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CRITICAL THINKING

Matt Morgan: Why Dylan Thomas was wrong—and right

Matt Morgan *intensive care consultant*

The blood lands on my left shoe as the needle hits its mark. The adrenaline travels slowly to the heart, sucked onward through the chest's recoil. 1-2-3-4-5. 1-2-3-4-5. 1-2-3-4-5. The compressions continue, pressing out the patient's blood, as well as the pusher's humanity.

She is 89. She was a daughter, a mum, a *mam-gu* (the Welsh word for grandmother), a strong woman, a singer, a real character in life, and then a real character in her nursing home. "But the paperwork wasn't completed" is overheard, as the decision to perform CPR is questioned. 1-2-3-4-5. 1-2-3-4-5. 1-2-3-4-5. As I watch, I wonder whether the doctor in training, performing CPR straight out of a textbook, has read Dylan Thomas's poem *Do Not Go Gentle Into That Good Night*.

Writing the poem after his dad's untimely death, Thomas was both right and wrong. As I turned 40, a surprise trip to a spa hotel sent me driving past his boathouse, where he wrote such powerful poetry. Being new to the art of words, I had to stop. I went in, past the gift shop selling fudge and Welsh cakes. In front of me were those words: "*Do not go gentle into that good night; Old age should burn and rage at close of day; Rage, rage against the dying of the light.*"

Thomas was right in many ways. In my world of the intensive care unit, the urge is to rage against the dying of the light. Young men with brain injuries, middle aged women with blood in their heads, older men brought back to life after a cardiac arrest out of hospital. Brilliant. My kind of work. And it's why 200 nurses in the critical care unit in Cardiff wake up at 5 am every grey, rainy Welsh morning.

But Thomas was also wrong. Consider the patient with end stage chronic disease where drugs prolong death, not life. The granddad with dementia even before his stroke. The 89 year old lady on the ward, not dying from sepsis but dying with it, after 89 long, happy, life filled years. She doesn't want survival at all costs: she wants survivorship. Something that pressing on her breastbone won't achieve.

Reading about a similar story, where a nurse working in a care home was recently found at fault for not doing CPR on a patient with severe end stage chronic disease,¹ I hang my head in my hands. I'd rather be sued for doing CPR than for not doing it.

And deep down, even watching his dad die, that's what Dylan Thomas was trying to tell us. After the passion, the denial of a finite life, and the love for his dad, he writes: "*Though wise men at their end know dark is right . . .*" The trouble is that those wise men and women are often not the ones doing the CPR—they are the ones having it.

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¹ Oliver D. David Oliver: Allow nurses to use their professional judgment. *BMJ* 2020;368:m608. doi: 10.1136/bmj.m608 pmid: 32075788