FROM THE INSIDE

Successful repair of aortic dissection, but no more playing with the grandsons

Thomas Bein^{*}

© 2018 Springer-Verlag GmbH Germany, part of Springer Nature and ESICM

The 72-year-old pensioner is spry. He does gymnastics every morning after waking up. Each afternoon he visits his two grandsons (6 and 8 years old) and happily builds fantastic edifices using Lego bricks with them. He sometimes feels back pain, and one day his son persuades him to visit a practitioner. The diagnosis is an abdominal aortic dissection, and soon surgical repair becomes a common talking point in the family. The man's dearest wish is to spend a couple of years with his grandsons, to watch them grow up, and to reward them for good school reports. While talking about the risks and a successful repair, oscillating between fear, hope, optimism and helplessness, the surgeon takes the time to let the patient 'participate'. But is a true participation possible? Is it reasonable to extend a long life through his 'informed consent'? Keep in mind that this is an individual story of a man who has experienced all the depths and highlights, and who has his own personal values of life. The elderly widowed man does not want to die—neither by a spontaneous rupture of the aneurysm nor by complications of the repair procedure. The son and his family are overwhelmed.

After the decision 'pro repair', the pensioner developed persistent renal failure and he remained in a multi-organ dysfunction situation for a long time. As a result, he could not return home (to the Lego bricks); instead, he was transferred to an inpatient care facility and needed dialysis three times a week. The grandsons love their grandfather, but they will not be familiar with his new 'home'.

There can be no more gymnastics in the morning; instead, he watches a lot of television. The happiness is gone and a melancholic depression grows: why did I put trust in this repair surgery? Why did I not have faith that I might spend some happy years living with the aneurysm? There are no answers to these questions. The son speaks to his father: "We are happy to see you alive, and you should feel the same way." The pensioner tries to practise humility and gratitude, but it is hard to feel it from the heart.

Modern medicine allows unimagined possibilities to save one's life and keep death at bay. However, the same medicine opens up a new minefield of grey zones and limitations: The patient may end up living a life that he did not strive for and that he did not imagine when opting for surgery. But he has to accept it. So the question remains: are we as physicians responsible for such a 'result'? We could easily respond with "No, we just followed our medical guidelines...." But upon deeper reflection, we might not be so sure. Perhaps we should not think about it too much; otherwise, we might feel uncomfortable.

Compliance with ethical standards

Conflicts of interest

The author declares no conflicts of interest.

Received: 28 February 2018 Accepted: 7 March 2018
Published online: 17 March 2018

^{*}Correspondence: thomas.bein@ukr.de
Department of Anesthesia and Operative Intensive Care, University
Hospital Regensburg, 93042 Regensburg, Germany