

Text II

A Crime of Compassion

Barbara Huttman¹

🎧 “Murderer,” a man shouted. “God help patients who get *you* for a nurse.”

2 “What gives you the right to play God?” another one asked.

3 It was the Phil Donahue show² where the guest is a fatted calf and the audience a 200-strong flock of vultures hungering to pick at the bones. I had told them about Mac, one of my favorite cancer patients. “We resuscitated him 52 times in just one month. I refused to resuscitate him again. I simply sat there and held his hand while he died.”

4 There wasn’t time to explain that Mac was a young, witty, macho cop who walked into the hospital with 32 pounds of attack equipment, looking as if he could single-handedly protect the whole city, if not the entire state. “Can’t get rid of this cough,” he said. Otherwise, he felt great.

5 Before the day was over, tests confirmed that he had lung cancer. And before the year was over, I loved him, his wife, Maura, and their three kids as if they were my own. All the nurses loved him. And we all battled his disease for six months without ever giving death a thought. Six months isn’t such a long time in the whole scheme of things, but it was long enough to see him lose his youth, his wit, his macho, his hair, his bowel and bladder control, his sense of taste and smell, and his ability to do the slightest thing for himself. It was also long enough to watch Maura’s transformation from a young woman into a haggard, beaten old lady.

6 When Mac had wasted away to a 60-pound skeleton kept alive by liquid food we poured down a tube, i.v. solutions we dripped into his veins, and oxygen we piped to a mask on his face, he begged us: “Mercy ... for God’s sake, please just let me go.”

7 The first time he stopped breathing, the nurse pushed the button that

calls a “code blue³” throughout the hospital and sends a team rushing to resuscitate the patient. Each time he stopped breathing, sometimes two or three times in one day, the code team came again. The doctors and technicians worked their miracles and walked away. The nurses stayed to wipe the saliva that drooled from his mouth, irrigate the big craters of bedsores that covered his hips, suction the lung fluids that threatened to drown him, clean the feces that burned his skin like lye, pour the liquid food down the tube attached to his stomach, put pillows between his knees to ease the bone-on-bone pain, turn him every hour to keep the bedsores from getting worse, and change his gown and linen every two hours to keep him from being soaked in perspiration.

8 At night I went home and tried to scrub away the smell of decaying flesh that seemed woven into the fabric of my uniform. It was in my hair, the upholstery of my car — there was no washing it away. And every night I prayed that Mac would die, that his agonized eyes would never again plead with me to let him die.

9 Every morning I asked his doctor for a “no-code” order. Without that order, we had to resuscitate every patient who stopped breathing. His doctor was one of several who believe we must extend life as long as we have the means and knowledge to do it. To not do it is to be liable for negligence⁴, at least in the eyes of many people, including some nurses. I thought about what it would be like to stand before a judge, accused of murder, if Mac stopped breathing and I didn’t call a code.

10 And after the fifty-second code, when Mac was still lucid enough to beg for death again, and Maura was crumbled in my arms again, and when no amount of pain medication stilled his moaning and agony, I wondered about a spiritual judge⁵. Was all this misery and suffering supposed to be building character or infusing us all with the sense of humility that comes from impotence?

11 Had we, the whole medical community, become so arrogant that we believed in the illusion of salvation through science? Had we become so self-righteous that we thought meddling in God’s work was our duty, our moral imperative and our legal obligation? Did we really believe that we had the right to force “life” on a suffering man who had begged for the right to die?

12 Such questions haunted me more than ever early one morning when Maura went home to change her clothes and I was bathing Mac. He had been still for so long, I thought he at last had the blessed relief of coma. Then he

opened his eyes and moaned, “Pain ... no more ... Barbara ... do something ... God, let me go.”

13 The desperation in his eyes and voice riddled me with guilt. “I’ll stop,” I told him as I injected the pain medication.

14 I sat on the bed and held Mac’s hands in mine. He pressed his bony fingers against my hand and muttered, “Thanks.” Then there was one soft sigh and I felt his hands go cold in mine. “Mac?” I whispered, as I waited for his chest to rise and fall again.

15 A clutch of panic banded my chest, drew my finger to the code button, urged me to do something, anything ... but sit there alone with death. I kept one finger on the button, without pressing it, as a waxen pallor slowly transformed his face from person to empty shell. Nothing I’ve ever done in my 47 years has taken so much effort as it took *not* to press that code button.

16 Eventually, when I was as sure as I could be that the code team would fail to bring him back, I entered the legal twilight zone⁶ and pushed the button. The team tried. And while they were trying, Maura walked into the room and shrieked, “No ... don’t let them do this to him ... for God’s sake ... please, no more.”

17 Cradling her in my arms was like cradling myself, Mac and all those patients and nurses who had been in this place before, who do the best they can in a death-denying society.

18 So a TV audience accused me of murder. Perhaps I am guilty. If a doctor had written a no-code order, which is the only *legal* alternative, would he have felt any less guilty? Until there is legislation making it a criminal act to code a patient who has requested the right to die, we will all of us risk the same fate as Mac. For whatever reason, we developed the means to prolong life and now we are forced to use it. We do not have the right to die.

1,128 words

Notes

- 1 **About the author and the text** As a nurse, Barbara Huttman has had to care for many people who are dying. This essay tells of one such patient, Mac, whose rapid decline Huttman witnessed and whose death she finally did nothing to prevent. The essay was first published in *Newsweek* in 1983.
- 2 **the Phil Donahue show** (Paragraph 3) Also known as Donahue, the Phil Donahue show had a 27-year run on American national TV, plus two years of local broadcast in Dayton, Ohio before ending in 1996. It has generally focused on issues that often divide liberals and conservatives in the US, such as abortion, consumer protection, civil rights and war protests.
- 3 **code blue** (Paragraph 7) Code Blue is a medical emergency in which a team of medical personnel work to revive an individual in cardiac arrest, often used to represent a real or suspected imminent loss of life — the patient has stopped breathing and his heart has stopped beating.
- 4 **liable for negligence** (Paragraph 9) charged with inaction or omission of due diligence
- 5 **spiritual judge** (Paragraph 10) An alternative to a legal judge, a spiritual judge judges not by law, but rather by principles of humanity and mercy. To stop Mac's life may not be right in legal terms, but that may constitute a mercy killing.
- 6 **legal twilight zone** (Paragraph 16) A twilight zone is an area of ambiguity between two distinct states or conditions, for example between good and evil, legal and illegal.

Topic for discussion

Euthanasia, or mercy killing, is one of the most controversial issues in the world. Some people maintain that one is entitled to choose when to die and how to die; some other people hold that the legalization of euthanasia might pose dangers for society, for it might be used as a pretext for murdering. Discuss the main ideas of either party and present your own view.