

DRS. VERHAGEN AND SAUER REPLY: We agree with Oakley that folic acid fortification is important. However, it cannot prevent all abnormalities in newborns that cause unbearable suffering.

We cannot comment on Jay's case, described by Curlin, because we did not know him. He suffered, but according to Curlin, the suffering was acceptable. As we noted in our Perspective article, the role of the parents is paramount. Clearly, these parents were supportive, but the question is whether, without these parents, would the suffering have been bearable?

Murphy and Pritchard raise the issue that pediatric palliative care is not always accessible or adequate. They suggest that improvement in palliative care services could lead to a situation in which euthanasia in sick newborns would no longer be practiced. We agree that patients will certainly profit from improved access to palliative care. At the same time, we are convinced that euthanasia in patients with a hopeless prognosis and severe and sustained

suffering, waiting for the "ideal" standard of care, can be acceptable. The Groningen protocol was designed to motivate physicians to adhere to the highest standards of decision making and to reduce hidden euthanasia by facilitating reporting. The protocol requires that all possible palliative measures be exhausted before euthanasia is performed. This requirement might do more in mobilizing the availability of palliative care services than the current situation of unreported practice.

The recommendations that Murphy and Pritchard refer to are a consensus statement of pediatricians in Europe.¹ Sauer's personal view is that active life-ending procedures can be acceptable.

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1. Sauer PJ. Ethical dilemmas in neonatology: recommendations of the Ethics Working Group of the CESP (Confederation of European Specialists in Paediatrics). *Eur J Pediatr* 2001;160:364-8.

Medical Mystery — The Answer

TO THE EDITOR: The medical mystery in the April 7 issue¹ involved a radiograph (Fig. 1) in a patient who had undergone four lifesaving procedures between 1949 and 2002. The radiograph shows remnants of a therapeutic pneumothorax for pulmonary tuberculosis, a coronary-artery bypass graft, a stent repair of a type B aortic dissection, and a dual-chamber pacemaker for complete atrioventricular block.

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Editor's note: We received 729 responses to this medical mystery, from 68 countries. This is an underestimate of the actual number of people participating, since many responses represent a collaborative effort; for example, one response represented the collective effort of the University of Alabama internal-medicine residents, from their morning report.

Thirty-nine percent of the respondents correctly identified the old right-sided lung collapse used as a treatment for tuberculosis, 64 percent identified median sternotomy for a coronary-artery bypass graft, 77 percent identified the placement of a descending aortic stent, and 93 percent identified the placement of a pacemaker. The group from the University of Alabama was among the 25 percent of respondents who correctly identified all four proce-

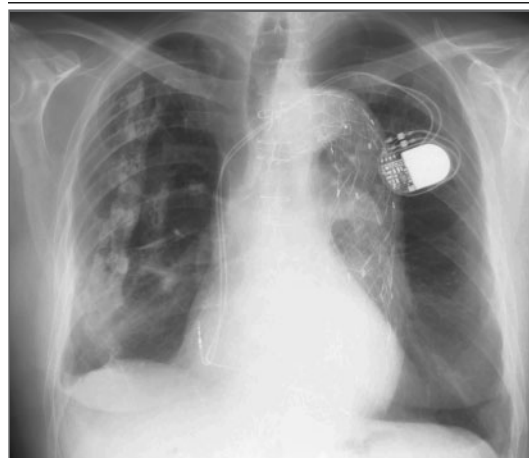


Figure 1. Radiograph in a Patient Who Underwent Four Lifesaving Procedures between 1949 and 2002.

dures. Another 40 percent identified three of the four procedures correctly. Other suggested procedures included mastectomy, aortoaxillary bifemoral graft, esophageal repair, and lung transplantation.

1. Ostermaier R, Taut M. Medical mystery — 50 years of medical progress. *N Engl J Med* 2005;352:1473.