Commentary

A Dream Trip to Australia

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Perhaps if there had been a course in Bioethics 101 when I attended medical school, I would have promptly solved the problem presented to me by my friend Sam's hope of a dream trip to Australia. But in that distant medical school day, the word "bioethics" had not been coined, nor had we heard about those subspecialists called "ethicists."

Back in the 1940s the ethics of medical practice consisted mainly of not splitting fees and not enticing away our colleagues' patients. Of course, on our graduation day we saluted the Oath of Hippocrates, albeit with some reservations, knowing that we might someday have to "cut for stone," or that we might even be required one day to terminate an intrauterine pregnancy under certain anguishing circumstances.

Therefore, without the advantage of a formal course on ethics, I had only my experience to guide me in arriving at the right decision in the dilemma confronting my long-time friend and patient.

Sam and his wife Martha could boast of almost 40 years of good marital companionship. Theirs had been a happy life together. If there was one small cloud of unhappiness in their relationship, it was Martha's lingering homesickness for her native Australia.

As a 12-year-old girl, Martha had been torn from her playmates, her school and her childhood memories when her parents immigrated to the United States in search of financial advancement. Although she grew up to be a proud American citizen, throughout her married life she longed for a return visit to her homeland.

With this in mind, they planned and saved toward what was to be a memorable month-long vacation "down under." Their son and daughter joined in their enthusiasm. Each year at Christmas and on birthdays they would send gifts of money to swell the dream trip fund. Then, at long last, dates were set, tickets were purchased, reservations made. In four short months, Sam and Martha would be on their way.

Then disaster struck: Martha suffered a massive cerebral hemorrhage and died.

Sam was distraught and deeply depressed. Without Martha the future was empty. Life no longer seemed worth living. The dream of a trip to Australia had ended in an ugly nightmare.

Weeks passed and the deadline for cancellations approached. But when Sam announced to the children that he planned to give it all up, they rebuked him, saying, "Dad, we have given this a lot of thought and we have come to the conclusion that Mom would have wanted you to go. You should do this in memory of our mother."

A period of anguished soul-searching followed. Sam was finally able to agree that he could serve as Martha's surrogate by making this pilgrimage to the land of her birth. Whereas for a time during his depression Sam had doubted that life was worth living, even contemplating suicide, now his enthusiasm gradually returned, and once again he had a purpose in life. He was ready and eager to go.

The children suggested that in preparation for the trip, he should have his annual physical examination, even though it was not yet due. But here the plot thickens. Now we come to the ethical conundrum.

During the examination, the physician discovered a cancer, a malignant lesion of a serious type, but amenable to treatment. As I read the pathologist's report, I was distressed, even angry. How could Fate allow this to happen to my friend and patient at such a critical time, just when it seemed that a few rays of sunshine were coming back into Sam's life?

And why should I, as Sam's physician, be backed into the compromising position of having to choose one of several painful courses to follow? Knowing how much this dream trip to Australia meant to Sam and to his family, should I risk throwing my patient back into a deep depression by telling him he has cancer, and that he must give up his trip in order to undergo treatment?

Or should I indulge in a white lie, allowing Sam to go on his trip, planning to start treatment on his return? Perhaps I could inform only the son and daughter, letting them share the burden.

Or should I carry the whole load myself, saying nothing to anyone at this time, and hope the cancer will remain dormant until Sam's return?

Thinking only of ethical issues, putting aside all legal considerations, how could this troubled doctor arrive at the *one* right answer? Our hospital's medical staff has hard and fast protocols for every clinical contingency, but none for this frustrating ethical puzzle.

Where might I turn? Our ethics committee might help, but my patient is scheduled to leave the day after tomorrow. Moreover, that committee, like most committees, would provide as many answers as there are members.

No, the choice is up to me. I can only hope my decision will be the right one.

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