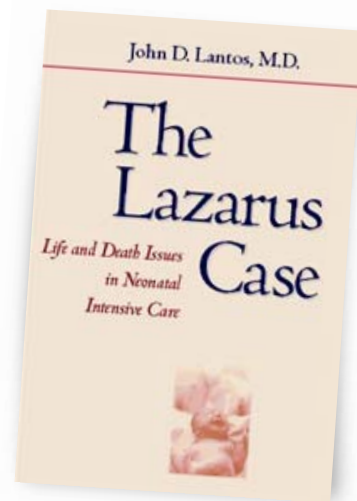


By Associate Professor Quah Thuan Chong

When there's no black-or-white answer

Even if you're not a neonatologist, it's still worth spending a few hours of your time reading John Lantos' *The Lazarus Case – Life and death issues in neonatal intensive care*. It is not only about controversies surrounding neonatal intensive care (as suggested in the subtitle), but uses these to explore issues of making tough medical decisions, where often, there're no right or wrong answers, and whatever you do can land you in court.



I've usually avoided books on medical ethics. They are more often than not, boring and unreal, with little connection to life in the medical trenches. But I read *The Lazarus Case* a few years ago, and changed my mind.

As a paediatric oncologist, I'm often faced with life and death decisions. To treat or not to treat; to resuscitate or not; to continue HOFV? Dialysis? When bad things happen, and a death is discussed in the mortality round, questions are asked, "Why didn't you stop treatment earlier? Why did you even..."

John Lantos (at present Professor of Medicine at the University of Chicago), author of *The Lazarus Case*, gave no straight answers to many of my questions – but plenty of help in clarifying my thoughts. I was exhilarated to find someone who can articulate clearly, eloquently, and even brilliantly, the inchoate thoughts that have gone round my mind.

To give you a flavour of this, I'll take the liberty of quoting liberally from the book.

This is how he introduced himself: "My area of so-called expertise, paediatric medical ethics..."

The first chapter is entitled, "Someone Will Pay".

This is the scenario: "...Baby Jones is the 680g product of a 25 week gestation..." He was cyanosed at birth, pulseless, motionless, with a faint heartbeat, "like an engine on a cold morning that coughs and sputters but won't quite turn over. The baby did not move his arms or legs. He did not grimace or cry. He did not gasp or breathe. He just lay there."

The neonatologist resuscitated him for 10 minutes, with no effect. He stopped the resuscitation. Should he continue?

Here is Lantos: "Doctors know that they don't know, and they also know they must act immediately. Continue or discontinue? Either



About the author:
Associate Professor Quah Thuan Chong is Chief, Division of Hematology/Oncology, Children's Medical Institute, National University Hospital.

◀ Page 10 – When there's no black-or-white answer

choice might be terribly wrong, but a choice had to be made.”

The doctor carried the baby to the parents, whom he had never met before, murmured a few words about “doing everything we could, too small to survive, I’m sorry”, and walked away.

“A few minutes later the baby began to gasp. The parents called the nurse, who observed the baby for a few minutes, saw him gasp a few more times, and left. More minutes passed. The baby’s gasps become more frequent, and let out a faint cry. The parents again summoned the nurse, who found a heart rate of 125/min. The doctor was summoned.

He was shocked at seeing the baby breathing spontaneously, and admitted him to the NICU.”

The baby’s subsequent course was a nightmare – sepsis, intracranial hemorrhage, bronchopulmonary dysplasia, seizures. Six months later, the baby left the hospital, a spastic quadriplegic. The hospital bill was over a million dollars. Three years later, his parents sued the neonatologist and the hospital, alleging that the decision to discontinue resuscitation after ten minutes constituted malpractice. They asked for 35 million dollars.

This can happen to any neonatologist. This can happen to any of us.

Lantos was called as an expert witness for the defendant. He gave a brilliant account of the surrealism surrounding the enquiry. It is clear, of course, that the lawyer was not interested in the truth. He was out to win.

Lantos: “Right and wrong seemed to him to be straightforward and dichotomous”. “The strange rhetorical game of malpractice testimony, with its formal rules of evidence, its theatricality, and its rhythm of move and countermove, seemed almost chesslike.”

How do you answer a lawyer who demands certainty, “please give a yes or no answer”, when we know the answer is more like “maybe”, “possibly”?

The plaintiff lawyer asked for “standard of care”.

Lantos: “It is not that one doctor’s opinion is as good as another’s, or that there is no standard of care. It is just that in situations like this, practice is more complicated than theory.... It is an empirical fact that he did his job the way most competent and caring doctors in his field would have done it. If that isn’t the standard of care, then I don’t know what is.”

“Prediction, prognostication, and prophecy have always been more a divine than a human prerogative, but we are getting better at these tasks, at least on some levels. We no longer rely on divine revelation. Instead, we rely on logistic regression”.

I have myself tried “too hard” to keep alive seemingly impossible cases, and have often asked myself the motives for doing so: Who knows why we do what we do? Why do we keep alive a seemingly “hopeless” case? Have we done right?

Lantos answers the question well: “Doctors who pursue survival at any cost, who err on the side of life, can be seen as morally pure or as morally simplistic, as ultimately responsible to an appropriate goal of medicine or as profoundly irresponsible and insensitive to the needs of real human communities.”

I’d like to end with a quote from Hippocrates: “I would give great praise to the physician whose mistakes are small, for perfect accuracy is seldom to be seen.”

Hippocrates would have been mincemeat at the hand of our litigation lawyers, if he were so unfortunate to be alive today.

Read the book for yourself. ■

Note:

I’ve written to Professor Lantos to make sure that I’ve reflected his views accurately. He replied, “I think you captured in the review exactly what I was trying to convey in the book – that sense, only known to doctors, of fear and obligation when we know that every move, including no move, might be a mistake. And a life is on the line.”