



Room for a view

When death is no longer the enemy

It wasn't a typical family medicine call: an 80-year-old man with terminal rectal cancer who had slashed his wrists earlier that morning. The woman on the other end of the line confided that she wasn't sure if she should be asking for help. Her friend didn't want to go to hospital. He had used a razor blade repeatedly on his arms and wrists, but was too weak to cut deeply enough. He had climbed into a hot bath, intending to die. When he did not succeed, he had decided to call his friend.

Her voice was calm and apologetic. She explained that although she disapproved of suicide she knew this man as only a friend of many years could. She told me about his cancer and his frustration with a colostomy, and how he was an educated man with an interesting history who had little quality of life left. Then she paused. She felt she must tell me, she finally said, that although her friend was "completely of sound mind" I would likely find him naked if I came to his apartment. He could not cope with the summer heat, she explained.



Art Explosion

I concluded that she must be as strange as her friend. And that the whole matter was quite straightforward. I would go to the apartment, dress the man's wounds, do a mental status exam, declare him incompetent and have him brought in to be assessed by psychiatry.

I was met at the door by the patient's soft-spoken friend. Despite her warning, I was startled to see a frail and emaciated man sitting at the kitchen table, completely naked, puffing on a cigar. This won't take long, I thought. I asked him how I could help him and if he knew the date and where he was. With an air of tragic dignity, he smiled at me and replied, "I know that I am a naked old man sitting in front of a young lady doctor. I may look stupid but I assure you I'm not."

He continued to smoke his cigar while he answered my questions accurately and without hesitation. He understood his predicament very well, he said. He was ready to die and was disappointed that his suicide attempt had failed. He emphasized that he was not in any physical pain but had simply had enough. Could I give him a "little tablet" so he could just "go to sleep"? He was not depressed, he explained, but he had outlived his family, could no longer enjoy life and wanted to die with dignity. All of his affairs were in order, he added.

At that point his friend asked me to see the rest of the apartment. "You'll understand what kind of person he is," she said. I followed her into the living room: two walls lined with shelves held hundreds of books — Russian literature, Japanese history, volumes and volumes of art, the classics of the past 200 years, all categorized by subject and author. On the walls were prints of the Great Masters and framed travel posters. She led me into two more rooms filled with books, sculpture and an extensive music collection. "It has been an education just knowing him," she said.

On a shelf beside his computer a woman smiled from a framed photograph, placed so that the person sitting at the desk could not help but look into her warm brown eyes and be captured by her lively, animated grin. It was the face of a woman made beautiful by a great love.

"That was his wife," his friend said quietly. "He looked after her while she was dying of cancer."

She reached over the desk and picked up a small cloth-bound portfolio tied with a ribbon. In it, insurance policies, tax receipts and legal documents and been meticulously laid out, along with instructions about which of his books would go to charities and which to a few special friends.

I began to feel more uncomfortable with my task. He was a suicidal old man who would probably try to kill himself again. Death is supposed to be the enemy. My responsibility was to protect him from harming himself. But could it be either kind or just to take him from his home during his last days and force him to embrace the indignities of his illness as only hospital care can do?

It was difficult not to remember that across the street from the old man's apartment, where death was perceived as a comfort, lived a family in my practice who had recently lost their 11-year-old son to cancer.

I did not call psychiatry. I consulted with the palliative care team and a chaplain and offered the old man more support and home care, which he accepted with resignation. As I shook his hand, I knew from his penetrating gaze that we understood one another. And then I walked out into the sunshine, feeling at peace with my decision but troubled by my inability to do more.

The old man died of his cancer a few days later, in his own apartment, comforted by his friend and surrounded by the treasures of his life.

Sharon McCutcheon, MD
Sussex, New Brunswick