Personal View

I was an ordinary child and in common with many ordinary children found that the sufferings of animals tormented me more than the sufferings of human beings. Nausea and vomiting, nail biting, bed wetting, or sleep walking seemed a fair response to the starvation of pi-dogs, girth galled camels, harpooned octopuses, trapped antelope. Like many children, I suffered deep distress over the plight of worms on dusty paths, earwigs escaping from burning logs, or spiders struggling in bath water. I earned my share of burnt fingers, mockery, and tears. When I came to England a perceptive and realistic farm worker told me: "If you don't learn to kill the things you love you'll never make it and you'll not help them." Under his tutelage I learnt to wring the necks of wounded birds, kill sick rabbits, hold loved dogs as the vet "put them to sleep," stand firm and hold fast as ancient shire horses and beloved bulls were humanely stunned.

* * *

As I grew from an ordinary child into an ordinary adult I found human beings more and more attractive, and as they became increasingly loved, so too their sufferings became increasingly unacceptable. Nonetheless, I did slowly and unwillingly learn to appreciate the power for growth in suffering—whether personal or vicarious. I did and do begin to see some beauty; I did and do begin to believe it necessary.

When I became a doctor in early middle age I learnt even more, as I listened to patients and nurses and doctors, of the gifts of suffering, even while I raged, as we all do, at pain or distress that seemed peculiarly meaningless or unnecessarily inflicted. In hospice medicine I learnt to rejoice in the effective relief of pain and in the great gifts of death. Increasingly, I learnt to honour our mortality. Now in later middle age I find myself moving into a realm where Western medicine shows its most bizarre face, where we are confronted daily with the macabre results of our own intervention. I mean the world of the persistent vegetative state. Professor A G M Campbell wrote an excellent article on this recently (20 October 1984, p 1022), but I wish that he had not confined his remarks to children.

I would look for a moment at those adult victims who have suffered severe brain damage as a result of trauma and, despite and because of the skilful intervention of the medical and nursing professions in accident and emergency and in neurosurgery, have failed to complete the process of dying on which they had embarked. I am *not* suggesting that medical intervention be withheld. None of us confronted by a body in the road, a body in casualty, a body on the operating table, knows the outcome. We are trained to interfere. Experience shows how magnificently skilled care on the road, in casualty, in the neurosurgeon's hands, can not only hold the person in life, but avert so many deeply distressing and avoidable consequences. These are not the people for whom I grieve here: it is

those who had almost completed their dying, and now, not months but years later, not months but years after the casualty doctors and neurosurgeons have withdrawn from the scene, remain, not alive, not sentient, not aware, but bodies to be handled, the property of others. It is for these and those who love them that I would seek some solutions.

* * *

Recently I was watching the mute, warm, unliving face of someone in this persistent state, watching the lack of response to any pain or stimulus, watching the occasional involuntary movement—and I recalled a gull that I once killed. Both its legs had been torn off in entangling barbed wire, and half one wing was missing, and in my sharp sadness at killing anything so beautiful I wrung its neck quite off its body. The body lay flapping, bleeding, twitching in my left hand for what seemed to a child for ever, while the head lay still on my right hand. Just so, as I watched this man, his grey matter seemed to lie—separate and apart—sheared off on the pillow, even as his white matter and body lay at my left hand on the bed—heart beating, lungs active, limbs sometimes moving involuntarily. That gull was beautiful, and I buried it. This man—he is "Heaven's masterpiece," "little lower than the angels," "immortal diamond"—how shall I best serve him and those who love him?

Those in a persistent vegetative state do complete their deaths, I acknowledge, some by severe infection, whether treated or untreated, some by slow starvation and neglect, some finally fade away, some perhaps by active intervention. Ultimately, we do all achieve death; but I believe that it is time to seek an acceptable code of behaviour in the presence of life that is no longer human. At the other end of life, as the arguments over the rights of early embryos wax furious, the full rights of a human being are denied to that which is potentially a perfectible person on the grounds that it is unaware, lacks sentience, and can form no relationship. A man in the persistent vegetative state can form no relationship, lacks sentience, and is unaware—but it cannot be argued that he is a potentially perfectible human being in this world.

* * *

Doctors are not qualified to make final pronouncements and decisions on questions such as these. The medical profession is there to be consulted, but we cannot set ourselves up as legislators or arbiters of morality. Earlier in this article I emphasised my own ordinariness—I see myself as an average person, so it is as an average person rather than as a doctor that I maintain it is again proper and timely for the persistent vegetative state to be more widely and more fully discussed.

NELL O'CONOR

London