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Triage in cold blood

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Fifteen years ago, the popular and influential anthropologist Margaret Mead spoke at a meeting of the Rudolph Virchow Medical Society in New York. The title of her talk was "From Black and White Magic to Modern Medicine."[1] She belongs to that elite and select group of scientists who are the darlings of the news media because of their ability to forecast relevant issues and to describe the essential features of scientific theory in concise terms.

Her talk that evening dealt with the historical perspective and significance of the Hippocratic Oath—she decried the fact that physicians didn't understand just how important that oath was to society and to the practice of medicine. Now remember, she spoke in those innocent days during the time of Kennedy's Camelot, before the college revolts and while abortionists were still being hunted by the police.

Before Hippocrates, the hapless patient could never be certain when he hired a doctor for some white magic that one of his enemies had not paid to dispatch him with black magic. Patients were vulnerable, and if physicians were allowed to make choices regarding the power to cure and the power to kill, being mortal, they could be corrupted. Reverence for, and confidence in the physician dates from that historic separation of the power to kill and the power to cure, stated clearly and concisely in the Hippocratic Oath. The singular goal of the physician was to treat patients for their illness or injury and the Hippocratic practitioner abjured all forms of moralizing, politicizing, and economizing at the patient's expense.

Back in 1962 Margaret Mead had detected a certain haughtiness and disdain for that ethical code which had reassured the public for almost 2500 years. Most schools had already abandoned the recitation of the oath at graduation and when she warned that "It is important for the lay public to develop ways of maintaining at all times and in all places, the physician's commitment to life" she must have had an inkling that we were heading in the wrong direction.

When physicians began to deviate from that primary goal, they lost stature and credibility and the politicians stepped in to fill the ethical vacuum with regulations. Every single one of the vows of the Hippocratic Oath is today being consistently and systematically violated by doctors. Even the sexual seduction of patients is now considered a debatable issue by psychiatric associations. The medical profession allowed itself to be debased without a whimper by the judicial profession in 1973, but of course, for some, the abortion profits were enormous. This moral headstand did not go unnoticed by the laity and gained us little respect. The professional secrecy part of the Hippocratic Oath is also passé—by Federal fiat and state decree, junior level bureaucrats nose through our patient records at will. As a profession, we have been totally lacking in courage and have not fought against the destruction of our ethical heritage by the politicians. Is this a great loss or had the Hippocratic Oath outlived its usefulness? To paraphrase Clemenceau, "medicine had become too important to leave to the physicians." Instead of the Hippocratic Oath we now have the Federal Register with regulations numbering in the millions. Each hospital is now subject to the tender mercies of 170 regulatory agencies and the cost of compliance is enormous. Can the government substitute for the conscience and courage of the individual physician?

Remember, the most notorious atrocities of medical research were government programs—whether in Nazi Germany, or the Willowbrook, or Southern syphilis studies in the United States.[2] We learned from the Watergate episode that the Federal government can absolve *no one* of responsibility or accountability. The buck stops with us.

For over 2500 years, the sanctity of human life has not been a negotiable or debatable issue for physicians. We gave up the power to kill, and if the politicians want the job done because of overpopulation, let them get the Army to do it. It seems as if every other article in the *New England Journal of*

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Medicine these days speaks of "non-persons," "creatures," and "unconscious vegetables"[3] which are code words for that ex-patient on the other end of the unplugged plug. What happened? Didn't he pay his medical insurance premiums? No, we all pay them whether we like it or not. It's just that there isn't enough money any more. We are putting 8.3% of our Gross National Product into medical care—terrible, that's almost *half* what we spend on booze, tobacco and entertainment. We physicians *must* acquiesce and compromise our ethical principles under pain of—not death, not imprisonment but worse—non-payment. Doesn't any doctor ever do anything for nothing any more?

It is estimated that the total cost of complying with all federal regulations is over 130 billion dollars. This is far greater than the total cost of all medical care in America, including the great nursing home rip-off—the cost of which should not have been categorized under medicine but under recreation, for the surviving relatives who couldn't be bothered with the old folks.

We critical care physicians should not apologize for the high costs of our services. The kidney people fought with tooth and claw in Washington to free themselves and their patients of enforced "triage in cold blood." They won the fight and those creepy "death committees" went out the window.

The National Health Planning and Resources Development Act of 1974 is better known as the "passengers-flying-the-plane law." Consumer dominated groups with absolutely no requirement for, or manifestation of, medical competence or understanding decide where the money goes.

Cronyism and political bias have become major factors in the allocation of funds. Doctors have shown that they will give up any moral principle in order to dine at the Federal trough. If it's a federal program it must be OK, is not a valid argument for discarding a 2500-year-old promise to society.

But how can we reverse this process if our goal is to treat and not to talk? The answer is that good therapy always surfaces and cannot be suppressed by bureaucrats. Witness: the coronary bypass explosion, and artificial kidneys for anyone who needs them regardless of age or associated disease. No one who has paid taxes and insurance premiums is willing to become a social martyr and give up even a one in 100 chance of a cure, no matter how expensive! If we continue to save all lives as best we can and disregard political enforcement of economic triage, the public will support us as it did the nephrologists. As critical care physicians, we must keep trying heroic forms of treatment in desperate situations without intimidation by nihilistic Federal regulations. Justification for our actions stems from Roman Legal Codes and English Common Law—*ex necessitate rei*—from the necessity of the case.

With the Medical Device Amendments of 1976 we are faced with onerous and stringent regulations with severe punitive overtones which will shut off the development of new devices for human therapeutic use. The Swan-Ganz catheter, intra-aortic balloon pump, artificial kidney and even volume-controlled respirators all would be impossible to develop and market today. Even if we could prove the therapeutic value of new devices without risk, there are those in power who would deny us their aid on purely economic grounds. Howard Hiatt, Dean of the Harvard School of Public Health and HEW advisor stated publicly "Proof of effectiveness, by itself, cannot justify the unlimited spread of costly new technology."[4]

My premise is that the public *expects* us to *fight* for our professional duty to deliver optimum care. That, in the mind of the public, means saving lives, not killing with kindness. Paying a doctor to help a terminal patient die is nonsense—like paying the weatherman for winter to come. Thanatology is just jargon for kindness and sympathy to those in desperate straights. It is nothing new and does not improve with psychoanalysis.

The public wants medical progress to *reduce* the need for sympathy and if we must go underground to develop necessary new technology or if we must bootleg research costs denied by the bureaucrats, it won't be the first time that medicine was forced to ignore public authority for a greater good. I am old enough to remember paying for a research project with my *own* money. Do any of us have *that* kind of a commitment to research anymore?

The ecological-environmentalist view of technology as a tyrant and man as a victim of the machine is creeping into the politicians' mind as a way of reducing costs. This is fallacy—medical costs can only be reduced by increased efficiency through improved technology.

Sir Peter Medawar, Nobel laureate, deplores this new "medical luddism." Luddism was a violent political movement which sprang up during the Industrial Revolution to destroy factories and mills which were a threat to hand labor. According to Medawar "the fear is rather that mechanized medicine diminishes man by depriving him of the chance of making a dignified exit of the kind that people still alive *believe* to be coveted by those on the point of dying."[5]

That tiresome phrase "Death with dignity" is meaningless. Tubes and respirators or the actions of doctors and nurses could never reduce the dignity of the dying patient, no more than the death of Christ on the Cross was undignified.

Death for the critical care physician is the vacuum into which are drawn his errors of diagnosis, judgment, and technique. It may also be the result of his lack of courage to try what might be risky to his malpractice rating.

There comes a time for every profession when the practitioners must "screw their courage to the sticking place" to resist external threats to their code of ethics. The very first aphorism of the Corpus Hippocraticum has particular relevance for critical care today: "Life is short, and the art long; opportunity is fleeting; experiment perilous, and judgment difficult." Courage is still a necessary virtue in medicine.

Triage—deciding which patients to give up on—in the heat of battle or the din of natural disaster is one thing; but triage in cold blood because some politician has other ideas of what to do with our insurance premiums or tax money is unacceptable and must be resisted at all costs. Hippocrates recognized the necessity of such assurance to patients in the fifth century before Christ. Once we as physicians start making decisions regarding who is or is not worthy or deserving of our best efforts, we revert to black and white magic. Physicians will then see again fear in the eyes of their patients—not fear of pain or fear of death but fear of the *physician*. It has happened in our lifetime before and because of the nature and costs of our practice, we intensivists are the first to feel such pressure to bend our principles. We must also be the first to resist.

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