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Permission

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There are memories that fade as soon as they are born. And there are memories that stay forever. Details become a bit vague but we are changed and they are always there. Some of this story seems to me long past, but some parts live as if they occurred yesterday.

The basic elements of the story are not unusual. It was the early 1980s. I was in my first few years of practice in my hometown in southwest Louisiana, on weekend call. I was called to the ICU. A young man was to be pronounced brain dead. He was 18.

Yes, he was brain dead from a closed head injury. The only family available was his 20-year-old brother. They were Iranians, both engineering students at the local university. Despite my expectations of language and cultural barriers, the elder brother was well spoken, intelligent, and calm. A group of students had piled into a pickup truck with much too much alcohol. The patient was in the bed of the truck and fell out as the truck was moving.

I explained to his brother that the patient was brain dead and what that meant. I explained that he should be removed from the ventilator. I don't recall if he asked any questions. I do recall that he understood. He said we should wait until his parents could travel from Iran to see their son one last time.

Perhaps two evenings later, I was called back to the ICU because the parents had arrived. I was tired and I knew exactly what was going to happen. I was going to explain the situation to the family. They would agree to termination of support. After the farewells, I would be left alone with the patient. I would disconnect him from the ventilator and then go down to the doctor's lounge to wait the hour or so it would take for the teenager's heart to stop. I would then pronounce him dead.

The parents spoke no English. The father wore a business suit. The mother wore traditional dress.

I remember green silk-like material. They were both short by American standards. They stood at their son's deathbed in a foreign country and yet maintained a quiet, tormented, sorrowful dignity. Through the older brother I explained the situation. I remember that we spoke in the patient's ICU room and that a nurse was present. I finished my explanation and answered what few questions there were. The family agreed that their son should be taken off the ventilator. They wanted a few more minutes with him.

Then the important thing happened. The mother walked to the foot of the bed and held onto her son's feet as she cried. I remember tears hitting his feet. She used her shawl to wipe the tears from his feet, maybe a purplish shawl.

I turned to the nurse. "What is she doing?" The nurse whispered to me, "She is giving him permission to die."

Suddenly and relentlessly, his heart rate, which had been perfectly steady at 80–90 for days since the injury, began to slow and within 5 minutes he had no pulse. While still being ventilated, the normal heart of an 18-year-old boy stopped within minutes of his mother crying onto his feet, perhaps giving him permission to die.

Nothing in my training prepared me to see something so obviously inexplicable within a scientific framework. The few times that I have told this story, people just stared and struggled for words. I recall these events with a quiet joy. They reassure me that there is more to our profession than mere science. We give so much of ourselves in order to be physicians and we are given much in return. As neurologists we are privileged to see things that are so rare, so unutterably beautiful, that they leave us mute.

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