

A black and white photograph of two hands clasped together, symbolizing support and healing. The hands are positioned in the lower half of the frame, with the fingers interlaced. The lighting is soft, highlighting the texture of the skin and the veins on the hands. The background is a solid, dark color, making the hands stand out prominently.

Licensed to heal

by Michael D. Dent, DMin, Tyler, TX

Editor's note: This article is an adaptation of an ethics address delivered to the 169th semiannual scientific meeting of the Texas Surgical Society in April 2002 in Tyler, TX.

The weekly worship services of the downtown congregation that I pastor are televised and broadcast by radio to a large part of north-east Texas. Sometimes not everybody agrees with what I say.

As the chair of the ethics committee at a large, not-for-profit hospital, I am aware that some surgeons may choose to disagree with some of the reflections that follow as well. My goals in this article are to encourage reflection on the ethical dimensions of surgical practice, to affirm what is taking place already, and to share some reminders rooted in ethics that are fundamental and helpful in daily practice.

R. Scott Jones, MD, FACS, declared in the epilogue of his Presidential Address during the American College of Surgeons' Convocation last October in New Orleans, LA, "To function effectively in the health care system...to navigate in a trillion dollar industry, we need a compass: medical ethics."¹ That last word is a needed reminder of what Paul Ebert, MD, FACS, wrote in the first sentence in his foreword to the most comprehensive work in the field, *Surgical Ethics*: "The surgical profession...has always had a profound concern for the ethical practice of medicine as essential to the quality of care it provides."²

Ethics of licensure

In most states one must obtain a license to hunt, fish, drive, cut hair, serve liquor, or carry out at least a dozen other activities. Physicians must not only earn degrees, pass exams, and pay fees, they must also be granted a license to practice medicine and earn certification to perform surgery. From an ethical standpoint, the licensure to practice medicine is also one to heal. Physicians do not have a license to kill, thrill, deal, or steal, but to heal. To heal means to make whole, to restore to soundness.

From an ethical context come five basic principles to assist a surgeon in fulfilling that internal call and external empowerment to heal, to care for, and to serve competently and compassionately. These standards follow.

1. Patients are primary.

The passage of the Patient Self-Determination Act by the U.S. Congress in 1991 formally legislated a patient's autonomy and the right to make decisions about his or her health care. That shift in decision-making authority from the physician to the patient had been in process for several decades.

While this shift perhaps threatens some physicians, it actually represents a return to a fundamental focus in medical practice: the centrality of the patient. Dr. Ebert notes, "The American College of Surgeons believes that the ethical practice of surgery promotes an environment in which all patients are treated with dignity, tolerance, and respect for their wishes. Surgeons accepting Fellowship in the College are asked to place the welfare and rights of their patients above their own, and to treat each patient as they would wish to be treated, were they to become patients themselves."² That approach to the physician-patient relationship echoes the ancient standard of human interaction found in one form or another in practically every major world faith community and known most commonly as the Golden Rule: "Do unto others as you would have them do unto you."

How does one make his or her surgical practice more patient-centered? Let me suggest several ways: Take time to communicate with patients. Listen to them. Get to know them. Learn about their fears and their families.

In March, I conducted a funeral for a beloved parishioner. The granddaughter of the deceased is a third-year student at a prominent medical school in a major metropolitan area. She makes rounds with physicians in the hospital. I asked her what she would say to a group of surgeons. She had two responses: "Take a few moments to listen to your patients. Second, explain to them their medical condition in terms they understand." This student told me she occasionally goes back to patients' rooms to clarify what the physician told them. A physician who takes the time to listen and makes the effort to communicate clearly will be one who experiences high levels of trust on the part of those he or she serves.

A related essential element is caring follow-up with the patient and family following an op-

eration. As a pastor for almost 30 years, I have heard surgeons deliver bad news in a good way and good news in a bad way. Certainly, honesty and confidentiality are prominent ethical concerns, but *how* one delivers a surgical outcome can be as important as the actual outcome.

A few months ago, I experienced a colonoscopy, for which I was anesthetized. I remember nothing of the procedure. What I do remember is the phone call from the physician's office the next day checking to see if I was okay. He did not have to have his office staff call and check on me, but the concern he demonstrated made me feel better emotionally.

Patients are primary. The surgeon's first ethical responsibility is to promote and protect his or her patients' interests, well-being, and dignity, and to be their fiduciary.

2. All surgeons are ethicists.

Ethical decisions are unavoidable in surgery. Almost daily, surgeons are confronted with choices about sometimes competing and conflicting ethical issues, including confidentiality, costs, honesty, conflicts of interest, and patient autonomy. Ethics is the disciplined study of morality and raises such questions as "What ought morality to be? What ought character to be? What ought conduct to be?"

In the initial chapter of *Surgical Ethics*, "Principles and Practice of Surgical Ethics," the trio of authors sets the tone for the book, saying of a surgeon, "The goal is to follow one's reasons...where they lead. In this way, one submits one's thought processes to the intellectual discipline of ethics and thus achieves an intellectually disciplined study of what the morality of surgeons ought to be."²

Ethics can and does sometimes exist without a religious framework, but often the two are directly connected. While a surgeon must respect the patient's beliefs and values, it is also true that "surgeons possess as much of a moral right to their own moral and religious integrity as do patients."² Furthermore, "Surgeons must be clear about their moral and religious commitments, as well as the price of moral and religious integrity."²

Perhaps the most frequent ethical challenge sur-

geons face is conflict of interest. While believing the patient is primary, other loyalties regularly stake their claims. The demands of self-interest, insurers, hospitals, employers, managed care organizations, and the government all leave one asking, "For whom does the surgeon work?"

Because it is impossible to eliminate ethical conflicts of interests—as the Bible says of the poor, "they are always with you"—one must sometimes look beyond oneself for guidance in ethical decision making and conflict resolution. Competence in clinical ethics is dependent on a sound method of ethical analysis and on familiarity with the literature in the field of medical ethics. But there is another readily available, often underutilized resource to which surgeons can turn for assistance in their roles as ethicists.

3. Employ ethics committees.

Almost every hospital of any size has an ethics committee. One of the primary functions of the committee is being available for consultation on an as-needed basis. Most committees have one or more physician/surgeon member(s). Four serve on the committee I chair.

The purpose of an ethics committee is broader than acting as a consultant when moral dilemmas arise, however. Surgeons also may work with such committees to develop policies that ensure that patients are "treated in a medically and morally appropriate fashion."² The committee further serves to educate the hospital staff and general community in medical ethics and the issues involved.

If an ethics committee is unavailable or ineffective, one may turn to a professional ethics consultant. Mark Siegler, MD, coauthor of the widely used *Clinical Ethics*, spoke earlier this year to the medical staff of a Tyler hospital. He is professor of medicine and director of the MacLean Center for Clinical Medical Ethics at the University of Chicago, IL. Dr. Siegler and his staff have conducted 2,000 consultations in the last 20 years. They now perform an average of three a week.

So, help is available when a surgeon faces an ethical conflict. Such support might emanate from a book, an ethics committee, or an out-of-town con-

sultant. Taking the time and effort to secure ethical assistance in difficult cases is a caring, compassionate, and sensitive act that will contribute to improved patient health care delivery.

4. *Practice self-care.*

The proverb, “Physician, heal thyself” is at least as old as the first century CE, ascribed to Jesus of Nazareth in the gospel compiled by Luke, a physician himself. Biblical scholars say an equivalent of that well-known maxim appears in every age and language.

The parallel between physician and pastor is a close one, as both are helping professions filled with individuals who are dedicated to caring for others, putting patients or parishioners first, while often neglecting to care for themselves and sometimes their families.

The high incidence of suicide, alcohol and drug abuse, and marital failure among physicians is distressing to all. Along with many recently highly publicized cases of unethical sexual misconduct by members of the clergy, the medical profession in my state has had its share of problems. In January, a leading Texas newspaper did a series of front-page stories on physicians’ immoral and/or illegal behavior. The paper reported the state board of medical examiners investigated 1,328 physicians in Texas in 2001; 19 had their license to practice medicine revoked, 300 were put on probation, and 609 remain under investigation.

These numbers could be reduced with additional attention to self-care. Days off, vacations, sabbaticals, and a reduced workload renew one physically and emotionally. One stressed-out person asked, “How can I be good for everybody else if I am not good for me?”

Impairment is more than being a victim of drug or alcohol abuse—it can result from a mental or physical illness or injury. It is possible to harm oneself while constantly helping others. If a physician has a colleague who is on the road to self-destruction, he or she has an ethical obligation to intervene and assist in restoring that impaired physician to health and to practice if possible. Aiding professional colleagues is a part of being “licensed to heal” as well.

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5. *There is a spiritual value in the healing hands of a surgeon.*

There is a sacred dimension to what physicians are licensed to do, an awesome power to restore people to life. There is more to the practice of surgery than meets the eye. The current patient is more than a physiological process in room 258, bed two. He or she is a human being, a person with physical, emotional, intellectual, and spiritual dimensions.

As the authors of *Clinical Ethics* note, “Concentration on the physiological components of pain through pharmacological or surgical interventions, without equal attention to the psychological, social, and spiritual, may bring little relief.” They add, “Physicians should make themselves aware of these components and seek assistance from those expert in dealing with them. The presence of religious counselors is often of immeasurable value to the patient, to the family and to the physician.”³

Two different people have asked me the same question in the past month: “Have you ever heard of a doctor praying with the patient before surgery?” The inquirers were surprised that a surgeon would do such a thing. There are some ethical issues in that practice of prayer. Is it offered as an option to the patient? Is it directed at persons of no faith or a faith different than the physician’s? Is it a person in power taking advantage of a person who is vulnerable? Such prayer could be very appropriate or tremendously inappropriate, depending on the answers to these types of questions. Nonetheless, there is something special, sacred, and spiritual about the process of surgery, something that is inexplicable—not magical, but certainly mysterious.

In a chapter with the intriguing title, “The Snake and the Saints,” Albert R. Jonsen, PhD, writes:

We frequently hear that physicians “play God” when they make decisions about life and death. The phrase is supposed to suggest arrogance. Yet it is a dim echo of the ancient beliefs that in all healing, God is active. The rabbis of ancient Judaism justified the use of physicians by proposing that they healed by the power of God. Ambrose Paré, the father of modern surgery...adopted the motto, “I treat, God heals.” In a more secular era, the flippant phrase “playing God” is about all that remains of that ancient belief. Yet with it we remind ourselves of the mystery of medicine.⁴

Call it an awesome ambiguity or a miraculous mystery, surgeons represent the source of beneficence, healing, and hope in the eyes of many they treat. Patients entrust their lives to finite and fallible physicians with the expectation to be treated with care, competence, and compassion.

Here is an example of how surgery is perceived as a divine act, a sacred task. It was presented by a member of the church that I pastor. This 72-year-old man was recently hospitalized for seven weeks—in and out of the surgical intensive care unit following several delicate surgeries and two weeks in rehab. These are the first words he penned to his pastors on a thank you card: “People pray for miracles and God sends his doctors to perform them.”

Hands are holy. Surgery is sacramental. Medicine is miraculous for many on the receiving end.

They see the good done as a gracious reflection of Providence.

A time to heal

In a day when not only medicine but the world is evolving rapidly in ways often beyond our control or liking, medical ethics provides surgeons and other health care givers a guide to stay the course. Such a compass in our post-September 11 culture will keep those licensed to heal focused on the beneficent values of comfort over disease, peace over war, wholeness over brokenness, and compassion over anything else. □

References

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Dr. Dent is senior pastor of Marvin United Methodist Church and chair of the ethics committee of Trinity Mother Frances Hospital, Tyler, TX.

