Prospective

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What's Wrong with this Picture?

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Being a well trained and experienced neurosurgeon, I immediately noticed a dull grey nail protruding almost one centimeter out from Mr. Jones's head. The shaft had pierced his scalp through his fine and neatly trimmed hair immediately behind his left ear. The remainder of the eight centimeter spike was embedded in his parietal lobe. Congealed blood encrusted his pinna and coated the side of his neck. Aside from disorientation to place and time, he was in good neurologic condition (**Figure 1**).

Mr. Jones had long ago retired as a foreman of facilities maintenance at a college campus, his eldest son, a stout middle aged fellow with darting blue eyes, informed me. He remained active and independent with a continued passion for carpentry. "He goes down to the garage every day and makes really nice furniture, really professional stuff." The octogenarian had fallen, suffering a nail gun accident also involving two nails to his left chest. "My mom found him down there when he didn't come up for dinner."

Synchronized members of the health care delivery team efficiently whisked Mr. Jones from the emergency department and conveyed him to the operating room. A combined thoracic and neurosurgical procedure ensued expeditiously, resulting in the successful extrication of all foreign bodies. Although the clinical presentation was dramatic, the technical aspects of the surgery were mundane. Mr. Jones was soon convalescing on the ward with neither focal neurologic deficits nor cardiopulmonary complications. On the second postoperative day, I found the genial patient sitting in a chair, charming the nursing staff. Mrs. Jones, dressed in a powder blue track suit, her frizzy hair dyed black, fed him clear broth, carefully examining each spoonful through her thick spectacles. "Another neurosurgical triumph," I thought.

The etiology of the traumatic event, two shots to the heart and one to the brain, came into focus when Mr. Jones's long time family physician made rounds that evening. Dr. Smith, features drawn tight, explained to the hospital team that Mr. Jones harbored a newly diagnosed malignancy at the base of his tongue. The consulting oncologist had offered the patient an extensive disfiguring surgery coupled with a tracheostomy and a peg, followed by debilitating chemotherapy.

When the anguished Mrs. Jones inquired if her husband had any other options, the oncologist blithely explained, "That's the standard treatment. There's no way to cure this type of cancer, but we can give you a few extra months."

Dr. Smith, a slender woman in solo practice whose white lab coat bulged with electronic devices and medical paraphernalia, succinctly summarized the rationale for Mr. Jones' suicide attempt, "He's a proud guy. He didn't want to go out that way. He didn't want his grandkids to see him like that."

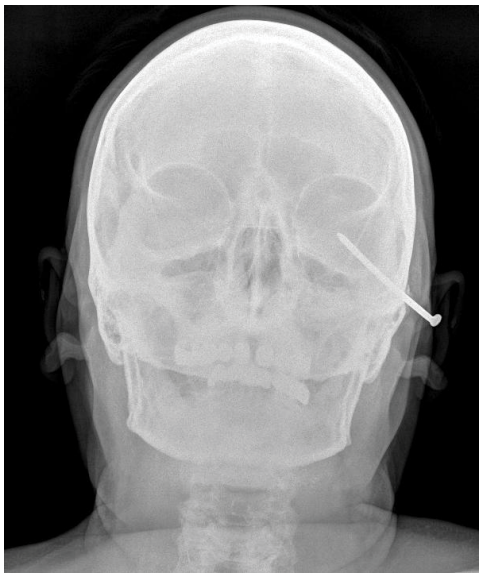

Figure 1 Neurologic condition of Mr. Jones's head.

The discussion between the oncologist and the patient was bereft of the option of palliative care. No one had suggested Mr. Jones might enjoy the time with his friends and family during the months while he still had minimal symptoms. No one had told him that when the time came the symptoms could be controlled while the cancer took its course. No one had advised him of the possibility of a shorter life on his own

terms. The treatment alternative that would have been most palatable to the patient and his family had never been offered.

"I don't think the medical profession did Mr. Jones or his family much of a service," Dr. Smith quietly said. She walked away, looking down and shaking her head. Sometimes we are so enamored with our own treatment preferences that we neglect options which may be a better fit for our patients. Sometimes we are so eager to solve an obvious problem and declare victory that we fail to dig deeper and potentially expose alternatives which could contradict our favored narrative. It turns out that the first thing I noticed when I met Mr. Jones was not the cause of his problem, but the result of an iatrogenic problem.

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