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Presidential Address

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Friedman, William A. M.D.



Author Information

Department of Neurosurgery, University of Florida, College of Medicine, Gainesville, Florida

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Reprint requests: William A. Friedman, M.D., Department of Neurosurgery, University of Florida, College of Medicine, P.O. Box J-265, JHM Health Center, Gainesville, FL 32610.

Members and guests of the Congress of Neurological Surgeons, it has been a great pleasure to serve this past year as your President. It has also been the greatest honor of my professional career. There are many issues with which the Congress of Neurological Surgeons has dealt this year. They include our relationship with the American Association of Neurological Surgery, new publications, changes in Medicare, fellowship requirements, recertification, physician manpower, American Medical Accreditation Program, and evaluation and management coding. Any of these issues could serve as the basis of a Presidential Address. However, I have chosen to turn toward another issue, which, I think, ultimately has a greater impact on our personal and professional lives than all of the aforementioned topics together. For my Presidential Address, I have chosen to discuss a simple question: what is the meaning of life?

Now, some of you are probably convinced that I have finally lost all contact with reality. How can I hope, in the space of 30 minutes, to answer a question that has occupied lifetimes of study and contemplation by some of our most brilliant philosophers, authors, playwrights, artists, and poets. Bear with me, I plead. I am going to present you with four stories, four vignettes that I have chosen from thousands of patient interactions. I hope that they will remind each of you of similar experiences in your own lives. I contend that, by pausing to reflect on these episodes, we will be able to gain important insight into the great question, what is the meaning of life?

Patient 1

Patient 1 was a 50-year-old white woman, who presented in 1996 with a 12-year history of symptoms consistent with Parkinson's disease. She noted severe freezing spells, alternating with severe dyskinesia. She also had severe dysarthria. Our neurologists thought she had medically intractable Parkinson's disease and was a candidate for pallidotomy.

The procedure was uneventful. Immediately after lesion placement, the patient experienced dramatic improvement in her tone and speech. However, I was later called to the recovery room

because the patient had become aphasic and hemiplegic. Computed tomography revealed a small area of hemorrhage at the lesion site. Over the next few days, the patient made substantial but incomplete improvement.

On rounds with my resident, we sat trying to talk with the nearly mute patient. She was, however, able to use her good arm to spell out messages on an alphabet board. She made it clear that she had an important message to give me. I expected that she would express disappointment or anger. Imagine my reaction as she slowly, agonizingly, spelled out, letter by letter, "IT'S NOT YOUR FAULT."

It's not your fault! I was stunned by her gesture of consideration for my feelings. Who was this woman? In an instant I understood, and I lowered my gaze. One is not bold in an encounter with a god. I remembered that the gods appeared in ancient Greece as mortals, and I held my breath and let the wonder in.

Patient 2

Patient 2 was a distinguished professor of pathology at the University of Florida. One Wednesday noon, I sat and chatted with him over lunch in the faculty dining room. We talked of the usual things—the weather, medical center politics, a planned vacation. The next morning, I was summoned to the emergency room. A deranged graduate student, distraught over his failure to pass his written qualifying exams, had appeared at the professor's door early that morning. The professor's wife answered, and the student asked for the professor. When the professor appeared at the door, the student shot him in the head. The student then sat down and waited for the police and ambulance to arrive.

When I examined the professor, he was brain dead. There was nothing that I or anyone else could do, except to try to comfort the family.

I wiped a piece of brain from the professor's shoulder, to make his smashed body more presentable to his son. Then I stood with his son by the stretcher. We were arm in arm, like brothers. All at once, there was that terrible silence of discovery. I glanced at the son, followed his gaze, and saw that there was more brain on his father's shoulder, newly slipped from the cracked skull. He bent forward a bit. He had to make certain. It was his father's brain! I watched the knowledge expand on his face, so like his father's. I, too, stared at the fragment flung wetly, now drying beneath the bright lights of the emergency room, its cargo of thoughts evaporating from it, mingling for this little time with his, with mine, before dispersing in the air.

Patient 3

Patient 3 was an 18-month-old girl. She and her mother were out for a long drive early one Sunday morning. Mom was exhausted and fell asleep at the wheel. The car careened out of control and struck the median guard rail. In an instant, the air bags deployed. Mom awakened and brought the car under control. But the baby, having been struck full force by the air bag, was unresponsive.

In the pediatric intensive care unit, I examined this blond, blue-eyed, beautiful girl. She was unresponsive, with no brain stem reflexes or spontaneous respiration. A nuclear medicine bedside scan confirmed the absence of cerebral blood flow.

I walked with the pediatric intensive care specialist to the waiting room. There, a large family,

including perhaps 25 people, waited for us to speak. I slowly, gently relayed the inescapable truth: baby was gone. Eager, hopeful faces broke into sobs and tears. Upon Mom's face was a look all too familiar to me, a look of absolute woe. "Why," she cried, "has God taken my baby? It's my fault! I fell asleep at the wheel! No, you must be wrong, it can't be true!" And finally, when the words were gone, there was nothing left but to hold each other and pray for strength.

Patient 4

This 32-year-old emergency room nurse presented with a seizure and was found to have a posteromedial right frontal mass. I performed a craniotomy and gross total resection of a low-grade mixed glioma. She underwent postoperative radiotherapy. Shortly, thereafter, she returned to work full-time. Subsequently, she quit her emergency room job, formed a brain tumor support group, and devoted most of her time to writing patient support literature and helping other patients with brain tumors.

Three years later, she was found to have a recurrence. On repeat craniotomy, she had a frank glioblastoma. She began chemotherapy and later died.

This patient was a physically beautiful woman. She was also vivacious, intelligent, and caring. She was unfailingly positive and optimistic, regardless of what her magnetic resonance imaging scans seemed to show. She never lost hope.

When I last saw her, her external beauty was marred by hair loss and cushingoid symptoms from steroid therapy. She and I both knew that time was short and there was little more that medicine could offer. Nonetheless, we talked at length about her plans for the future. She thanked me for all my efforts. I thanked her for allowing me to be her physician. When we hugged each other at the end of her visit, we knew we would not meet again in this world.

As Richard Selzer ⁽⁷⁾, a Yale surgeon and author, has written:

Far away from the operating room, the surgeon is taught that some deaths are undeniable, that this does not deny their meaning. To perceive tragedy is to wring from it beauty and truth. It is a thing beyond mere competence and technique, or the handsomeness to precisely cut and stitch. Further, he learns that love can bloom in the stoniest desert.

I do not know when it was that I understood that it is precisely this hell in which we wage our lives that offers us the energy, the possibility to care for each other. A surgeon does not slip from his mother's womb with compassion smeared upon him like the drippings of his birth. It is much later that it comes. No easy shaft of grace this, but the cumulative murmuring of the numberless wounds he has dressed, the incisions he has made, all the sores and ulcers and cavities he has touched in order to heal. In the beginning it is barely audible, a whisper, as from many mouths. Slowly it gathers, rises from the steaming flesh until, at last, it is a pure calling-an exclusive sound, like the cry of certain solitary birds-telling that out of the resonance between the sick man and the one who tends him there may spring that profound courtesy that the religious call Love.

So, you ask, what do these sad stories have to do with the question, what is the meaning of life? Rabbi Harold Kushner has explored this topic in his short but meaningful book, *When Bad Things Happen to Good People* ⁽⁴⁾:

Let me suggest that the bad things that happen to us in our lives do not have a meaning when they

happen to us. They do not happen for any good reason which would cause us to accept them willingly. But we can give them a meaning. We can redeem these tragedies from senselessness by imposing meaning on them. When a person is dying of cancer, I do not hold God responsible for the cancer or for the pain he feels. They have other causes. But I have seen God give such people the strength to take each day as it comes, to be grateful for a day full of sunshine or one in which they are relatively free of pain. When people who were never particularly strong become strong in the face of adversity, when people who tended to think only of themselves become unselfish and heroic in an emergency, I have to ask myself where they got these qualities which they would freely admit they did not have before. In the final analysis, the question of why bad things happen to good people translates itself into some very different questions, no longer asking why something happened, but asking how we will respond, what we intend to do now that it has happened.

John Gunther, a distinguished writer, chronicled his son's struggle with a glioblastoma in a book first published in the 1940s. The book, *Death Be Not Proud* [\(3\)](#), should be read by every neurosurgeon. Listen to Gunther's words, as he finds meaning in Johnny Jr.'s tragedy:

All that goes into a brain-the goodness, the wit, the sum total of enchantment in a personality, the very will, indeed the ego itself-being killed inexorably, remorselessly, by an evil growth! Everything that makes a human being what he is, the inordinately subtle and exquisite combination of memory, desire, impulse, reflective capacity, power of association, even consciousness-to say nothing of sight and hearing, muscular movement, and voice and something so taken for granted as the ability to chew-is encased delicately in the skull, working there within the membranes by processes so marvelously interlocked as to be beyond belief. All this-volition, imagination, the ability to have even the simplest emotion, anticipation, understanding-is held poised and balanced in the normal brain, with silent, exquisite efficiency. And all this was what was being destroyed. It was, we felt, as if reason itself were being ravaged away by unreason, as if the pattern of Johnny's illness were symbolic of so much of the conflict and torture of the external world. A primitive to-the-death struggle of reason against violence, reason against disruption, reason against brute unthinking force-this was what went on in Johnny's head. For others, I would say that it was his spirit, and only his spirit, that kept him invincibly alive against such dreadful obstacles for so long; this is the central pith and substance of what I am trying to write, as a mournful tribute not only to Johnny but to the power, the wealth, the unconquerable beauty of the human spirit, will, and soul.

Viktor Frankl was a young, brilliant, Viennese psychiatrist when he and his wife were sent to Auschwitz. He never saw his 24-year-old wife again, for she perished there. He himself barely survived. He lived to write about his experiences in the concentration camp. He founded a new school of psychotherapy, called logotherapy, based on his conviction that man's most profound driving force is to find meaning.

One day, exhausted, frozen, and hungry, on a work detail far from the camp, Frankl's companion mentioned his wife. Frankl [\(2\)](#) later wrote:

That brought thoughts of my own wife to mind. And as we stumbled on for miles, slipping on icy spots, supporting each other time and again, dragging one another up and onward, nothing was said, but we both knew: each of us was thinking of his wife. Occasionally I looked at the sky, where the stars were fading and the pink light of the morning was beginning to spread behind a dark bank of clouds. But my mind clung to my wife's image, imagining it with an uncanny acuteness. I heard her answering me, saw her smile, her frank and encouraging look. Real or not, her look was then more luminous than the sun which was beginning to rise. A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by

so many thinkers. The truth-that love is the ultimate and highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and belief have to impart: the salvation of man is through love and in love. I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation, when man cannot express himself in positive action, when his only achievement may consist in enduring his sufferings in the right way-an honorable way-in such a position man can, through loving contemplation of the image he carries of his beloved, achieve fulfillment. For the first time in my life I was able to understand the meaning of the words, "The angels are lost in perpetual contemplation of an infinite glory."

He wrote further:

Take the fate of the sick, especially those who are incurable. I once read a letter written by a young invalid, in which he told a friend that he had just found out he would not live for long, that even an operation would be of no help. He wrote further that he remembered a film he had seen in which a man was portrayed who waited for death in a courageous and dignified way. The boy had thought it a great accomplishment to meet death so well. Now, he wrote, fate was offering him a similar chance.

Frankl, in analyzing how he and others found the strength to survive Auschwitz, wrote further:

What was really needed was a fundamental change in our attitude toward life. We had to learn ourselves and, furthermore, we had to teach the despairing men, that it did not really matter what we expected from life, but rather what life expected from us. We needed to stop asking about the meaning of life, and instead to think of ourselves as those who were being questioned by life, daily and hourly. Our answer must consist not in talk and meditation, but in right action and in right conduct. Life ultimately means taking the responsibility to find the right answer to its problems and to fulfill the tasks which it constantly sets for each individual.

As Nietzsche said, "Was mich nicht umbringt, macht mich starker (that which does not kill us makes us stronger)." Frankl notes:

We can discover the meaning of life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering.

In other words, what matters is to make the best of any given situation. "The best," however, is that which in Latin is called optimum, hence the reason I speak of a tragic optimism, that is, optimism in the face of tragedy and in view of the human potential which at its best always allows for (1) turning suffering into a human achievement and accomplishment, (2) deriving from guilt the opportunity to change oneself for the better, and (3) deriving from life's transitoriness an incentive to take responsible action.

So, Kushner, Gunther, and Frankl all tell us that each patient vignette I have presented provides a profound answer to our question, what is the meaning of life? Each patient or family, faced with tragic illness, used the opportunity to answer life's question to them, to redeem these tragedies from senselessness by imposing meaning on them, and to turn suffering into a human achievement and accomplishment. I submit to you that as we care for our patients, truly care for them, we see, with amazing frequency, people who were never particularly strong become strong in the face of adversity, people who tended to think only of themselves become unselfish and heroic. Each time I see this happen, I "let the wonder in," for I believe that in such moments I am witnessing evidence

of the divine spark that may exist deep within us all.

So I have suggested a means by which we can see, and perhaps help our patients see, the meaning of their lives. But what of the physician? What is the meaning of life for the practicing neurosurgeon?

My colleague Albert Rhoton wrote about this topic in his Congress of Neurological Surgeons Presidential Address [\(6\)](#):

Neurosurgeons share a great professional gift; our lives have yielded an opportunity to help our fellow men in a unique and exciting way. For this Presidential Address, I want to share some of my sense of gratitude for and inner pride and joy in our specialty, although I know that for many of us the appreciation for this opportunity, this profession, this gift, is greater than the spoken word can convey.

And our friend Frankl has written:

Mental health is based on a certain degree of tension, the tension between what one has already achieved and what one still ought to accomplish, or the gap between what one is and what one should become. Such a tension is inherent in the human being and therefore is indispensable to mental well-being. We should not, then, be hesitant about challenging man with a potential meaning for him to fulfill. It is only thus that we evoke his will to meaning from its state of latency. I consider it a dangerous misconception of mental hygiene to assume that what man needs in the first place is equilibrium or, as it is called in biology, "homeostasis," i.e., a tensionless state. What man actually needs is not a tensionless state but rather the striving and struggling for a worthwhile goal, a freely chosen task. What he needs is not the discharge of tension at any cost but the call of a potential meaning waiting to be fulfilled by him.

Frankl describes what he calls an "existential vacuum," wherein we cannot find the meaning of our lives and, instead, pursue other directions. He says:

Moreover, there are various masks and guises under which the existential vacuum appears. Sometimes the frustrated will to meaning is vicariously compensated for by a will to power, including the most primitive form of the will to power, the will to money. In other cases, the place of the frustrated will to meaning is taken by the will to pleasure.

How true his words should ring for us. As my colleague Arthur Day stated in his Congress of Neurological Surgeons Presidential Address [\(1\)](#):

The HMOs, the federal government and its bureaucrats, the insurance companies, the lawyers, and the paperwork are not our enemies, although certainly they are major obstacles to our art. Our enemies are the malignant glioma, the ruptured aneurysm with vasospasm, spinal cord injuries, and their treatment with impersonal low-quality medicine. If we continually emphasize self-serving complaints-threats to our incomes, our life-styles, and our freedom to practice only as we see fit-we will remain unheard, isolated, impotent, and unfulfilled. To greet these changes, we must return our focus to our primary responsibility, to serve as advocates for our patient's best interests.

As Osler [\(5\)](#) said, "Happiness lies in the absorption in some vocation which satisfies the soul; we are here to add what we can to, not to get what we can from, life."

I attended Ohio State Medical School from 1973 to 1976. There, a plaque is affixed to the wall, just inside the entrance of the main education building. It reads, "Dr. Isaac Burt Harris, 1873-1953, Master of the healing arts for half a century, philosopher and friend of man, chief of staff, St. Francis Hospital, Professor, Ohio State University, THOUSANDS LIVED BECAUSE HE LIVED." I have always been profoundly impressed by these words. What an outstanding memorial to Dr. Harris, and what an outstanding statement regarding the meaning of life for a physician. As the surgeon Richard Selzer has said:

But I believe that the truly great writing about doctors has not yet been done. I think it must be done by a doctor, one who is through with the love affair with his technique, who recognizes that he has played Narcissus, raining kisses on a mirror, and who now, out of the impacted masses of his guilt, has expanded into self-doubt, and finally into the high state of wonderment. I must confess that the priestliness of my profession has ever been impressed on me. In the beginning there are vows, taken with all solemnity. Then there is the endless harsh novitiate of training, much fatigue, much sacrifice. At last one emerges as celebrant, standing close to the truth lying curtained in the Ark of the body. Not surplice and cassock but mask and gown are your regalia. You hold no chalice, but a knife. There is no wine, no wafer. There are only the facts of blood and flesh.

In the brilliant movie *Schindler's List*, Steven Spielberg recounts the story of the Schindlerjuden, the hundreds of Jews saved by the actions of Oskar Schindler during World War II. In gratitude, one of them makes, as a present for Schindler, a gold ring from extracted dental fillings. On it, he inscribes an ancient Talmudic saying (referring to the instructions given to a jury in a capital case): "HE WHO SAVES ONE LIFE SAVES THE WORLD ENTIRE" [\(8\)](#). As physicians, we are granted the amazing opportunity to save lives. The meaning of our lives is to save lives, to help thousands live because we live.

To quote Frankl again, "We can discover the meaning of life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering." Neurosurgeons have the phenomenal opportunity to discover the meaning of their lives by "creating a work or doing a deed," that is, practicing the art and science of medicine. We are daily presented with situations where we can additionally find the meaning of lives by "experiencing something or encountering someone." We are interjected into the lives of countless patients who need our skills and our compassion. And finally, and most remarkably, the meaning of our lives constantly intersects with the meaning of our patients' lives, as they struggle to "redeem these tragedies from senselessness by imposing meaning on them."

Allow me, if you will, to tell you one more sad story. Chuck Shank was a resident in neurosurgery at the University of Florida until 1990. Before entering medical school, he was an army helicopter pilot in Vietnam. During his 13-month assignment there, his aircraft was shot down twice. He received 21 air medals, the Distinguished Flying Cross, two Bronze Stars, and the Vietnamese Cross of Gallantry. The tragedy he witnessed in Vietnam motivated him ultimately to attend medical school. He was the single most gifted surgeon I have had the opportunity to help train. We became close during his time in Gainesville. After finishing training, he entered private practice in Ft. Worth. His practice grew, and his young family prospered. In 1997, he developed some vague abdominal discomfort and then some back pain. An ultrasound examination was performed, looking for gallstones. Instead, a pancreatic tumor was identified. Chuck underwent a Whipple procedure at M.D. Anderson Hospital, followed by many rounds of chemotherapy and some radiation.

During the last year of his life, Chuck remained unfailingly optimistic. He bore his illness with

courage and strength. He spent much time with his loving wife and two young children. When I visited him in Ft. Worth, he was thin, weak, and feverish. We talked for hours; he told me of his love for neurosurgery, his lack of interest in money, his great joy in caring for and loving his patients. I believe he knew then, with certainty, that his life's meaning had been to save lives, to render compassionate care, and to help his patients deal with their own search for meaning. Chuck is gone, but hundreds of grateful patients live on, with loving memories of his life. HE WHO SAVES ONE LIFE SAVES THE WORLD ENTIRE.

So, what is the meaning of life? My answer, and those of Kushner, Frankl, and Selzer, is that life has a different meaning for each person. We neurosurgeons have been granted the incredible gift of finding the meaning of our lives as we do our daily work, while witnessing and helping our patients as they find theirs. In closing, I recall the words of Moses Maimonides.

Moses Maimonides was the most important Jewish philosopher of the Middle Ages. He and his family fled to Cairo because of rising anti-Semitism in Spain. There, he worked as a physician but also became a scholar of Jewish law and a philosopher. In his later years, he became famous throughout Europe. In fact, he was asked by Richard the Lionhearted to become the Royal Physician, but he declined. He did become physician to the Sultan Saladin. Among his many contributions is the following physician's oath, now known as the Oath of Maimonides:

They eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all times: may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children. May I never see in the patient anything but a fellow creature in pain. Grant me the strength, time, and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday, and tomorrow he can obtain a new light on what he thinks himself sure of today. Oh, God, Thou has appointed me to watch over the life and death of Thy creatures; here am I ready for my vocation and I turn unto my calling.

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