

by Lorraine Loviglio

Sense Takes a Holiday

Death is about as serious as it gets. Yet, as the stack of examples on my desk attests, no other subject in medical writing engenders so much unintended comedy—not even sex. In death’s awesome presence, critical self-awareness seems to take flight, leaving behind a trail of absurdities.

I’ve touched lightly on this phenomenon before, at CBE meetings and in this column, but its ubiquity and persistence—not to mention its potential for entertainment—argue for examining it more closely.

“Death in research studies is generally considered a poor outcome”, explained one manuscript patiently. Another reported that “homeless people die younger and more often than the general population”. Lamented a third, “A patient may die without the opportunity to perform further cultures.”

You’d think that at least once during the many readings and rereadings of those sentences by numerous coauthors, as well as authors’ editors, peer reviewers, and editorial assistants, someone’s funny bone would have tingled. Maybe you have to be a copy editor to see the joke. When I read those three sentences to a friend who’s a professor of electronic engineering, he seemed more puzzled than amused. He laughed out loud at this one, though:

Of the 25 patients who died, 15 had discontinued inhaling for various reasons more than 60 days before death.

The finality of death that inspires so much awe in the rest of us is less unequivocal to medical scientists. They write of “recurrent sudden death”, “sudden-death survivors”, “irreversible death”, and “the irreversible complications of death”. Patients can be “excluded if they [have] a history of sudden death”.

Even death’s universality can be called into question: “The model should be restricted to patients in whom mortality is a relevant end-point.”

Surprisingly, death can also be a matter of degree: “Treatment at this or the next stage

. . . will almost completely prevent death.” Occasionally, it’s a moving target:

This potential bias is particularly problematic for studies of mortality if such participants are considered to be alive.

Postmortem Molecular Diagnosis . . . following a Fatal Near Drowning

And sometimes it’s oxymoronic: “This group included those who were in terminal remission.”

Even the Reaper has his good side: “Studies . . . reveal a favorable mortality experience.” And he’s less grim to some than to others: “Employed cohorts can be expected to experience more favorable mortality than the general population.” Authors who refer to “fatal adverse outcomes” presumably wish to distinguish them from all those fatal favorable outcomes.

Study subjects, whether or not they suffer from “inherited sudden death”, may not be merely dead but in “the dead state”. Their departure may have been marked by the “chronological abruptness of the terminal event”. Horrifyingly, it may even have been due to the study design itself: “We observed a strong decrease in those who died within 24 hours from randomization.”

What’s an editor to do? First, laugh. Then, keep in mind that authors are often working under frustrating conditions:

The patients who had the most serious complications of [mitral valve] prolapse, such as sudden death, may have been missed in our study because of their inability to attend the clinic.

And finally, give thanks to a benign and laughter-loving Providence for allowing you to be paid for reading sentences like this:

The one patient who died suddenly . . . was found to have had depleted batteries. 🔋