

## Clouds in intensive care



The patient presumably lay somewhere under the tangled web of wires, his bed surrounded by the respirator, the auscultator, the carburetor, the pulverator, the integrator, and the cardiogrump, all pulsing in unison. There would have been no way to listen with a stethoscope,

not even if one could have been found on the unit.

It wasn't necessary, however. For two months the integrator had skilfully coordinated the movement of the various machines. All was calm as the nurse, exhausted after a gruelling three hour shift, was eating her sushi from a recyclable paper plate.

In a corner the ethics committee was still debating. It had been in session for three weeks after its latest reconstitution. Everybody had at last agreed that proper representation from the community should include a vegetarian priest, a fundamentalist muezzin, a presocratic engineer, a medicine man from Gambia, two officials from the shepherds' union, and a third year Hispanic

schoolgirl. A torn copy of *Das Kapital* on the floor remained as sole evidence of the violent ethical polemic that had finally been settled in an uneasy compromise. All was harmony now, the muezzin chanting softly, the schoolgirl practising her multiplication tables. Quietly the nurse tiptoed into the room to borrow a screwdriver from the engineer to disconnect the cardiogrump. "It's OK," she said, "the machine has given its informed consent." Everybody looked relieved.

A little further on, the intensivity professor was lecturing to the residents. "It had started as focal cerebellar pediculosis," he explained, printing the words on the blackboard, the residents dutifully taking notes. "The process had spread through the foramen magnum and along the spinal cord to the abdomen," he explained. They had had to suck out the infected spleen through the pulverator, with immediate improvement in all haemodynamic parameters. Now the urology resident came in to ask something about a catheter. "It's not my patient," cried all the residents in unison. "It belongs to Smothers," explained a brain dead honours student, "and he is away taking a cardiogrump computerisation course." The patient's chart was nowhere to be found, until the urologist discovered that the chairman of the ethics committee was sitting on it to relieve his ailing back.

Then the nurse attempted to disconnect the cardiogrump. The ethics committee

stood by with bated breath. All went well until suddenly the nurse's sushi plate was sucked down into the pulverator. The members of the ethics committee turned pale. The nurse by now looked distinctly emaciated. A lively discussion ensued on the ethics of hyperalimenting her on the spot. By now the pulverator had digested the soy sauce and the integrator had recalibrated his orchestra of machines. Strange waves appeared on the auscultator and nobody could tell if they came from the patient or the cardiogrump. The neurologist looked for guidance to the ethics committee but found them deeply enveloped in the fog produced by the pulverised sushi plate. The intensivity professor looked puzzled. "I wish I had a stethoscope," he thought. He turned to the nurse, now busily filling in her time sheet, to at least borrow the screwdriver. By now the sushi cloud had filled the whole room. The waves on the auscultator could no longer be seen. Somewhere under the cloud the medicine man was murmuring an incantation. The patient opened the door and entered the room. He had been on a pass for 24 hours but had promised he would return. He looked at the disorder in his room, tightened the cord of his silk dressing gown, dutifully signed consent form 223A, and phoned for a taxi to pick him up from in front of the intensive care unit — GEORGE DUNEA, attending physician, Cook County Hospital, Chicago, U.S.A.