used in a quixotic battle to fend off imminent death even when life no longer has meaning and the sole result is to prolong the agony of dying. In this situation, when the patient finds his life no longer worth living, humane care is enhanced if the doctor can accept that death is natural, and is no longer an enemy to be vanquished at all cost.

Cavin P. Leeman, M.D.
(AΩA, Harvard Medical School, 1958)
New York, New York

Dr. Harris responds to Dr. Zimmerman, Dr. Munson, Dr. Leeman, and many others

I agree with Dr. Zimmerman that a hole-in-one before the final exit would be a good way to go, but the 27-inch trout would not be so bad, either!

I also want to apologize for the ambiguity in my last paragraph. I never meant to imply that it is not "natural"

or appropriate to die, but rather that "natural causes of death" is an oxymoron. There is a cause of death, and whether it be a ruptured abdominal aneurysm or the ravage of lung cancer, an overwhelming streptococcal infection or agreed-upon and sanctioned assisted suicide, there is pathophysiology involved, and the cause if not "natural."

I am sad that my friend died so suddenly, and wonder whether good management of hyperlipidemia or hypertension could have pushed the date of his death into the future so that he could have enjoyed catching more trout, watched his grandchildren continue to grow, and enjoyed travel, concerts, and intimacy with his wonderful wife. Listing his cause of death as "natural" might stifle preventive measures designed to ensure a longer healthy life for his sons and daughters, for example.

And, as Dr. Zimmerman, implies, let us as caring and conscientious physicians help give sensitive palliative care to those afflicted with disease processes

upon which we cannot and should not inflict more therapy.

Edward D. Harris, Jr., M.D.
(AΩA, Harvard Medical School, 1962)
Editor

Meaningful speaking at the induction ceremony

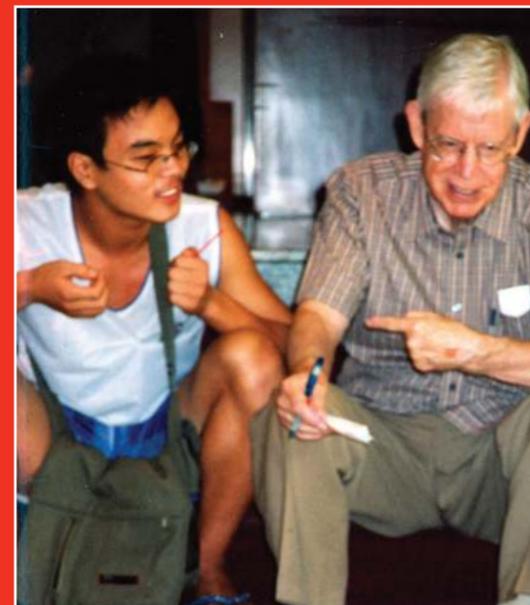
I was very delighted and honored when Dr. Eric Gall first contacted me and told me of my election into Alpha Omega Alpha. On April 6th of this year, my wife Julie and I went to the Chicago Medical School where the induction ceremony took place. I was asked to speak at the ceremony and my comments, fortunately, were mercifully brief.

But I was very impressed by both the tone of the induction and the exceptional caliber of the students, who were not only very bright, capable, and poised, but also very active in other meritorious activities. Clearly, despite their youth, they had already begun the process of using their talents to help

others in many diverse ways. At the ceremony, Dr. Gall made it clear that it was not enough merely to be brilliant and knowledgeable, but to be a professional of the highest caliber, worthy of entry into Alpha Omega Alpha, there had to be much more. And clearly, among the many young faces I saw there, there was much more.

Our profession will be well served by those young doctors. I feel greatly honored to be selected to be a member of Alpha Omega Alpha and I hope that in my continuing clinical, scientific, and organizational work I can continue to do my part well enough to help make a difference. Thank you again for keeping Alpha Omega Alpha such a relevant and important organization, and being such an important contributor to the pursuit of excellence in medicine.

Richard Hellman, M.D.
(AΩA, Rosalind Franklin University of Medicine and Science/The Chicago Medical School, 2005)
Leawood, Kansas



Pale Agnostic Tours Hong Kong

One slender teenager stares at my blond hair as I confirm the scarcity of bound feet, the vigor of bicycling street cleaners, and the presence of 2010 New York-style skyscrapers.

He knows I will surely tour the Great Wall, which, he has heard repeatedly, can be seen from any spaceship, and quickly points out that every medieval castle in Europe also has stone walls, and curious visitors, while some towns in the Middle East are building new walls, as we smiled.

Amused, almost compatibly, we at least could agree that Great Walls, feeble walls, and giant question marks grown in rice fields, are all less mysterious than Microsoft Word.

Ed Spudis, M.D.

Dr. Spudis is emeritus clinical professor of Neurology at Wake Forest University Health Sciences (School of Medicine), and a consultant at the Veterans Administration regional office in the Compensation and Pension Division. His address is: 1215 Yorkshire Road, Winston-Salem, North Carolina 27106. E-mail: spudis@msn.com.