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Editorial: Life and Death and Pediatrics

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Life and Death and Pediatrics

Having completed fifty years as a practicing pediatrician, my recollections are dominated by what plays out as a drama of life and death. Pediatrics is unique in that it allows us to pursue all of the ends of medicine – the diagnostic, the therapeutic, the preventive and the perfective. As primary care it certainly has its share of the tedious and the mundane. Life and death experiences in pediatrics, however, are remembered with a crystalline clarity because they are never anything less than momentous. The first time I undertook the resuscitation of a newborn premature infant in the Lying In Nursery at the University of Chicago I felt a surge of emotion which I was not prepared for even as a resident. Who could ever turn away from such need? As I progressed on through a career that included a term as the director of a tertiary care nursery, I always felt that the most thrilling and meaningful progress to be made was in the rescue of premature infants and the pushing back of the limits of viability. This access into the sacred ground of the beginning of life by virtue of our role in the nursery colors our entire perspective and allows us values and intuitions never available to those of our peers who have not borne witness to the earliest precarious threshold of life.

By the time I chose pediatrics as a career, I had already spent time as a corpsman in World War II and as a Marine battalion surgeon in the Korean War. I paid my tuition in medical school by working in a busy emergency room, often as the only pseudo-“doctor” on the premises. I would have thought that I was prepared for the end of life events including those that were sudden, unexpected and sanguinary. Nothing, however, truly prepares a physician for the death of a child. Standing at the bedside of a recently lost young life, it is almost impossible to convince yourself of the reality that “I am innocent”. Did I prepare adequately for this moment of our joint jeopardy? Was this calamity really inevitable? Could this vibrant, blooming captivating, pulsating luminescence really be snuffed out so seemingly effortlessly?

So much in our profession truly warms the soul. To gaze into those new, new eyes of a newborn. To spend an afternoon gazing down on those uniformly beautiful faces of infants and children. There is the incredible power of recuperation that turns a febrile, fearful, obtunded school-age child into a smiling grateful follow-up visit. At my age, much of my practice is made up of the children of those I cared for in the previous generation. In one family, I am seeing a baby of the third generation.

During 37 years on a medical school teaching service, I have come to know a fraternity of students to whom I opened a gateway to their own mastery of the art. For residents, it was necessary to be a different kind of role model as knowledge was subsumed into words like duty, practicality, intuition and those sometimes nebulous qualities that separate the technician from the clinician.

Then there were the times when a small heart stopped and couldn't be restarted. Resuscitation failed to start the breathing and I went to a darkened room where two parents waited, eyes wide with anticipation, and the words caught in my throat as I told them that their precious child was dead and the disease had defeated me and their hopes. Then to watch them cling to each other sobbing and descending into the deep vortex of their inconsolable sorrow.

People speak the cliché of doctors wanting to play God. What they are talking about has nothing to do with play and nothing to do with God. What it means is pushing the limits of human control over what is truly the province of God. If I were to play God, I would like to play God the way God would play God – the God who said he came to bring life and to bring it more abundantly – and the God who described death as the final pathway into his special presence. So I would be for life and the preservation of life. But a preservation short of a futile vitalism and a need to prolong the process of dying. Between the joy of a new child being born and the serenity of an old man departing in peace so runs our course. And to those who would introduce the curet at one end of life and the knockout drops at the other, we would wish to preserve the territory of the human family to include our sister the embryo, our brother fetus and our extended family of the hopelessly terminally ill.

– Eugene F. Diamond, M.D.
Editor in Chief