

THE RIGHT TIME

In her book Between Doctors and Patients: The Changing Balance of Power, Lilian Furst wrote: “The physician is empowered by virtue of knowledge, while the patient is submissive because of need.” Lilian Furst died on September 11, 2009. At the end—not needy, not submissive—Furst in her seventies seized the power of death over life.

Physicians have needs. In an effort to demonstrate their expertise, they offer therapeutic modalities—surgery, chemotherapy, radiation—which might cause undue pain and suffering prior to saving, lengthening or improving a life. Simply prolonging life may not be compatible with an independent and meaningful existence. The most difficult decisions for medical or surgical treatment often appear late in the game and depend on the quality and the perceived benefits of a longer life. For the older patient, who knows her needs better than her doctors, therapy may be equivocal; and the wise doctor will offer options. The basic question that must be addressed goes beyond risk versus benefit: the perceived value of life sharpens the response. The will to live is inherently powerful, but quality of life trumps survival. Is the treatment worth the pain and misery? Is prolongation of a life devoid of meaning, work and pleasure worthwhile? The physician’s desire to extend life becomes secondary to the wishes of the patient.

For fifteen years Lilian Furst was the Marcel Bataillon Professor of Comparative Literature at the University of North Carolina at Chapel Hill. She taught me how to write. Under her tutelage I, an old surgeon who had published only medical articles, became a new student of the medical humanities. Over the span of her academic career Lilian published some 23 excellent books, many in the field of medical humanities. I quickly found out

that she was a woman who did not tolerate foolishness or mediocrity in work. Like any good teacher she was a tough master but a kind mentor. Her suggestions to improve my writing were invaluable. She scrutinized my offerings with a scholar's eye and a sharp wit. Although she was not widely read in medicine, her common sense and practical knowledge provided me a proper perspective.

Lilian built her life around reading, writing and teaching; she had no family apart from these. When her vision gradually deteriorated over the course of many years, she underwent periodic operations, hoping for improvement so that she might continue to work. She remained optimistic, always planning another book, meeting with graduate students, filling her schedule with lectures. Each one of the operations failed. Eventually, she became blind. She settled for books on tape, but still continued to meet and advise her students.

She told me about her aortic stenosis several years prior to her loss of vision. Now sightless, with her valvular stenosis progressing, she developed severe heart failure—shortness of breath and profound fatigue. I contacted a sensitive cardiac surgeon at Duke who admitted her for possible valve replacement or dilatation. Well-meaning physicians suggested cardiac surgery, but Lilian refused treatment. She did not need the counsel of doctors to make her decision. She remained in control. Already separated from her world, she longed to return to work. Always logical, she explained her decision to her surgeons: “I am not afraid of dying, I am only frightened of living.” After discharge from the hospital Lilian refused to take food or water. She died quietly at home.

We all have choices. Lilian examined her previous active life and compared it to what she had left. She saw herself as a teacher

and a writer—nothing more. With the disintegration of her self-identity, she chose death over the prospect of an unfulfilled continued existence.