The Karamazov Complex: Dostoevsky and DNR Orders

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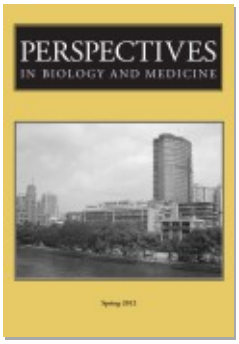

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The Karamazov Complex

Dostoevsky and DNR orders

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ABSTRACT Families making difficult end-of-life decisions in the intensive care unit often do not exercise their autonomy in accord with the individualistic philosophic and legal models that currently prevail. Instead, they try to avoid responsibility and deny complicity, even for decisions that they ultimately approve. This paper examines two novels and a recent case from a neonatal intensive care unit that reveal how people actually make tragic decisions for family members. Dostoevsky's *The Brothers Karamazov* and Kenzaburo Oe's *A Personal Matter* explore the patterns of communication by which people in such situations test complicity and share or submerge accountability. The psychological similarities between the novelists' portrayals and the actual processes that families undergo in the ICU have practical clinical implications for the ways physicians approach discussions about do not resuscitate (DNR) orders with patients' family members.

OVER THE PAST TWO DECADES, concerns and controversies about medical decision making at the end of life have led to a large number of court cases, empirical studies, philosophic treatises, institutional policies, and federal

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legislation regarding the issues surrounding withdrawal of life support (Halevy and Brody 1996; Luce and Alpers 2001; Miles, Koepp, and Weber 1996; Weir 1986). Controversies focus on substantive issues, such as when it is appropriate to withdraw life-sustaining treatment; on procedural issues, such as how the decision should be made; and on the subtle issues of whether there are or should be differences between withdrawing different therapies or modalities of treatment (Prendergast 2001). Different states and countries have developed different regulations in these matters. These efforts amount to a world-wide social movement to change the way we think about death and dying.

This social movement has changed medical practice. Various modalities of medical treatment are now routinely withheld or withdrawn, and the processes by which they should be withheld or withdrawn are now part of the routine training of critical care doctors and other physicians who care for terminally ill patients. Many patients are aware of the possibility of refusing life-sustaining treatment. It is a topic that is commonly dealt with on radio shows, in newspaper articles, and in prime-time television dramas.

In some regards, however, this social movement has had less impact than in others. One specific goal of the social movement has been to empower individuals to take responsibility for the decisions to be made as they approach their death. Most theoretical, legal, and philosophical discussions of the process for decision making stress that autonomy of the individual patient is the overriding principle. In practice, however, many patients and their families do not effectively grasp this power that they are theoretically offered. They do not exercise their autonomy in the way that was imagined and do not manage to specify or control the manner of their death.

Examples abound. In the early 1990s, Teno and colleagues studied 4800 critically ill ICU patients (SUPPORT Principle Investigators 1995; Teno et al. 1997a). Patients were eligible for the study only if they were predicted to have six months or less to live. Of these patients, only 569 (12 percent) had advance directives of any type; only 90 (16 percent) of these advance directives provided specific instructions for end-of-life care, and only 23 (4 percent) directed doctors to forego treatment at the end of life. Even in these rare cases where patients did everything they could to have clear and specific documents, doctors apparently did not follow the directives in half the cases. Similarly, Goodman and colleagues (1998) studied all deaths in their ICU and found no differences in the care received by patients with advance directives compared to patients without. Smedira and colleagues (1990), too, studied the deaths in their ICU. They found that, of the 115 deaths, only five patients had actually participated in the decision to limit their life-sustaining treatment; the others had been incompetent at the time of the decision. Of these incompetent patients, 102 had families who participated in the decision; family members of the other eight incompetent patients could not be found, and the decisions were made by physicians.

In spite of persuasive theoretical arguments for more widespread use of advance

directives, and the fact that most adults say they want to control the circumstances of their death, most people do not have such directives (Miles, Koepp, and Weber 1996). More worrisome is the fact that even when they do, the treatment that they receive is often inconsistent with their stated wishes (Teno et al. 1997b). Thus, there seems to be a widening gap between, on the one hand, the laws, the recommendations of ethics committees, and the precepts we teach in medical school, and, on the other, the actual practices of real doctors in hospitals and clinics. Such a gap suggests that current theory is inconsistent with current practice.

This disconcerting phenomenon might lead to two different types of responses. By one response, we might see evidence that patients need more empowerment. This would lead us to try different methods to elicit and then implement patients' wishes regarding their care near the end of life. By another, we might see a moral wisdom in current practices that leads us to question the desirability of focusing on individuality and autonomy for these types of decisions.

We argue for the latter response. When patients, doctors, and family members are faced with the need to make difficult end-of-life decisions, the common practice of avoiding a strict focus on the patient's stated wishes may reflect a nuanced ethical wisdom. In particular, families may not want autonomy or individual empowerment in the way that current theory suggests. In order to show that this is true, we will examine two novels that deal with life-and-death decision making, and a recent case from a neonatal intensive care unit.

Dostoevsky and DNR Orders

Dostoevsky's *The Brothers Karamazov* (1879–80) is one of the finest fictional explorations of the moral psychology of making life-and-death decisions, reasoning about ethical responsibility, and dealing with guilt and accountability. In particular, the novel explores the way families sometimes take collective rather than individual moral responsibility for the desires, choices, and actions of each person. Incomparably rich in characters who deliberate articulately on the conflicts, wishes, and strategies that drive their choices, Dostoevsky's tale is a profound investigation of four brothers' collaborative moral responsibility for the death of their father. The tale yields rich insights into the psychologically analogous reality of families making difficult decisions in the ICU.

The name *Karamazov* derives from the Russian word for "earth" or "dirt" and tellingly applies to its paterfamilias: Fyodor, the father of the four Karamazov brothers, is an evil, nasty man, a drunk, a child abuser, a rapist, and a cheat. Even more, though, the name designates the implication of all four sons, as different as they are from each other and their father, in a common humanity and a common moral choice. Three of his four sons clearly desire his death, and they reason together as to why his life is not worth living. Though each has wished him dead for different reasons, it remains uncertain, throughout most of the novel, whether any of them would actually murder him.

At one point, Fyodor has been feuding with his eldest son, Dimitri, over money and women. Dimitri is enraged at Fyodor and threatens to kill him. On the same evening, Ivan, the middle son, who is living in his father's house, announces his plans to leave the next morning on a trip to Moscow. Smerdyakov, their half-brother, suggests to him that, if Ivan leaves on his trip to Moscow, then Dimitri might take advantage of the empty house to kill Fyodor. Nevertheless, to Ivan's surprise, Smerdyakov urges Ivan to go on his trip. The conversation that follows at the garden gate subtly describes a process of implicit, half-articulated shared decision making. Ivan asks,

> "Why on earth do you advise me to go . . . ? If I go away, you see what will happen here." Ivan drew his breath with difficulty.
>
> "Precisely so," said Smerdyakov, softly and reasonably, watching Ivan intently.
>
> "What do you mean by 'precisely so'?" Ivan questioned him, restraining himself with difficulty.
>
> "I spoke because I felt sorry for you. If I were in your place I would simply give it all up . . ." answered Smerdyakov, with the most candid air, looking at Ivan.
>
> "You seem to be a perfect idiot and what's more . . . an awful scoundrel." Ivan got up suddenly from the bench. He was about to pass through the gate, but stopped short and turned to Smerdyakov. He bit his lip, clenched his fists, and, in another minute, would have flung himself on him. But Smerdyakov shrank back. The moment passed without harm to Smerdyakov, and Ivan turned in silence toward the gate.
>
> "I am going to Moscow tomorrow, if you care to know, early tomorrow morning. That's all!" he suddenly said aloud in anger.
>
> "That's the best thing you can do," Smerdyakov replied, as if he expected to hear it." (pp. 251–52)

It becomes evident later in the novel that Smerdyakov understands this conversation as an expression of Ivan's wish that his father be killed. Smerdyakov concludes, quite reasonably, that by leaving on his trip after that conversation, Ivan sanctions Fyodor's murder. It is unclear what Ivan thinks, or even whether he knows what he is thinking. But he departs for Moscow, leaving the house empty. That night, Fyodor is killed, just as Smerdyakov predicted. Dimitri is arrested and charged with the murder. The remaining two-thirds of the novel is an examination of guilt and accountability for the murder of Fyodor.

Throughout the novel, Dostoevsky makes the point that, although Ivan, Dimitri, and Smerdyakov all explicitly wish for Fyodor's death, none of them seems willing to take individual responsibility for the decision or the action. They are ambivalent. They have misgivings and moral qualms. Each son gets quite angry at any implication that he should be the one to bring about the death or, after the murder, that he was the one who had.

Obviously, there are substantial differences between the decisions made by the

Karamazov brothers and the decisions that families make in the ICU. Nevertheless, the emotions and the moral reasoning are, we believe, similar in instructive ways to those of people who are asked to make a decision to withhold or withdraw life-sustaining treatment for a family member. In such situations, people may want treatment to be withdrawn, but they often do not want to take individual moral responsibility for the decision. Alan Shapiro, a poet, recently wrote a book called *Vigil* (1997) about his sister's death, in which he makes the following striking confession: "We were tired of seeing her languish, tired of the degradation we were helpless to do anything about. We were tired of our helplessness and guilty for being tired. That we were all impatient to go home was our unspoken wish, our dirty secret" (p. 10).

For many family members, the wish that a loved one be allowed to die is precisely what Shapiro describes, a "dirty secret." Sometimes family members act out their guilt over harboring such secret desires by vigorously opposing any suggestion that treatment be limited. We recently interviewed doctors and nurses who worked in a neonatal intensive care unit, asking them to describe the processes of decision making that they remembered while involved in the cases. One doctor described the following scene:

> I talked to the parents about this [withdrawing treatment]. I told them we can't make their baby better and that we wanted to withdraw support. Dad said, "You can't. That's murder." And then he clenched both hands and started to come towards me. I thought he might hit me, but he walked passed me and hit the wall. It was a strange moment. It's like time stood still. I watched him come towards me and I just stood there—I didn't want to flinch, because I didn't want him to think that I didn't trust him. And I wanted them to trust me. But I thought he might hit me. But fortunately he didn't and he didn't hurt anybody. He went out the door. A few minutes later, I saw him in the hall and he asked me if I had done it yet. I said I was on my way now. I turned off the O_2 and went up on the fentanyl to keep her comfortable. The father saw me and smiled. He was tearful and he left, smiling at me. It was a big turnaround for him.

In both the Dostoevsky novel and the NICU, a strange pattern of communication emerges by which people do not forthrightly express their wishes. Instead, they try to test complicity, share accountability, and allow deniability. It is apparent that people are not eager to take responsibility for tragic decisions. Instead, they desperately try to avoid responsibility, even to the point of adamantly denying their own complicity in a decision that they ultimately approve. In such circumstances, the best decisions, from the perspective of the participants, are those in which it is not clear who really made the decision or who even understood that a decision was being made at a certain point. On one level, Ivan plainly knew what Smerdyakov was talking about. Why else was he so agitated and angry that he nearly flung himself upon Smerdyakov? Similarly, the father of the baby in the NICU seemed to understand, on some level, that his

action would be interpreted as assent and agreement, but he must also have felt that he opposed the decision as best he could. Both Ivan's and the father's ambivalence and emotional conflicts are evident in the way they move from anger to sullen passive complicity.

The Karamazovs arrive at the decision to murder Fyodor without being willing to admit that they are arriving at a decision. Instead, each brother hints at his own moral sentiments, testing the emotional waters to see whether his feelings will be met with tolerance or outrage. Dimitri forthrightly acknowledges that he feels like killing their father. Ivan plays with religious ideas that would sanction murder in particular situations. Smerdyakov pushes Ivan, almost dares him to put his ideals into practice. Even Alyosha, the kind and saintly brother, understands but does not oppose or condemn. In the end, each of them is able to think that someone else made the decision. Dostoevsky's genius as a writer is to reveal the complex psychological need for communal complicity before the decision to act can be made. The process at work among them is not to assign accountability but to disguise it, not to promote individual autonomy but to submerge it.

Similarly, in many hospital cases, doctors, patients, and family members arrive at decisions without anyone feeling individually responsible for the decision. A brilliant and sensitive description of this process appears in another novel, *A Personal Matter*, written by Nobel Prize winner Kenzaburo Oe (1964). In his own life, Oe had a son born with an encephalocele. In the novel, he creates a character named Bird who faces a similar situation. Bird's son is in the hospital and the doctors have recommended life-saving surgery, even though they believe it will likely leave Bird's son with severe neurologic deficits. One doctor describes the likely outcome as "a vegetable existence." Bird does not want to authorize the surgery but also does not want to appear to be authorizing his son's death. The conversation between Bird and the doctor has the same Dostoevskian tone of both assigning and avoiding responsibility:

> "We'll have somebody from brain surgery examine the child in the next four or five days."
>
> "Then—there will be an operation?"
>
> "If the infant gets strong enough to withstand the surgery, yes." The doctor said, misinterpreting Bird's hesitation.
>
> "Is there any possibility that the baby will grow up normally even if he is operated on? At the hospital where he was born yesterday, they said the most we could hope for even with surgery was a kind of vegetable existence."
>
> "A vegetable—I don't know if I'd put it that way. . . ." The doctor, without a direct reply to Bird's question, lapsed into silence.
>
> "You don't want the baby to have an operation and recover, partially recover anyway?"
>
> "Even with surgery, if the chances are very slight . . . that he'll grow up to be a normal baby . . . ."
>
> "I suppose you realize that I can't take any direct steps to end the baby's life!"

"Of course not—"

"It's true that you're a young father—what, about my age." In a hushed voice that no one else on the ward could hear, he said, "Let's try regulating the baby's milk. We can even give him a sugar water substitute. We'll see how he does on that for a while. . . ."

"Thank you," Bird said, with a dubious sigh.

"Don't mention it." (pp. 74–76)

This dialogue is laced with double entendre, misunderstandings, hints, and evasions. At certain points, the author leaves ambiguous which of the two characters is speaking. Nevertheless, they seem to reach a decision, but it is one for which neither quite feels responsible and about which both are somewhat ashamed. Like Dostoevsky's novel, Oe's deals with questions of ultimate moral responsibility. That night, Bird has a nightmare, in which "he has been subpoenaed by the tribunal beyond the darkness, and he is pondering a means of blinding them to his responsibility for the baby's death. Ultimately, he knows that he will not be able to dupe the jurors, but he feels at the same time that he would like to make an appeal—those people in the hospital did it! Is there nothing I can do to escape punishment" (p. 88).

Both Oe and Dostoevsky explore questions about guilt and accountability. For Dostoevsky, this leads to a narrative structure not unlike a good detective story. Gradually revealing the circumstances of the crime, Dostoevsky's novel follows the extensive police investigation of Fyodor's murder and gives a detailed account of the legal proceedings. In spite of these attempts to find the truth, readers, like the jurors, are not sure until near the end of the novel who committed the murder. Even then, they wonder who is really responsible. More interestingly, the characters themselves seem uncertain. At the heart of the novel is their struggle to determine not only who actually committed the murder but, with greater intensity, who was morally accountable for it. Late in the story, when Dmitri's trial is almost over, Ivan and Smerdyakov talk again. Smerdyakov insinuates to Ivan that the two of them are complicit in Fyodor's death. Ivan grows angry and demands,

"Do you believe I knew that my father was going to be murdered?"

"You were probably eager for your father's death," Smerdyakov answers.

Ivan jumped up and struck Smerdyakov with all his might.

"So you thought, you scoundrel, that together with Dimitri, I meant to kill my father?"

"I don't know what thoughts were in your mind," said Smerdyakov resentfully, "and so I stopped you then at the gate to sound you out on that point."

"To sound out what, what?"

"Why, whether you wanted your father murdered or not."

"What could I have done to put such a degrading suspicion into your mean mind? What grounds had I for wanting it?"

"What grounds had you? What about the inheritance?"

> "So according to you, I had fixed on Dimitri. I was counting on him?"
>
> "How could you help counting on him. There's no doubt you counted on Dimitri."
>
> "Listen, you wretch, if I counted on anyone, then it would have been you, not on Dimitri. And I swear I did expect something from you . . . at the time . . . I remember."
>
> "I thought too at the time that you were counting on me as well. . . . You are the real murderer. You are responsible for it all, since you suspected murder and wanted me to do it and went away knowing about it. You are the only real murderer, and I am not the murderer, though I did kill him." (pp. 558–68)

Eventually Ivan comes to acknowledge his complicity. Leaving his father unprotected, and fully aware of the danger, he had let him die (Guerard 1976). And even more subtle, his wishes for his father's death, he gradually admits, made it possible (Moreson 1994).

CLINICAL AND ETHICAL IMPLICATIONS OF THE LITERATURE OF MORAL INQUIRY

Great literature captures and renders the nuanced complexity of human moral experience with more precision and insight than any other form of moral inquiry (Nussbaum 1990). Novels and plays provide what novelist and critic John Gardner (1978) calls a moral laboratory of sorts through which a reader is able to explore intentions, desires, and the consequences of actions by means of a method that reveals the motivations of human choice from the inside out. In the fleshed-out narratives of our finest writers, we not only witness but vicariously experience the moral reality of another person. With the various textures of its language and form, literature offers subtle, allusive attention to the particulars of how a singular person or family, situated in a unique set of circumstances and subject to the contingencies of existence, might choose to live a life or accept a death.

The psychological similarities between Dostoevsky's portrayal of family decision making and the process of family decision making in the ICU lead to some interesting clinical implications. In both the novel and the ICU, any decision that will lead to a death is a decision for which people want to avoid responsibility if at all possible.

This brief inquiry suggests that literature's portrayal of the moral psychology of decision making describes a process that is quite different from the process that has been recommended by many of our finest philosophers. In particular, philosophers emphasize the importance of individual choice and autonomy. The novelists describe processes by which individuals avoid choice and submerge their autonomy. This might be thought of as a philosophical disagreement. It would, however, miss a crucial point about the different tasks of philosophy and literature. Philosophy, at least in this circumstance, is idealistic and aspirational. It

offers visions of the way we ought to live. These visions may be too rigorous, pure, or even unrealistic, for many individuals. Literature, by contrast, offers a description of and a response to the way we actually live. The moral imperative of literature is exquisite attention to the truths of lived experience. In this, it renders, with tolerance and absolution, our foibles, shortcomings, and compromises.

The differences between literature and philosophy may not be, strictly speaking, differences of moral principle. That is, Dostoevsky and Oe would not be *against* autonomy. They are not proposing an alternative moral ideal. Instead, they describe the tortuous path by which individuals struggle with their own moral impulses and the ambivalence with which they express their autonomous wishes and desires. The two ways of looking at the world both offer insights to the clinician who seeks moral guidance.

Lessons from literature have some practical clinical implications for end-of-life decisions. They suggest alternative ways to approach discussions about do not resuscitate (DNR) orders. If it is true that individuals often prefer collective to individual responsibility, and deniability to accountability, then the goal of the doctor who initiates a discussion with a patient or family about DNR orders might be redefined. Discussions today seek to pinpoint authority: doctors try to determine which individual is legally empowered to make decisions, and then insist that he or she decide. When individuals resist this approach, doctors get frustrated. A Dostoevskian approach would direct discussions not toward the pinpointing of authority but instead toward the more psychologically realistic but legally and philosophically dubious goal of diffusing individual authority and creating consensus. This is, to be sure, a far more difficult and ambiguous task. Consensus, by its nature, is fragile: it may be of different strengths, and it is not precisely measurable. Doctors may be tempted to see consensus where it is not present if they wish it to be established, or to ignore it where it is present if they do not. It is easier to get a duly empowered person to sign a duly authorized form than it is to lead an emotionally stressed and physically exhausted family through the subtle process of expressing their collective will. Nevertheless, a process that responds to the moral and emotional needs of patients and families should not be avoided simply because it is difficult. Instead, recognizing where the difficulties lie might be the first step.

This process may not be so different from what currently occurs in many cases. Doctors, patients, ethicists, and family members often invoke "futility," or talk of "what Dad would have wanted," or request that we "let nature take its course." In so doing, they are not trying to exercise their own will. Instead, they are trying to submerge their own will so that they can become passive agents of a larger, seemingly inexorable force. Such Dostoevskian approaches may yield discussions about end-of-life care that reflect our lived moral experience more accurately and effectively than the individualistic model that currently prevails.

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