Canadian physicians must retreat from appeals to futility and engage in open dialogue with patients in which the values of both parties are open to scrutiny. When physicians believe that a particular choice is favoured (or disfavoured, for that matter), they should use moral suasion — but not coercion — to attempt to convince the patient of their view. In the most difficult cases, physicians should use other available resources, including bioethicists and hospital ethics committees, to facilitate compromise. Rubin’s superb book reminds us that only in this way can trust, the cornerstone of the physician–patient relationship, be preserved.

Charles Weijer, MD, PhD
Assistant Professor of Medicine
Bioethics Education and Research
Dalhousie University

References
3. Webster GC, Murphy P. Frank medical discussion a must: patient, family must be informed of and understand a DNR order. Winneg Free Press 1998 Nov 18;Sect A:3.

The peculiar genius of John Nash

A beautiful mind
Sylvia Nasar
Simon & Schuster, New York; 1998

John Forbes Nash, Jr., the subject of Sylvia Nasar’s A Beautiful Mind, underwent at the age of 31 a “strange and horrible metamorphosis” from a quirky but indisputable genius in pure mathematics to a certified paranoid schizophrenic confined to a psychiatric hospital. When asked by a fellow mathematician how someone devoted to reason and logical proof could believe that aliens were sending him messages through the New York Times, he replied: “Because the ideas I had about supernatural beings came to me the same way that my mathematical ideas did. So I took them seriously.”

Nasar, an economics correspondent for the Times, was drawn to Nash because his revolutionary work in game theory (a rebuttal to zero-sum theory known as the Nash equilibrium) now forms the mathematical basis for theories of rational behaviour in economics, political science, sociology and evolutionary biology. Her biography also reflects a fascination with the defining qualities of genius. There were many exceptional minds among the graduate students at the Institute for Advanced Studies at Princeton when Nash arrived in 1949. A much-loved pastime in the common room was a version of kriegspiel that involved a game of chess played with 3 boards. Two players, sitting back to back, moved their pieces on their own boards but could not see their opponent’s moves. A third chessboard, visible only to the umpire, recorded the moves of both players. Nash was out-classed at the game by colleagues who were not destined to distinguish themselves either by madness or a Nobel Prize. Nor did they match him in eccentricity or aloofness. Nash’s portrayal of Nash presents social ineptitude as a cardinal sign of the creative genius. Nash was often alone and had few close friends. He never attended class and read amazingly little. Rather than digesting the work of his predecessors in the field, he interrogated colleagues about what the “really important problems” were and then proceeded, virtually in isolation, first to construct established proofs de novo and then to make radical theoretical leaps. He was frequently observed walking about the campus, whistling Bach and quite evidently thinking. One faculty member came upon him stretched out on a table in the professors’ lounge, staring at the ceiling, deep in thought. His statements were often so unexpected, so provoking and so self-aggrandizing that Nash’s sudden slide into full-blown mental illness in the spring of 1959 was not immediately recognized for what it was.

The next 30 years of Nash’s life were to a large extent governed by the medical profession’s evolving understanding of schizophrenia. Psychotherapy (which laid the blame for Nash’s illness largely at the feet of Alicia, his courageous wife) gave way to insulin shock therapy, electroshock treatments and antipsychotic drugs. Nasar provides a close and often moving account of the remarkable devotion of his wife and the agonizing decisions that had to be made about the management of his illness. She also conveys the kindness of his colleagues, who provided a safe, unofficial haven for “the Phantom” in the halls of Princeton. These colleagues were astonished when, in the late 1980s, Nash’s mind surfaced from its delusional sea and delighted when, in 1995, he was awarded the Nobel Prize in economics for the work he had done in game theory during his early years at Princeton. How to account for this spontaneous remission — Nash refused to take antipsychotic drugs after 1970 — is a matter of conjecture, and the price that Nash has paid for both his illness and his recovery is a distressing calculation. What does seem clear is that between genius and madness there is more than a zero-sum game.

John Hoey, MD
Editor-in-Chief, CMAJ