CHAPTER

1

Congress of Neurological Surgeons Presidential Address

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It has been a great honor and an even greater privilege for me to serve this year as president of this dynamic organization—The Congress of Neurological Surgeons. I am extremely grateful to you, the membership of the Congress, for affording me the opportunity to serve our organization in this capacity. It has been my privilege to work very closely with many of you—I hope for the betterment of our esteemed profession. I have enjoyed tremendously working with your excutive committee, which consists of 17 outstanding and energetic young men who collectively are the movers and the shakers of this organization—men who move quietly, and sometimes not so quietly, to keep our society on track. For all these experiences, I thank you.

I cannot proceed further, however, without expressing my gratitude to four neurosurgeons who have had a profound influence upon both my professional and my personal life.

I am grateful to Dr. Charles L. Neill of Jackson, Mississippi, who introduced me to neurosurgery during my days as an impressionable medical student. It is interesting to note that during his Presidential Address to the American Association of Neurological Surgeons, Dr. George Tindall also paid tribute to Dr. Neill. Dr. Neill and his colleagues, Dr. Walter Neill and Dr. Lucian Hodges, through quiet example, have influenced many young physicians to choose neurosurgery as a profession.

I am also appreciative of Dr. Eben Alexander, with whom I trained and who is a past honored guest of this organization. Dr. Alexander taught me many things, not the least of which was that attention to detail, no matter how small, will prevent big problems. He is known affectionately by his residents as "The Big A," and his compassionate caring for his patients has served as an example to us all.

I am appreciative of Dr. Courtland Davis, with whom I also trained. Dr. Davis taught me that being a neurosurgeon carried a far greater responsibility to mankind than simply patient care.

I am appreciative of Dr. David Kelly, my teacher, my friend, and my colleague, whose quiet thoughtfulness is known to you all. I value his wise counsel during these past years, his guidance, and his tolerance.

I am grateful, beyond by ability to express in words, for the contributions of these great men to my life.

I am tremendously grateful to my family for their tolerance, understanding, patience, and love. Barbara, Waverly, Helen, and Michael know all too well, as do your families, what it means to be the spouse and children of a neurosurgeon, with late dinners, missed social functions, missed sports events, as well as missed father-son camping trips. Through it all, you have been extremely supportive and loving, and above all, you have understood that professional responsibilities frequently must come first.

Today I shall not report on the state of the Congress of Neurological Surgeons. Rest assured that your society is carrying on the tenets of the organization with a fervor that would astound you. I have chosen, instead, to discuss the ethical conundrums of the 1990s.

It was with considerable temerity and intrepidness that I sat down to prepare this address. It is an awesome assignment and one that cannot be taken lightly. Consider, if you will, a block of time set aside from a superb scientific program—that time given to me to address you, the elite of the medical profession: No specific requirements, no directives, a subject of my choosing. My remarks may offend some, encourage some, and sedate others, but whatever your reaction, know that I gave considerable thought and spent long hours of reading and research before putting together this presentation.

Modern American society is completing a decade characterized by Lawrence Shames (13) in his book, *The Hunger for More*, as a communal sickness, the symptoms of which are runaway greed, appalling ethical lapses, and an almost total loss of sense of community and of purpose. Success has lost all reference to accomplishment and is described solely in terms of money. The so-called "wisdom of the marketplace" has come to serve as a convenient excuse for millions of people to put aside their own moral judgment and to deny responsibility for choosing their own paths. During the last 10 years, we, as a people, have not distinguished ourselves for our willingness to be as candid, as caring, and as honest as we are capable of being. We are no longer the symbol of all of the good things we used to be. This has been the time so aptly described by the author and journalist Tom Wolfe, as "The Purple Decade," in the sense of a royal pursuit of ambition (11).

The 1980s have been the years of Ivan Boesky, Oliver North, televangelists Jim and Tammy Bakker, Judge Alcee Hastings, and the Wedtech Corporation, to name a few.

Largely because of the events of the past decade, we now see increasing emphasis being placed on the ethical dilemmas of this new age. We are seeing courses in business ethics occupying positions of prominence in the curricula of our universities and schools of business; legal ethics being taught in law schools; and courses in medical ethics being taught—finally—in medical schools. Now most hospitals have committees on medical ethics to deal with the identified ethical issues of the day. It seems that each profession, from athletics to journalism to politics, now has its own standards, guidelines, and committees to inform and encourage its members to conduct themselves in a manner that is fair and pleasing to all concerned. Could the pendulum be swinging back to a more reasonable time?

Like it or not, American medicine has found itself caught up in the ethical dilemmas of the 1980s, and we have not fared as well as we should have (9). According to the formula

$$\text{Reality} + \text{Perception} = \text{Image},$$

our collective image as physicians has been tarnished in the eyes of those whom we serve. As an example, reality represents intermittent Medicare scandals, which appear on the front pages of our newspapers, and perception is "physicians are unethical and dishonest." Recent technical advances, while allowing us to diagnose and treat diseases more effectively, have, in many instances, increased the distance between us and our patients and have tarnished our image of concern, compassion, and empathy. Some of the negative image is justified by reality, but I suspect that more is assigned unfairly by strong and widely held biases or untrue perceptions.

From the beginnings of civilization there have been rules of conduct for physicians. The earliest regulations dealing with the protection of the patient probably originated in ancient India, Egypt, and Babylonia. The code of ethical conduct in physician/patient relations ascribed to the Pythagoreans in the 6th century B.C., and known as the Hippocratic Oath, dedicated the physician "to the love of man and to the love of his craft." Most of you have at some point in your medical career, traditionally during the commencement exercises of medical school, recited the Hippocratic Oath.

While codes of conduct for physicians date back to the beginnings of civilization itself, so do attacks on our beloved profession (4). Galen (200–230 A.D.) declared that there is little difference in Rome between robbers and physicians. Paracelsus (1493–1541) stated parenthetically that "physicians garbed in scarlet, hat, and miniver fur are in league with apothecaries to profit from ignorance." Nicholas Culpepper (1616–1664) described doctors as "ignorant and avaricious retailers of medicine." In his preface to

the *Doctor's Dilemma*, George Bernard Shaw, with somewhat more kindness, describes the honor and conscience of doctors. He states that, "They are as much as any other class man, not more and no less" (4).

Medical ethics as a discipline evolved largely through scholars who were not physicians. In earlier days, the ethicists were theologians and philosophers. This remains true today, but the leaders in medicine are physicians, and the voices that preach medical values and codes of ethical conduct are the voices of physicians, not ethicists.

American medicine in general—and neurosurgery in particular—is at an ethical crossroad as we face the 1990s. Now, just 10 years from the 21st century, what ethical conundrums will neurosurgeons face in the years to come?

According to Peter Black (1), Chief of Neurosurgery at the Brigham and Women's and Children's Hospitals of Boston, several ethical issues now being debated in neurology and neurosurgery promise to have greater impact on the future practice of these specialties than the laser, ultrasound, and chemotherapy combined. Both morality and ethics are now face to face with new problems posed by startling recent discoveries in modern medicine. A partial list of those problems as suggested by Black include:

1. Medical experimentation
2. Allocation of scarce or expensive resources
3. Appropriate reimbursement systems for physicians
4. Changes in patient/physician relationships
5. Informed consent
6. Confidentiality
7. Malpractice
8. Management of long-term illness
9. Decision-making in terminal diseases.

Each of these problems opens doors to enormous ethical issues and perhaps is better suited to volumes of text on medical ethics rather than an address of this type. I would, however, like to explore with you some of the more pressing issues.

The first is the need to contain medical costs. According to Dr. Arthur Copland (2), Director of the Center for Biomedical Ethics at the University of Minnesota, we are now witnessing the beginning of discussions on rationing of health resources, and within that broad area of rationing there are more specific questions to be answered. Should a person's age or station in life be a consideration in determining whether he or she will receive treatment? What about the "effects of sin," the treatment of health care problems that are a result of voluntary behavior (5)? What about the patient with an incurable terminal illness?

To begin with the bottom line: the capacity for medical and surgical care in the United States has been judged to be excessive; contraction of this expensive capacity is the ultimate goal of the whole alphabet soup of regulatory pressures imposed on hospitals, physicians, and ultimately, individual patients. According to Geelhoed (7), we as surgeons are members of various vested-interest groups—citizens of the United States, institutional providers of health care, professionals, and advocates for the patient. When there is conflict between the interests of these groups, to whom do we owe allegiance? All of us as taxpayers, purchasers of insurance, and payers of fees want the pared-down economy model—until we ourselves become sick.

Another large ethical problem centers on medical research. During the past decade, a flurry of activity in surgical experimentation has captured the attention of the public and the media. We have seen the implantation of the artificial heart; the transplanting of a baboon heart into Baby Fae, an infant with hypoplastic left heart syndrome; and in our own area, the transplanting of adrenal tissue into the basal ganglia of the brain in patients with Parkinson's disease. We have also seen a moratorium on the use of fetal tissue in medical research, that moratorium being directly tied to the abortion issue—another ethical conundrum.

In those controversies, no one questions the need for research in surgery, which, like other biomedical research in general, stands to benefit untold numbers of future patients. Instead, concerns have been raised about the quality of informed consent granted by the patient; the uncertainty surrounding the risks of experimental surgery; the benefits to the research subjects themselves; the adequacy of the process by which the proposed experiments are subjected to review by an institutional review board; and whether sufficient prior testing has occurred before these patients are enlisted as research subjects (10).

A final major medical ethics issue is genetics. Who controls newly available genetic information? What do we do with this information? Who will bear the fiscal burden for disease that can be anticipated? What about the right not to be tested genetically (2)? Is manipulation of genes and chromosomes ethical? The Glasgow geneticist Pontecorvo voiced these concerns sharply when he said that, "Present day philosophers, systems of ethics and religions are unprepared for and possibly unable to cope with situations changing at an unprecedented pace" (5).

Dr. Willard Gaylin, president of the Hastings Center for Bioethics, has declared that we are now on the threshold of a giant success in medicine. Although most people may not realize it, it is always our successes that get us into trouble because successes give us choices. At one time, medicine could give only comfort. We are now getting down to the level of the cell with genetic engineering and molecular medicine. In the very near future,

we are going to be able to do extraordinary things. With these new choices—and all of them are expensive choices—the American public is going to have to face a dreadful situation. We are not going to be able to afford the most important thing there is—life.

The practice of ethics involves arguing from principles to specific actions in order to assess whether those actions are good. Many such principles have been suggested as guides to medical practice, including those found in the Hippocratic Oath. Neurosurgery has been well represented by Dr. Russel Patterson (12) who, as chairman of the Council on Ethical and Judicial Affairs of the American Medical Association, was responsible for the development of the American Medical Association's Principles of Medical Ethics (3). These principles are not laws, but standards of conduct—standards that define the essentials of honorable behavior for the physician. These principles are as follows:

1. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
2. A physician shall deal honestly with patients and colleagues and strive to expose those physicians deficient in character or competence or who engage in fraud or deception.
3. A physician shall respect the law and also recognize a responsibility to seek changes in laws that are contrary to the best interests of the patient.
4. A physician shall respect the rights of patients, colleagues, and of other health professionals and shall safeguard patient confidences within the constraints of the law.
5. A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
6. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
7. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

Neurosurgery was one of the first surgical specialties to originate a wide-ranging code of ethics for itself. Under the able direction of Dr. Bruce Sorensen, then chairman of the Ethics and Human Values Committee of the AANS, the American Association of Neurological Surgeons Code of Ethics was born. The Code is a statement of ideals, commitments, and responsibilities of neurological surgeons to patients, other health profes-

sionals, society, and themselves. The initial section, entitled "Ethics as They Relate to the Neurological Surgeon," bears repeating.

A. The neurological surgeon shall be dedicated to the principles, first and foremost, of providing the best patient care that available resources and circumstances can provide.
B. The neurological surgeon shall not participate in any activity that is not in the best interest of the patient.
C. The neurological surgeon shall restrict his or her practice to that which he or she is competent to deliver by training, experience, and resources.
D. The neurological surgeon shall be actively involved in continuing medical education in order to keep current on new medical technology and information in neuroscience.
E. The neurological surgeon shall not become dependent on alcohol, drugs, or involved in any other abusive practice. Should such occur, he or she should submit voluntarily to treatment and should accept recommendations of the local committee for evaluating impaired physicians or a similar peer review committee.

The Code is further divided into the following:

III. Ethics of Physician-Physician Relationships
IV. Ethics Related to the Physician-Patient and Patient's Family.
V. Ethics Related to the Physican and the Legal Profession.
VI. Responsibilities of the Neurological Surgeon to Government.
VII. Ethics Related to the Physician and Insurance, Compensation, and Reimbursement Agencies.
VIII. Ethics Related to Community and World Affairs.

How will we as neurosurgeons greet the ethical dilemmas of the next decade? If past performance is any indication, the leadership of our specialty will be in the middle of the foray, and out of this will come some rational solutions to some very complicated issues.

As we read in the *Gospel of St. Luke*, "Much is required from those to whom much is given, for their responsibility is greater" (8). We as physicians have indeed been given much, and our responsibility to our patients, to our community and society, to our nation, and to ourselves is great.

There is only one ethic. It begins "Do unto others as you would have done to you," and it applies to all aspects of life. It cannot be stretched, molded, julienned, or custom-fitted to suit the trends and the jargon of

every activity and every special interest that comes along. Try to divide that ethic, try to water it down, try to fragment it, and something majestic will be turned into something trivial; something essentially simple will be turned into something impossibly complex; something exalted will be turned into something suspect.

Let us remember that our enemies in the 1990s are not the profit-making companies, not the Congressional or state politicians, not the Health Care Financing Administration bureaucrats, not the insurance companies, certainly not other physicians, not even attorneys. The enemies of physicians are still death, disease, disability, pain, and human suffering.

As Dr. Russel Patterson so wisely stated, "the principles of medical ethics, written only by ourselves, cannot be binding on our patients. They can only bind us, and then only if we mutually agree to be so bound. Nevertheless, our principles, based on an ethical foundation of autonomy, non-maleficence, beneficence, and justice, can help us unravel the moral dilemmas that we face in our practice today, and which I fear will become increasingly numerous and complex" (12).

In his delightful book, *All I Really Need to Know I Learned in Kindergarten*, Robert Fulghum (6) relates basic ethical principles on a very simplistic level:

> Share everything.
> Play fair.
> Don't hit people.
> Put things back where you found them.
> Clean up your own mess.
> Don't take things that aren't yours.
> Say you're sorry when you hurt somebody.
> Wash your hands before you eat.
> Flush.
> Warm cookies and cold milk are good for you.
> Live a balanced life—learn some and think some
> and draw and paint and sing and dance and play and
> work every day some.
> Take a nap every afternoon.
> When you go out into the world watch out for the
> traffic, hold hands and stick together.
> Be aware of wonder.

To those I would add the ultimate: "First of all, to do no harm."

REFERENCES

1. Black, P. M. Medical ethics in neurology and neurosurgery. Neurol. Clin., *3*:215–228, 1985.
2. Copland, A. L. *A Medical Liability and Risk Management Newsletter.* The Digest, Spring, 1989.

3. *Current Opinions of the Judicial Council of the American Medical Association—1982.* AMA Press, Chicago, 1982.
4. Edelstein, L. *Ancient Medicine; Selected Papers of Ludwig Edelstein,* Temkin O, Temkin CL (eds). Johns Hopkins University Press, Baltimore, 1967.
5. Fletcher, J. F. *The Ethics of Genetic Control.* Prometheus Books, Buffalo, NY, 1988.
6. Fulghum, R. *All I Really Need to Know I Learned in Kindergarten.* Random House, New York, 1988.
7. Geelhoed, G. W. Access to care in a changing practice environment. Bull. Am. Coll. Surg., *70:*11–15, 1985.
8. Holy Bible. *Gospel According to Luke 12:*48.
9. Lundberg, G. D. American medicine's problems, opportunities, and enemies. JAMA *259:*3174, 1988.
10. Macklin, R. Ethical implications of surgical experiments. Bull. Am. Coll. Surg., *70:*2–5, 1985.
11. Moyers, B. *Bill Moyer's World of Ideas. Conversations with Thoughtful Men and Women About American Life Today and the Ideas Shaping Our Future.* Doubleday, New York, 1989.
12. Patterson, R. J., Jr. A code of ethics: the 1986 AANS presidential address. *J. Neurosurg., 65:*271–277, 1986.
13. Shames, L. *The Hunger for More.* Random House, New York, 1989.