

GRADUATION AND DEATH

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There have always been graduations, and with them the countless traditional messages of encouragement; speeches heavy with sound advice and guidance to ensure brilliant future for all the graduates. Being now a veteran of two such campaigns, I find graduations distinctly anti-climactic, vaguely depressing, and very unsatisfying. The elaborate ceremony seems purposeless; a tiresome relic of the past, to which we seem inevitably bound by tradition. It is after all that which has occurred in these past five years that matters, not the short walk across the platform.

Looking back over these five years now, the time seems short; but it has been almost this long since we sat and strained to catch each gem uttered by Dr. Beecher-Weld; that we pushed Barry Yoell and wheelchair from class to class; that we fought courageously against sleep in Dr. Fyfe's Anatomy lectures; that we were trampled in the mad rush of Ray Tong and Graham Finch for the ping-pong tables; and that we thronged in great numbers to hear the inspired rhetoric of Dr. Fraser Nicholson. That year summer lasted in Halifax until mid-October, but in spite of this it was a tedious, difficult nine months and time dragged on interminably. Garth Christie and Bill Caines led the class that year.

We entered second year with our ranks thinned appreciably, and soon developed writer's cramp and huge callouses over our ischial tuberosities from long hours in Pathology, Bacteriology, and Pharmacology. The great emphasis that year was on lecture notes and those faithfuls who attended regularly and copied every word benefited proportionally. The saving factor that year was that we were seeing patients—real patients in hospital; we had our own little black bags full of new instruments. We had made the scene. The most traumatic event of the year was the Psychiatry Examination, the results of which surprised us all—The Department included. (That's all right. We'll get you in fourth year!) Joan Casey led the class.

Third year was a mixed-up, crowded schedule of hundreds of seminars, few of which were properly prepared. By this time a new idea was becoming popular—everyone was getting married. The most enjoyable and educational part of that year was the two week rotation of living-in on Obstetrics at the Infirmary. Joan Casey made seven distinction marks out of seven to lead the class again.

Fourth year was a mixture of excellent rotations: Preceptorship, Obstetrics and Gynaecology, Urology, Medicine, and Pediatrics; and some other rather mediocre rotations. The Big Cram was on when we returned from Christmas Holidays - three months to Dominion Council Examinations! The results of "Councils" were in many cases unexpected. Mel Freeman came first, but many of the other usual stalwarts found themselves a good way down the list.

Most amazing of all has been the rapidity with which these months of Internship have passed. This has probably been the best year of all, in spite of long hours, poor pay, lack of sleep, dismal quarters, and a Feudalistic system of hospital government. Next year we may well think: "I guess being an Interne wasn't so bad after all - no money or income tax worries, no responsibilities, no need to think, no house-calls, two or three nights a week and every second week-end off - with pay." On the other hand, who would ever go back and do it again.

In a few more weeks we graduate! Most of us at some moment during the year, have found time to reflect on this fact, and have felt some anxiety as we tried to imagine just what a strange and overwhelming experience is about to take place. After twenty-five years of enforced and unnatural gestation, we are about to be cast forth into the frantic human race from cradle to coffin, and suddenly the Power of Life and Death over thousands shall be ours to do with what we will. Are we wise enough to bear the responsibility? How much do we really know of Life and Death that we merit such terrible power?

It has only been in the past year with the pressure of continuous examinations eased

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for the first time in four years, that we have had opportunity to examine some of these questions: issues a bit deeper than lecture notes and tomorrow's seminar topic. The concept of goals and purposes has become frighteningly important to us, as we realize that we have already spent one-third to one-half our lives in school.

The deep, dark question of a Philosophy of Life, a *raison d'être*, has been debated at length for centuries by men with greater minds than you or I could imagine. Limitations of time and space do not allow us to at this point argue the views of Aristotle, Augustine and Einstein. This would be unfair anyhow, since none of these gentlemen are here to defend their positions. However, there must scarcely be one of us who has not lain awake one night, conscious of the seconds, minutes and hours of his life slipping away and wondered where he was going; what he was doing here; and whether or not in a hundred years, when he is long since dead, there will have been a purpose for having lived at all. It seems that at Graduation time, this uncomfortable little pause between acts, these sombre considerations come to the fore. This time next year we shall all be too busy dispensing wisdom and penicillin to play Philosopher.

After being on the wards for a few days one soon learns that wards like "cancer" and "leukaemia" are rarely spoken in relation to particular cases; and when unavoidable they are uttered in very hushed voices. However the words "death", and "dying" are used with great abandon, and so often that the awful connotations are lost to us. We grow immune to the grimness of the Final Horror. How does it happen that we the Internes, the Young Physicians, who are closer to Death than anyone, and who see it so often in its most macabre form, know least of all just what the word Death means. As Physicians we are dedicated to the prevention or postponement of something we are afraid to think about and understand.

Where do we go to gain such understanding? Not to the Philosophers: their mental meandering and intellectual gymnastics would leave us more in darkness than before. The Honours Student in Logic would tell us: Medicine is a contradiction of purposes. It is pledged to the ideal that everyone should be free from disease and should enjoy the ultimate in health and well-being. If the ideal were realized, there would be no more need

for Medical Doctors. The departments of Obstetrics and Preventive Medicine would thrive.

To find an understanding of Death we must turn to the great Writers, the Poets, who brooded incessantly over the shortness of Life and the inevitability and permanence of Death. There was the tuberculous Keats, "half in love with easeful death". And John Donne, with Sunday School Logic; "Die not, poor Death, nor yet canst thou kill me.

From rest and sleep, which but thy pictures be,

Much pleasure, then from thee much more must flow."

Shakespeare's works abound with references to Death, "That undiscover'd country from whose bourne no traveller returns". There were no Cardiac Arrest trays in his day.

Things that seem just a little beyond human ken, become more real when illustrated by symbols, allegory, or for that matter by any of the forms of artistic creation - music, painting, sculpture. T. S. Eliot, for example, symbolizes Death as "a pair of ragged claws, scuttling across the floors of silent seas".

Each person has memories of one or two experiences of having looked Death in the eye and turned afterward to thumb his nose. The driver who sits powerless with fear and trembling after "spinning out" on a patch of icy road, or landing in the ditch after a flat tire. The Interne whose knees turn to jelly while trying to clamp arteries which keep pumping in his face from a scalp laceration, or intubating a child who has aspirated stomach contents and whose pupils are going up rapidly. The snorkel-diver who experiences a moment of utter aloneness and terror as he comes face to face at some silent, grey depth with a pair of long feelers and dark claws almost hidden in the shadow of a mountainous boulder.

One can imagine a Question on Dominion Council Examinations: "What is Death? Define and illustrate with examples from your own reading and experience".

Death begins when no more goals exist.

Death is seeing a loved one in hospital for his last stay.

Death is the Neurosurgeon pulling the plug on the respirator - after the Priest has visited.

Death is ceasing to pummel a chestful of broken ribs, and disconnecting the monitor.