

CHAPTER

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Privilege and Obligation: The 1990 Congress of  
Neurological Surgeons Presidential Address

HAL L. HANKINSON, M.D.

I am pleased to address you concerning privilege and obligation. I am quite aware that I am speaking to the organization that best represents the younger neurosurgeon and my remarks are directed most specifically to that audience but, I hope, not to the exclusion of my more weathered colleagues.

The purpose is not to lecture pedantically about how fortunate we are, although that theme will be an integral component of what I have to say, but it is to convince and remind you that the negative aspects of the practice of medicine today are far outweighed by the positive.

It seems that every exposure to the media, that great contemporary oracle, and every conversation at a dinner party or in the physicians' lounge contains a negative commentary about medical delivery and often, more painfully, about physicians themselves. Terms such as guidelines, recertification, subspecialization, quality assurance, turf, and especially tort, as well as acronyms such as PRO, PPRC, QMA, IME, HCFA, *ad infinitum* have become as familiar as hippocampus, aneurysm, and reflex. Such constant bombardment is poorly tolerated by professionals who consider their calling as noble as we consider ours, and results in a self-perpetuating malaise of doubt, insecurity, restiveness, disillusionment, and dissatisfaction. Almost daily I hear colleagues say how nice it would be to be able to retire or switch occupations; no longer to have to feel that if something goes wrong with the day's operations or if a wrong decision is made, potentially one's reputation, practice, home, savings, and future earnings could be lost to a dissatisfied patient and an avaricious lawyer; no longer to have to deal with endless paperwork and seemingly irrelevant regulation; and no longer to have to struggle for just, prompt, and fair payment for one's work. We feel sullied and betrayed, criticized by dilettantes and avaricious operatives and caught on the uncomfortable cusp of the constant change so characteristic of contemporary times.

We may question whether we made a judicious decision when we decided to study medicine and particularly neurosurgery, the most arduous

discipline. We may ask whether we spent our youth to best advantage, learning a profession we are now told is avaricious, impersonal, and poorly controlled. Has the end result not been worth the toil? Were we promised more than was delivered?

I believe that the answer to such questions is a resounding, "Certainly it was worth it and will continue to be so." I'm certain that virtually all of us would say the same if asked, but I'm equally convinced that at times we question our direction. I believe the malaise and doubt I have observed are unjustified and counterproductive, upsetting our balance of personal and professional equanimity and diverting us from our primary objectives.

We are products of our time, and we must develop and maintain the moral rectitude necessary to function productively in our high calling rather than to accept an ignoble ethic that would sadden our predecessors and cripple our progeny. Many intelligent, inventive, motivated, and hard-working professionals have come under public scrutiny and criticism recently—those in medicine are not alone in that regard—but it is incumbent on us not to lose our behavioral compass as happens too often.

The privilege of being a neurosurgeon can initially be observed by our very numbers. The population of the earth in 1989 was about 5.2 billion people. George Ablin in his wonderful prologue to the *Congress World Directory* has pointed out that there were 15,378 known neurosurgeons in that year: a ratio of 1:86,000 persons in North America, 1:44,000 persons in Japan, 1:200,000 persons in Europe, and 1:300,000 persons in the world. There cannot have been over 25,000 men and women who have seen a living human brain with the intent and ability to heal.

Few persons have observed a functioning optic nerve, viewed the anatomical wonders of a cerebellopontine angle or cavernous sinus, or touched a living brain or spinal cord. We have been uniquely trained to develop and utilize the wonderful tools of our profession—operating microscopes, lasers, beautiful operative instruments, and diagnostic and therapeutic machines.

Out of the operating room, we are uniquely privileged to enjoy the trust of our patients and their families. It is that trust and faith that allow us to perform our operations and make remarkable observations of the living nervous system and its maladies. We must strive not to betray that trust, although certainly at times our efforts fall short of hopes and expectations. The opportunity to make serious decisions that gravely affect human life is a privilege in itself. The gratification of comforting and, sometimes, of healing—to actually help a person to see a bird, hear a symphony, walk without pain, or simply live a bit longer—is enormous.

Neurosurgeons are also privileged to associate with other physicians and particularly neuroscientists. Reviewing a case with a neuroradiologist,

a neuroophthalmologist, a neurootologist, a neuropathologist, or a neurologist and often being the person to utilize those considerable intellects to benefit a patient are undeniably rewarding.

Neurosurgery allows us to work hard, to travel, to develop friendships, to teach, to learn, to write, and to meet collegially to share our ideas and techniques. It allows us to interact with highly trained neuroscience nurses both in the operating room and on the wards.

Neurosurgery has afforded all of us the opportunity for growth and self-fulfillment and given each of us the chance to make a lasting contribution to individuals or, in the rare circumstance, to humanity.

Certainly deserving of mention is the privilege to make a good living and to enjoy the respect of family, peers, and society. I can assure you that if the motivations upon which one based the decision to study medicine and neurosurgery were sound, well founded, considered, and sincere and are from time to time reaffirmed, the reward will certainly be commensurate with expectation. I am equally confident that the conduct produced by fulfillment, security, and satisfaction will automatically lead to societal respect for us as individuals and for our profession.

I contend that we should be a bit self-laudatory—it helps confidence and self-esteem. We're doing a fine job—not perfect, but considerably better than most. We cannot however, become complacent, smug, or detached, and I doubt we shall.

What about obligation? What must we do as humans, physicians, surgeons, and, specifically, neurosurgeons to deserve and enjoy our unique situation? I can recite some priorities, not necessarily in order of importance.

There is no dearth of problems with which we grapple and for which each of us is obliged to develop an ethical base from which to operate. Ethical standards are taught and learned, and it is incumbent on us to do both. Genetic substrate is important, but conclusions drawn from interfaces with parents, teachers, friends, associates, and society even more profoundly affect our moral development. We must develop standards that work in personal, scientific, and business situations, in easy or difficult situations, in present or future situations, and in changing situations. We are all vulnerable to faulty judgment under stress, and it seems that we have trouble changing as fast as the playing field, but what is right now should be right later. It's harder perhaps for the established but relatively young physician to deal with rapid change than it is for the more recent graduate. We made decisions based on the old rules and our perceptions and expectations were formed from observations of the existing establishment. We have our most productive years ahead, and it's obvious that new rules may be in effect. The answer is not to become disenfranchised.

We must recognize that change, now a part of the contract, has no endpoint but represents a constant reformation of circumstances, requiring tireless reevaluation and strategic alterations. During these times of flux, being perceptive, intelligent, organized, and industrious is particularly advantageous, whereas being uninformed, unadventurous, unimaginative, negative, and lazy is particularly disadvantageous. We must view change as opportunity and challenge rather than as ominous threat.

Assuming we can develop solid but adaptable ethics for ourselves, we need to communicate them to our children, our students, and our residents—at least for their consideration. There is a special obligation incumbent upon teachers of neurosurgery residents. Residents are relatively sheltered—quite properly—learning the art and the science. But it's out there—reality—and it's tough, and one needs a well developed and stable ethical background to maintain equanimity—to be happy, to be productive, and to be able to give. Teachers need to guide and nurture their residents not just intellectually, but morally as role models. Residents are the legacy, and their actions are the responsibility of their teachers. Honesty, thoughtfulness, and common sense should be the standard. Teachers should not feel threatened by intellect, creativity, energy, and inquisitiveness. Teachers need to convey the ideal of delivering patient care to their residents.

All of us have obligations to society as a whole as well as to individuals. Each one of us should use his or her extensive knowledge, training, and influence to educate society about injury prevention. One way to accomplish this is by supporting the endowment fund for the Foundation of the National Head and Spinal Cord Injury Prevention Program, now renamed the Think First Program, or alternatively consider giving of his or her time to a local prevention effort. We should encourage legislation directed toward public safety, such as helmet and seat belt laws and drug and alcohol education. In July 1990, I made rounds on a patient of a partner—a lovely 16-year-old girl who had been paralyzed by a diving accident. I was speaking with her grandfather, and he told me that 14 years ago his son, her uncle, had also been rendered quadriplegic in a similar accident. I felt that if I or someone had just given a little more time or money to prevention, perhaps those tragedies wouldn't have happened. It's our obligation to see that they don't.

We have an obligation to support research. It is imperative that we not yield to extremist animal rights activists who imprudently impede research efforts in misguided acts of terrorism. The "Decade of the Brain" has provided us with a wonderful opportunity to encourage more funding by the federal government for neurosurgical research and training programs. We must speak out to our governmental representatives, giving them guidance in appropriating recognizably finite funding to worthwhile and pro-

ductive efforts. Basic research may seem a bit remote to some, but it does not always involve what we as surgeons may view as esoteric rearrangements of molecules and genetic makeup. Keep in mind what the implantable lens did for ophthalmology; the total joint, for orthopedics; and cardiac revascularization, for cardiac surgery. All were the results of basic research efforts.

Responsible neurosurgeons are obligated to assure themselves and the public that neurosurgeons are, in fact, providing the best quality care. This means peer review, as onerous as it may sound. We simply cannot allow mediocrity to tarnish our profession and endanger those seeking neurosurgical care. We must recognize that the public demands accountability and a good product. We need to have standards and guidelines with which to compare our performance, and we need a system of fair, evenhanded, honest peer review by neurosurgeons themselves. It will take an enormous effort, and tremendous difficulty will be encountered in arriving at a consensus on how proper peer review for neurosurgery should be done. Some of us will view our effort as dragging our own cross, but we need to treat this as one of our opportunities for positive change. There is no question that society will soon mandate meaningful peer review, and I doubt that anyone will be completely satisfied with our solutions, but such is the nature of compromise. Recertification of some sort also appears inevitable, and again we are obligated to work out the best system.

We are obligated to furnish care at a fair price and to ensure that quality care is available for everyone. Society should be able to furnish an education, an opportunity for a job, and basic medical care for every citizen. We should have no qualms about gladly giving more than our fair share to make life a little easier for those less fortunate. Reflect for a moment, when you do your next "free" craniotomy, on the thought that you most likely learned your craft on a similar patient.

It is obvious that we have done an admirable job of controlling our fees. One must scan far down the list of surgical procedures before encountering a so-called overpriced procedure done by neurosurgeons. Many of us make handsome incomes, I'm sure, but I'm also sure that generally the intellect, training, time, skill, and responsibility necessary to produce our product easily justify the compensation. Keep in mind, however, that when dealing with our personal finances, we need to live within our means. We cannot allow personal financial obligation to taint our professional behavior.

Continuing medical education, achievement and maintenance of competence, and personal development are givens in neurosurgery. Our national organizations provide ample opportunity for education and are continually evolving better and better opportunities for professional growth through their meetings, publications, courses, and sectional activities. We

are obligated to take advantage of these and support their efforts. Our organizations also operate in the political arena. Each member has a voice to be heard either through representatives to the Joint Council of State Neurosurgical Societies or directly through the other leadership. We should support these activities by making our views known, offering solutions and alternatives, and participating in deliberations. We need to foster relations with our colleagues overseas—both in the East and in the West. By encouraging international meetings and exchanging information and techniques we can further our knowledge immeasurably. We should also do what is in our power to enhance the quality of medical care in lesser developed countries for the benefit of all mankind.

We need to encourage fine young people to seek careers in medicine and especially neurosurgery. It's really sad to hear a parent, especially a parent in the medical field, advise a son or daughter not to study medicine, if it appears that the child would be so inclined. We need to persevere. Is there any doubt that what we do is important? Ask former President Reagan whose subdural hematoma was removed. Ask Ralph Lauren, who has had a profound impact on American design, and whose meningioma was removed. Ask Quincy Jones, the incredible musician whose aneurysm was repaired. Ask the grandfather who had an acoustic tumor removed. Ask us all if we would miss the leadership, creativity, and companionship of people such as these whose productivity and lives would have been cut short had it not been for neurosurgical care. Then ask yourself if what you do is important. Answers such as early retirement and switching occupations result in a talent drain that eventuates in a siphoning of energy and intellect into less important and less challenging pursuits. We need the best people in medicine if for no other reason than that as we age we will want to be treated by physicians like ourselves.

Certainly foremost, we are obligated to our individual patients. They represent the final common pathway—the ultimate reason for our efforts. We must recognize our individual limitations. We must not promise something we can't deliver. We must not try to clip an aneurysm or resect a brain stem tumor or perform any procedure of which we are not capable. We need to be realistic in self-assessment but not to underestimate and thereby underachieve. It may be a heavy price for a patient or family to pay when the trusted physician exhibits bad judgment or lack of skill or equipment or overestimates his or her ability. To the physician, this may mean seeking other opinions or referring a person even at the potential loss of an interesting case or financial gain. But these are short-term considerations compared with the regret of having caused a neurologic deficit or death.

We are obligated to care not only for the medical problems of a person,

but for that person as a whole, and to deal with the person's family problems, social problems, and even legal problems. We must force ourselves to take each person's complaints seriously, even though it may be hard to face someone with back pain after you have just resected an acoustic tumor. Take the time necessary to make a person feel that you are sincerely concerned with dealing with his or her complaint even if it appears out of your area of expertise. We must be truthful with our patients, and we are obligated to allow them a voice in informed decision-making; and we should respect their decisions.

We have many other obligations: to our institutions, to our communities, to our countries—particularly in terms of threat or danger; but no obligations are more important than those to our families and friends. They represent the resource of love, loyalty, respect, and self-sacrifice that allows us to practice our art. We are obligated to conserve enough of ourselves in our practices to be able to give to our loved ones. And we must take the time to do it. What reward is there in the ego satisfaction of professional achievement if by virtue of neglect one's own family falls prey to the social malaise of delinquency, alcoholism, or drug abuse? And what compensation is there for a child who is never allowed to know his or her parent or for the parent who never knows his or her own children?

Lastly, we have obligations to ourselves: to be physically and mentally fit; to eschew excess; to develop appropriate pride, growth, and breadth of knowledge; to experience what the world has to offer outside of our normal spheres—diverse cultures and ideas, languages, music, art, literature, history; to be stable, serious, and realistic; to remain optimistic and confident; and to be able to enjoy ourselves and to be satisfied and happy. If we faithfully fulfill these obligations and more, then undoubtedly we shall continue to be given the greatest privilege of all—the privilege to indeed make a difference in someone's life every day.