

---

## Obituary

*To everything there is a season, and a time to every purpose under the heaven; A time to be born and a time to die.*(1)

There may be a time to die but for the family, friends and colleagues of **Peter Sjokvist**, MD, the time was much too early. Peter Sjokvist was 46 years of age when he died in December 2003. Although young, he was extremely accomplished. He was an intelligent, hard-working, thoughtful, modest and kind-hearted individual. He was a practicing intensivist at Huddinge University Hospital, Stockholm, Sweden, a teacher at Karolinska Institutet, a researcher primarily in the area of medical ethics and end-of-life decision making and the chairman of the European Society of Intensive Care Medicine's Section on Ethics. His work has been published in the best medical journals and has been widely quoted (2-7). His studies of the interaction of different societies, physicians, nurses, patients and families in end-of-life practices and attitudes have impacted on end-of-life practices around the world.

Peter Sjokvist was a leader. He was a clear objective thinker. His attitudes and recommendations were moderate and considered; his advice heeded and respected. He influenced many young and old intensive care physicians and nurses. He had great respect for others and treated them as equals, be they doctors, nurses, families and especially patients. His greatest goal was to determine what was best for the patient through the eyes of the patient and attempt to treat the patient as the patient desired. We will miss Peter very much. He taught us how to be caring healthcare providers, thoughtful researchers, but most of all to be better human beings.

1. Ecclesiastes 3:1.
2. Cook D, Rocker G, Marshall J, et al. (2003) Level of Care Study Investigators and the Canadian Critical Care Trials Group. Withdrawal of mechanical ventilation in anticipation of death in the intensive care unit. *N Engl J Med.* 18;349:1123-32.
3. Sprung CL, Cohen SL, Sjokvist P, et al. (2003) End of life practices in European intensive care units: the Ethicus Study. *JAMA* 13;290:790-7.
4. Cook DJ, Guyatt G, Rocker G, et al. (2001) Cardiopulmonary resuscitation directives on admission to intensive-care unit: an international observational study. *Lancet* 358:1941-5.
5. Sjokvist P, Nilstun T, Svantesson M, Berggren L. (1999) Withdrawal of life support – who should decide? Differences in attitudes among the general public, nurses and physicians. *Intensive Care Med* 25: 949-54.
6. Sjokvist P, Berggren L, Svantesson M, Nistun T. (1999) Should the ventilator be withdrawn? Attitudes of the general public, nurses and physicians. *Eur J Anaesthesiol*16: 526-33.
7. Sjokvist P, Berggren L, Cook DJ. (1999) Attitudes of Swedish physicians and nurses towards the use of life-sustaining treatment. *Acta Anaesthesiol Scand.* 43:167-72.

