The Surgeon's Pact With the Patient

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The patient, in her late 50s with failing kidneys, had come to the hospital for what she and her doctors thought would be a simple procedure preparing her for dialysis. But instead of returning home the next day, the woman ended up in the hospital for nearly half of my internship. Her procedure went awry, she landed in the intensive care unit, and over the course of the next six months she returned at least a dozen more times to the operating room, all failed attempts to right what had gone so terribly wrong.
Her bed in the I.C.U. was in plain view to any doctor or nurse walking by. Even today, I can recall the sickeningly sweet odor of what had become chronic open wounds, the sounds of the bells and whistles of the small army of machines that kept her alive and the increasingly rancorous discussions between the lead surgeon and other clinicians as the months dragged on.

The surgeon, ever more haggard, pressed on, convinced that one day he'd send her home. But the others — nurses, consultants and eventually the hospital ethics committee, too — began demanding that her care plan be changed. They wanted to cease all life support interventions and begin comfort care.

One morning, I found the room empty; the woman had died. "She finally did it on her own, without any help from you-know-who," one of the nurses said grimly, a look of disdain flashing across her face. "That's the problem with surgeons," she continued. "Sometimes you guys do the most amazing things for your patients, and sometimes you just won't let them go."

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