

A Neurosurgeon's Personal Perspective
Freedom-Privilege-Obligation
Honor the Tradition-Serve the Sick-Advance the Field!

Introduction

This morning I will tell you about my personal perspective as a neurosurgeon who has been in private practice, in a relatively small community, for the last twenty-five years.

Of all the things I will tell you, there will be some facts ... and some opinions. Most of what I will tell you may be debated. There are, however, two things that are absolutely true and therefore not debatable:

- I am getting older!
- As I get older, I grow nostalgic!

Someone once said: Nostalgia is like a grammar lesson; you find the present tense and the past ... perfect!

I hope not to fall into this trap.

Standing before you, today, and delivering this presidential address during the fifty second annual meeting of one of my favorite neurosurgical groups, the Western Neurosurgical Society, is the greatest professional honor I have been given. Thank you!

To think that I was not even born in this Country and that I barely spoke English when I landed in New Jersey thirty-four years ago, and to recall the warmth and acceptance I received as I progressed in my personal and professional life, makes me at once humble and proud. Humble in my pursuit of excellence as an individual and as a neurosurgeon, realizing that I could not possibly have accomplished what I have without the help of many. And proud of my adopted Country, the greatest Country in the world, where everything is possible!

Theme

During this meeting I hoped to start a discussion, among other things, about what it takes to train and maintain a well-rounded neurosurgeon. We already heard Augie Turak speak about spirituality and the quest for answers, and we will continue this discussion tomorrow. My theme today is titled:

Honor the Tradition-Serve the Sick-Advance the Field

This is the Motto of my training program in Texas. This is not a Logo designed for marketing or branding purposes; it is a way of life that Jim and Willis adopted and taught, a way of life that I also adopted early on in my professional career ... and it has been a good path to take.

With your indulgence, I plan to discuss what these principles have meant to me.

Honor the Tradition

Neurosurgery, indeed, has a rich tradition of scientific pursuit, hard work, and dedication. It is a fraternity where our Elders are respected and honored as they should be, a fraternity where we are encouraged early on to become involved not only in matters that affect our patients, but also our colleagues, our profession, and our community at large. It is not surprising to me to see a disproportionate number of neurosurgeons in leadership positions in our local, state, and national organizations, as well as in various philanthropies; it is simply a reflection of such a commitment and such a tradition. I think that our profession is well served by continued emphasis on "Tradition."

It is this traditional approach that provides us with our "Moral Compass". Jim Story taught me a very practical and hard-nosed approach to medical ethics and ethical behavior: Wrong is wrong, even if everyone is doing it. Right is right, even though no one else does it!

Let us not forget that we are Physicians first ... Not Surgeons ... Not Neurosurgeons. I am reminded that in Damascus, where I grew up, average physicians are called Doctors. But when a physician is respected and liked, he is called "Hakeem", Arabic for wise, reflecting the deep understanding of what a physician brings to his patients and their families - not only the medical and scientific knowledge, but also the experience, maturity and wisdom that patients appreciate and treasure in their time of need. Let us remember the Latin dictum: primum non nocere! "Do no harm" is as germane today as it was in the days of Hippocrates and Galen, if not more.

It is indeed a joy for me to take care of patients. It is also an awesome responsibility and a privilege. We are called upon to care for patients in their weakest and most vulnerable time of need. We are also invited to enter and become part of their lives, an invitation that should not be taken lightly. This trust and the special position we have been given in Society came after years of dedicated, selfless work by our forefathers. There was a real "Social Contract" that, although never written, governed our relationship with our patients, addressed their expectations, and guaranteed our code of ethics. What exactly is this "Social Contract"? It is really like an old-fashioned handshake. You treat me as a professional, and I will be there for you, even to the detriment of my own personal comfort and safety. However, over the years this contract, this understanding if you wish, has been eroded, and some would say it does not exist any more.

This is ironic: when we commanded the respect and admiration of our Society, we were not able to accomplish the amazing technical feats of which we are capable today ... Now, we are viewed with suspicion, our motives are questioned, and a conflict of interest is never far from the surface. As a result, we are over-regulated and we are no longer treated as professionals; rather we are considered technicians who have to adhere to technical manuals and follow “cookbooks”. In response, we have lost our sense of community obligation, our obligation to be on call at our local hospitals, and - for survival reasons perhaps - some of us have developed commercial relationships that do actually constitute conflicts of interest. Sadly, sometime it takes outside forces and regulatory agencies to tell us what constitutes a conflict!

Serve the Sick:

Before I begin the discussion of serving the sick, please allow me to tell you my lawyer story.

When my patient, a trial lawyer, came back to my office for his first post operative visit, he was ecstatic. Gone was his terrible and disabling leg pain. Gone were the numbness and the weakness in his foot. Gone was his sense of limitation, and gone was his fear of being in pain for the rest of his life. He wanted to talk to me about the resumption of his physically active life style. He did not have much time to waste; he needed to get back in shape so that he might keep a promise he made to his daughter: climbing Mt. Kilimanjaro with her. I was pleased with his progress and told him that with the proper conditioning, he should be able to accomplish his goal ... He told me that he was envious of me. Why? I asked him. He said that what I did for him was nothing short of miraculous, and that when he compares what I do to what he does, he realizes that I can actually help people but that ... he cannot. He said that when he defends a client, even if he wins the case, no one is happy; litigation takes a long time, and even when you win a legal case you don't get everything you wanted, and you are left with an empty feeling for having had to actually endure the legal proceedings.

My patient subsequently conquered that formidable peak, and he sent me a nice post card from there. It was particularly nice for him to do it with his daughter ... And, he has a very valid point: what we do, ladies and gentlemen, is nothing short of miraculous!

I will now present two cases that exemplify the problems we are facing:

Jennifer, an 18-year-old, who at 17 was diagnosed with a high grade glioma of the right frontal lobe, underwent at a tertiary center a resection, followed by radiation therapy. Six months later she underwent another resection. She was placed on one of the most advanced chemotherapeutic protocols. She became hemiplegic after her second operation. When she started to have seizures and developed symptoms that reflected involvement of the other side of her brain, her family took her back to the same tertiary center where she had received her care so far. They were told that another operation was

necessary. They declined and brought her to our hospital, where I was asked by the hospitalist to see her and help her family make a decision as to where to go from there. It was then that I met her and her family for the first time. She was severely cushinoid. She was arousable, obeyed simple commands intermittently, and moved her right extremities weakly. She did not speak. She did not move her left side. I reviewed her scan ... What a tragic case! My first thought was: what would I do if she were, God forbid, my daughter? Let her go, was the answer that came forcefully and clearly to my mind! I listened to the family and told them that there was not much we could do for Jennifer surgically, and that it was time to treat Jennifer only supportively ... and let her go! What was their response? It came from Mom and Dad in unison: Thank you doctor.

It became clear to me that this is how they had felt for a while, and this is what they wanted to do. However, they only needed someone who knew about this dreadful illness, a Hakeem, to validate their decision.

I became quite angry with her previous neurosurgeon who recommended more surgery. What was my colleague thinking? Did it not cross his mind that she had suffered enough? Did it not occur to him that her family had gone through hell already? They were actually told that if the tumor was de-bulked, that the patient might qualify for, yet, another chemotherapeutic protocol!

And where was her primary physician? He had not seen her since her diagnosis was made. Jennifer belonged to an HMO, and except for the surgeon at the tertiary center, and mostly his physician assistant, her local care was “administered” by a nurse practitioner. Is this how we want to be “cared” for?

This is a situation where one needs to be a neurosurgeon who does not forget his humanity. We must never forget our compassion. Some may say that we need to be humans first and neurosurgeons next, but I suggest that a neurosurgeon is, in fact, human first and neurosurgeon always!

The second case is about technology. I want to be clear: I believe strongly in technology as a tool. I do not, however, believe in technology as an objective in and of itself. And I am afraid that the quest for technological advances has blurred the line between us as independent physicians and “Industry”. In fact, Industry has found many ways to influence our decisions. There have been many recent publications describing methods devised by instrument and pharmaceutical companies to control or at least influence our decision making. So, now, our decisions are suspect because of an often perceived but sometimes real, conflict of interest.

Sometimes, we succumb for entirely different reasons: we advertise that we are able to do this or that procedure just to attract patients, not because we are convinced that this particular procedure is actually better for the patient. In fact, I find myself opposed to medical advertising of any kind.

I can name many such procedures in neurosurgery, but allow me to present the case of my patient with “pain in the neck”. Vickie is a middle-aged woman who has been complaining of neck pain and headaches for years, at least ten. She has many somatic complaints including back pain. She does not, however, have any radicular pain in her arms. She has been diagnosed as having “chronic fatigue syndrome” and also “fibromyalgia”. She is chronically depressed and though on antidepressants, the personal issues that caused her depression have not been resolved.

I examined her and actually spent more time with her trying to figure out the “problem”. As you can imagine, it took me more time than it usually takes to evaluate a patient with a straight forward surgical problem. In fact, she commented that she was impressed with the amount of time I spent with her. I reached the conclusion that surgery on her cervical spine was not a good idea and that continued non-operative care and counseling was more what she needed. She did not like my advice and predictably ... sought more opinions. Eventually, she was given a “state of the art” operation: a three-level, count them - one, two, three levels - cervical disc replacement!

What was the surgeon who performed such a technical feat thinking? What were his motives? And, yes, you guessed it, she did not get better. Her symptoms continue, with one difference: now, she needs more pain medication!

As we examine these cases, many problems become obvious. I hope that you will agree with me that technical and scientific advances, no matter how wonderful, cannot replace the judgment and compassion of a neurosurgeon.

Advance the Field

Now to advancing the field: Is it possible for me, a neurosurgeon in private practice, to advance this venerable field? Perhaps not! But I have convinced myself over the years that if I work, really hard, I may be able to preserve Neurosurgery as a specialty and assure its survival for generations to come. Let us face the fact that Medicine and Neurosurgery one hundred years ago were very different from what they are today; and they will probably be unrecognizable to us one hundred years from now. It is not important how much money we made one hundred years ago - not much - or how much we make now - maybe not enough. Having the respect of our patients and community and being accepted as professionals are a lot more important. And making sure that we survive as a profession is also crucial, even though it may not be as exciting as contributing to technical and scientific advances.

The Problem

The way I see it, there are three major issues that we must face:

- We are somewhat confused: we don't know whether or not we want Society to treat us as professionals, and in return for receiving the privileges of our position, insist on a strict code of ethics that distinguishes us from technicians and corporate employees; or whether we want Society to treat us as technicians with defined benefits, but no social responsibility.
- The corporate practice of Medicine, which was encouraged by our government and accepted by our patients and, to various degrees, by our professional organizations, is a significant part of our problem.
- Conflicts of interest are a serious threat to our integrity.

In short, the house of Neurosurgery, and the bigger house of Medicine, are not in order.

A Potential Solution

In the remaining few minutes I will discuss a potential solution. But first let us, for the sake of this discussion, accept certain facts:

- We cannot compete with corporate America ... when it comes to business matters.
- We are not good business people.
- Medical ethics and Business ethics are entirely different animals.
- We are physicians first; indeed we should strive to be Hakeems.
- The solution may not be in the best economic interest of each of us; it will, however, I am certain, be in the best interest of our Profession and our Society.
- If we put the house of Neurosurgery in order, we will become better equipped to expect and even demand to be treated as professionals.

Before I suggest a few steps toward a solution, I would like to quote Albert Einstein who said: "Most people see what is, and never see what can be."

Here are steps that can be taken toward a lasting solution:

- Listen to the advice of our esteemed colleague and fellow member of the Western, Bruce Sorensen, who said in 1977: "Physician, heal thyself"
- Teach and encourage our residents and young physicians to be "whole human beings - real physicians - real neurosurgeons" and not just technicians. (I encourage you to attend the symposium on Tuesday morning where this issue will be explored in some depth. Mel Cheatham, Bruce Sorensen, Randy Smith, and Marty Weiss will be sharing their ideas with us.)
- Eliminate conflicts of interest from the practice of medicine.
- Eliminate financial gain from our clinical decision-making.

- Make our academic centers financially independent, eliminating the influence of “Industry” on any kind of research.
- Treat our patients as if they were members of our family.
- Insist on reviving our “Social Contract”.

Conclusions

In conclusion, I hope that I was able to relate to you, my dedication to our profession, the most noble of professions, but one that is in a transitional phase. I also hope that you don't get any sense of despair; on the contrary, I think that we will prevail. To be sure, we have some work to do, both as a profession and individually. Personally, as I go about my work, I keep asking myself three questions:

- What would I do if this particular patient were a member of my family?
- What would Jim Story say?
- What would Mama say?

Let us be true to our ideals, and let us:

Honor our Tradition!

Serve the Sick!

Advance the Field!

Thank you.