

Natural Causes

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Face drawn and impassive, his silvery hair askew, Dr. Krieger sat beside his wife's bed in the ICU every day for three weeks listening to the rhythmic clicking of the respirator, watching the IV drip and the pacing spikes on the cardiac monitor. He talked softly to her mute, immobile body, smoothed her hair and held her hand. Every two or three days, he called their children with comforting lies of hope for their mother's eventual recovery.

The old doctor continually agonized over that fateful day a year ago when he had made an appointment with his lawyer to draw up their will and arrange health care proxies and advance directives. "Do whatever you want to do," Ruth had said. "I can't be bothered." They had been sitting on the couch. He had taken her hand. "But dear, it's important for us to discuss, to make plans in advance, in case . . ." She abruptly stood up and walked into the kitchen. She had been afraid of dying. Even talking of it. There was no convincing her. Krieger had gone alone.

Now she lay comatose in the ICU, kept barely alive by strong IV medications, a pacemaker and a respirator. From his many years in practice he knew she would never be able to go home. She would need to be in an institution for the rest of her life—wasting away in a chronic disease hospital or nursing home for weeks, or perhaps a month or longer. Was this life?

They had many plans for his retirement: overseas travel, moving to a warm climate and long visits with their children and grandchildren. But before they could begin on any of these adventures, the bleeding had begun. Ruth had just turned 71. Despite his pleading, she had refused to go to the hospital until her hemorrhaging became massive. In the hospital, after two days of transfusions, bone marrow exams and testing, the diagnosis was confirmed—a rare untreatable form of blood cancer. The hematologist told him she had an "interesting" disease. Even long ago in medical school he knew the label "interesting" invariably meant devastating and incurable. Still, he let her doctors do what they felt was best for her. He regretted he

hadn't screamed to them, "Enough already—*genug*—let her be! Just make her comfortable." He felt responsible for prolonging her suffering. It haunted him. He would have spared her the toxic experimental chemotherapies with resulting overwhelming infections, and medicine's horrible last rites: the brutal intubations like forced sword-swallowing, the foredoomed chest poundings and poisonous resurrection cocktails. But, he didn't know what she wanted for herself, or from him.

It had been rumored in the hospital hallways that a respected colleague had helped terminally ill patients and their families make the most difficult of decisions and enacted their wishes in secret. None would talk of it openly; the momentous gravity of the act, the severe legal and professional sanctions. Over the years he had been asked many times by dying patients or their families to let nature take its course and allow them to die painlessly, peacefully. This was very different.

Early the next morning, before the young house staff made ICU rounds, he made up his mind. He got up from the chair, hesitated a second at her bed, kissed her waxy cheek, and tearfully whispered, "I'm sorry, Ruthie." He paused to make sure no one was walking by before turning up her morphine drip, then quickly left. At home he sat inconsolably sobbing waiting for the hospital to call. Hours passed. Didn't the morphine work? What other way was there to end her horrible ordeal? Did he have to go back and do it again? Finally, late that afternoon came the expected call. He waited a few moments composing himself, then phoned his children with the sad news.

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