



*Experience*

*Expérience*

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## A princess dies, a surgeon reflects

**Ian B. Ross, MD**

**F**ollowing Princess Diana's recent death, we were inundated with reports on everything from the automobile crash that took her life to the future of the monarchy. The coverage, particularly on television, was exhaustive, so we do not need yet another analysis of this tragedy. Still, I believe that because of my surgical background I had a different perspective and different feelings from most people, and I feel an uncontrollable need to express them.

Late on the night of that August automobile crash, my English-born mother-in-law called, seeking my wife. She told us that Princess Diana had been severely injured. CNN was already broadcasting live from Paris, so we watched for a while. I admit that I was morbidly drawn to the story, but I was also irritated by my wife's profound concern for a princess whom I did not like. I said something cold and clinical, and this upset my wife. It was not the first time I had been accused of insensitivity, of showing too much sangfroid and too little emotion; I reconsidered my words and apologized.

In the morning we learned that Diana had died. Sitting in front of the television, watching the same story reported over and over, I became irritated with myself. Why couldn't I tear myself away from the screen? I have had no positive feelings about this woman for many years.

Did I harbour a clinical curiosity about the cause of death? Certainly. Sympathy for her family? Of course. A sense of grief at the passing of someone who had profoundly touched my life? Definitely not!

Within hours the networks began broadcasting reports from the press conference held at the hospital where Diana died. I learned that she had experienced major mediastinal injuries and died of hemorrhagic shock. This seemed feasible, although images of the damaged vehicle and the condition of its other occupants make me certain that she had additional injuries.

My clinical curiosity was finally satisfied, but I began to feel very sad. This surprised me.

During my years of training in general surgery and then neurosurgery I have seen many hopelessly injured patients succumb after extensive efforts to resuscitate them. This exposure hardened me so much that today trauma and tragedy seldom distresses me.

Yet there I was, sitting in front of the television, growing ever more upset about the death of a woman I did not know. Or had I misled myself? Her public persona had been visible for so many years that perhaps I *did* know her. Recent revelations about her personal difficulties had made her seem much more human, more real. This was not just another anonymous victim who died suddenly following a car accident. This *was* someone I knew.

Suddenly, I could not escape my mental picture of a cold, blue-tiled operating room that had just been the scene of intense activity. A mess of discarded supplies and blood covered the floor. Multiple intravenous lines hooked to bags of blood and crystalloid in varying stages of depletion hung from poles near the operating table.

I am familiar with this scene. As in a motion picture, my mind moved to the table, where a once beautiful woman, now pale and livid, lay motionless. An endotracheal tube was still taped in place but it was no longer hooked to the respirator. There was a large surgical wound, not yet closed, with several retractors still in place. A large vascular clamp still protruded from her chest.



All was quiet and still, save for a few nurses and orderlies who had quietly begun to clean up the mess. It was early in the day, the sun had yet to rise, and I was tired. Very tired.

I have been here before, but never to help someone I knew — a woman the same age as my wife, the mother of 2 children, a person who has known many of the joys and frustrations all of us have experienced. I felt cold and clammy.

In the days that followed Diana's death, the media focused on public reaction to the tragedy and on the Royal Family. I was less interested in this coverage, though I still read voraciously. I was comforted when a child psychologist explained that Diana's sons, aged 12 and 15, were probably emotionally mature enough to deal with this traumatic event with minimal long-term repercussions.

The news that the driver of Diana's automobile was intoxicated did not surprise me, but I became angry when one of his former colleagues said on network television that even though the driver might have been drinking he was still a good driver who always appeared sober and able to handle a car. The implication, of course, was that some people handle their liquor better than others. I

thought of the number of inebriated patients I have seen lying on an operating room table. I was upset because the media did not appear critical of this type of behaviour. A campaign against drinking and driving would have a tremendous impact if it featured Diana's face.

I did not join my wife for the live broadcast of the funeral at 4 am, but I watched the entire event when it was replayed later in the morning. Once again I felt grief, this time to a degree I hadn't experienced since my father's death. Perplexed yet again by the intensity of my reactions, I withdrew for some retrospection. Nothing came of it at the time but later I think I figured things out.

For members of my generation, Diana was a symbol of the dreams of youth and the disappointing realities of middle age. Many of the ups and downs she had experienced we too have known. Now she was dead. She had just confirmed the inevitability of yet another of life's experiences.

I recalled John Donne's words. Now I felt sorry, but not for Diana, and not for her family. I felt sorry for me.

No man is an island, entire of itself. . . . Any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee. †



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