

THE REFUSAL TO STERILIZE ELIZABETH STANLEY IS NOT PATERNALISM

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Let me start with Elizabeth Stanley. I do not believe that this is a case of paternalism. Dr. Stanley would like a tubal ligation. I would not like to ligate Elizabeth Stanley's fallopian tubes. I am not the only surgeon in town and Liz can go to another surgeon. I have not made a decision for her, I have made a decision for me.

I knew Elizabeth's father from way back and we were in the Army together in an infantry unit around Salerno that had a bad time for a few days. He died when Liz was still in high school but we had always kept in touch. He was a good man whom I owe a favor, dead or not. So when she came here before her internship and spoke to me I thought that she was Arnold's kid and part of my skin. When I looked at her I could see Arnold. I couldn't really but I was so glad knowing that she was a doctor and would be at County. I was really happy about it. So when she came in the first time to talk about the tubal I was totally unprepared. I wanted to tell her about her father and about what we all wanted, and hoped for, and talked about endlessly because we were even younger than she is. You know, the way you would talk to the child of a friend who was old enough to know something and to joke and talk about wars and parents and training programs. Someone who was at the same time your child and not your child. A surgeon and a friend, but a young friend. Anyway that was definitely not Elizabeth Stanley. I got the whole tubal ligation number by the Woman's Movement book. Every objection that I offered was countered not by any content but

merely by her telling me about her rights as an individual--and also how I had let her down. (Never entered her mind for even a moment that she might have let me down ((to say nothing of Arnold)). So after hearing her out (and feeling like someone going back to the restaurant where they ate the first great meal of their lives and seeing cardboard arrive on the plate) I said that I was sorry, but I was not going to tie her tubes and that was the end of it. She said it was certainly not the end of it. She had rights and no paternalistic SOB was going to ruin her life whether he knew her father or not. That was what Ethics Committees were for and we would discuss it next in front of the committee. To tell you the honest truth, all the substantive matters about having children or not, reversibility or not, surgical risk or not, the actual factual basis for her desire to become infertile got lost in the yelling that followed my saying NO. So we don't misunderstand each other, I am not about to sterilize Arnold's kid just because as a green no-nothing intern who has had loose bowels, sweaty hands and no sleep for a month, she thinks that is the way she is going to show the world that she is grown-up. Okay, I may not know why she wants to do it but I don't think she does either. There isn't a doctor in the world who does not know that people change their minds. When decisions are made that have permanent effects and could be put off, I think it is perfectly reasonable to require that enough time pass to insure that the person has given the decision sufficient thought. That is not the case here. So I think if she wants to get her tubes tied let her wait a year. If she gets pregnant before then I will happily abort her. Meanwhile, why do I have to act as if every thought that crossed the mind of every person--female or not, doctor or not, had the same weight as the Magna Carta. Let them do what they want and me do what I want. As long as mine is not the final determinant than it is simply not paternalism.

Elizabeth's biggest gripe with me seemed to be that I did not respect her rights as an

individual. I thought that if I heard the word 'individual' once more I was going to hemorrhage. She kept telling me about her rights as an individual and I kept asking her what she meant by the word 'individual'. Not surprisingly she never did define it. It is an interesting thing about medical schools and training programs that they teach an enormous amount about disease, pathophysiology, and all the sciences from anatomy to xerography that back up our knowledge about disease but nowhere do they teach what a patient is. I suppose the reason is that it is considered self-evident what a patient is.

Like so many other self-evident concepts, this one also deserves some thought. A patient is, of course, a person. That is another seemingly obvious word whose meaning is somewhat obscure. You will not find the term in a medical dictionary! My daughter once said "I am not a servant and I am not a child--I am a PERSON!" (her declaration, not surprisingly, was in the context of washing the dishes). I said "You are telling me what a person is not, Justine, but what IS a person." She like the rest of us was not too clear on the matter. Failing a definition of person, we fall back on the word 'individual'.

Since I am not a philosopher, I am not qualified to talk about the concept of individual except as it expresses itself in the way most people talk and act in regard to it. In the American heritage the concept of the individual seems extraordinarily important. (Actually the word 'person' is used in the Constitution interchangeably with the word 'individual'.) But as far as I can tell the derivation of the term, even as it is most often used in medicine, is primarily political. In which case we speak of the individual VERSUS the state, or VERSUS another individual. In those contexts what is usually being referred to are the rights of individuals, or their obligations, and so on. That is the way Elizabeth Stanley used the term when she spoke about her right to have a tubal ligation. Stanley Hauerwas told me that the word

