Subsequent management

The management of the patient after court approval rests with the doctor responsible. The usual and recommended process is as follows. The patient may be moved to a different location. The gastrostomy (or nasogastric) tube should be removed. There is no need to start intravenous fluids, but it is reasonable to maintain intravenous access if drugs (for example, for epilepsy) are thought to be necessary. Drugs for any symptoms can be continued (for example, anticonvulsants and antacids). Arrangements must be made to provide the staff and family with emotional support. The family should be given free access to the patient. The patient is likely to die within 14 days.

Competing interests: None declared.

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A memorable teacher

Reasons to be thankful

Big Bob Torrance is dead. I last saw him in 1990. Knowing that he was to retire and that, fortuitously, the Physiological Society was meeting in Oxford that summer, I went to the meeting. At a similar meeting, under his tutelage, I had made my fledgling scientific presentation 20 years earlier. As I walked through the familiar front door of the physiology department, Bob was the first person I saw. I had not seen him for over 15 years. Within three minutes it was as if I'd just come into the laboratory to report last night's experiment.

I was a perfect research student for him. My mouth was exactly at the height of the hearing aid microphone he wore in his shirt pocket. He was the perfect research supervisor. He suggested things and then went away, returning only when I needed help. Our laboratory contained a large preparation area, a shielded room for the experiments, and two offices. One office, occupied by the senior of the two students Bob usually had working with him, was light and airy with an outside window. The other had only a window on to the corridor. But it had more book space and shelves, and an all important blackboard. This was Bob's room. There were piles of journals and books and old experimental records, some on shellac coated smoked paper. The board was covered in Bob's thoughts. I would join him and others, crowded into the little room, as we discussed bicarbonate ions and oscillatory stimuli, and ideas for future experiments.

The original purpose of my research was to investigate a possible efferent inhibitory pathway to the carotid body. About a year into the work I had one of the only truly original thoughts that I have ever had (the other one was wrong): part of the evidence for this pathway was an artefact of the experimental technique. Further investigation supported my idea. I submitted the paper with Bob's name on, but he took it off: it was my idea, my work, and therefore my paper. That was just one of the many, many things that Bob taught me by example.

He taught me to write: the first draft of that first paper was 7000 words long, but with his help the final version was 3000 words that said more than my original 7000. He taught me to trust: there were days when I was less than diligent, and he let me know. He persuaded me to stick with my original intention and qualify in medicine. I almost applied for a lectureship in physiology, but Bob suggested that I do that only if I was prepared to accept teaching people who would end up earning far more than I ever would. He was medically qualified, and was happy teaching those who would earn more, which includes me.

The best medical school is the one you go to. The best research supervisor should be the one you have. Mine certainly was. I cast my mind back and I hear him coming through the corridor side door towards our laboratory, humming tunelessly, and walking with his unmistakable slapping shuffle. He comes in and asks about last night's experiment. We go to the blackboard and talk it through, and I am reminded that he did have one fault: his handwriting was nearly illegible. But his words and thoughts were crystal clear, and I am eternally grateful.

Neville W Goodman, *consultant anaesthetist, Bristol*

We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.