Perspectives on the profession

Ronald M. Stewart, M.D.*

Abstract In his presidential address to the Southwestern Surgical Congress, he examines surgery as a profession from three different perspectives: his experience as a patient, a surgeon, and a photographer. He uses photography to illustrate the importance of perspective and illumination. He respectfully suggests that we should consciously choose to reframe the profession from a different perspective that accurately reflects its beauty. He also advises that we take effort to shine a gentle, soft light on the profession, a light that will reveal the beauty, the true beauty, of the profession. And finally, he submits that it is our responsibility to consciously and faithfully maintain and defend the profession from enemies inside and outside its borders.

KEYWORDS:
Profession; Professionalism; Perspective; Surgery; Photography

It is a great honor to give the presidential address for the Southwestern Surgical Congress (SWSC). Professionally, I have grown up in this organization and will always be indebted to the Congress and its members. I wish to thank the leadership and members of the Congress for the opportunity to serve the organization and Dr. Carey Page for strongly encouraging me, as a young resident, to participate in the Southwestern Surgical Congress. In 1985, as a fourth year medical student, I began work on my first surgical article, later presented at the SWSC. I owe a debt of gratitude to my family, my dear wife Sherri and my three children, Elizabeth, Jackson, and Mary. Thanks to my brother, Donald Stewart, MD, who has always been a role model for me. I will be forever grateful to those who helped me to become a surgeon, J Bradley Aust, Arthur McFee, Tony Cruz, David Root, Carlos Pestana, Waid Rogers, Ken Sirinek, and Wayne Schwesinger. My time in Memphis made an indelible impact in my life and I similarly am forever grateful to Timothy Fabian, Martin Croce, Liz Pritchard, and their team. Finally, I wish to thank all my contemporaries and friends who are so cherished and critical in my life. These colleagues along with our residents do all the work that I don’t do back at home. Thank you to Dan Dent, John Myers, Brian Eastridge, Lillian Liao, Michelle Price and the entire surgical faculty and residents in San Antonio. Thank you Brian for giving such an entertaining and comprehensive introduction. And, thank you to all my wonderful friends and colleagues in the SWSC for your time, professionalism, and friendship.

I am going to focus on perspectives on the profession of surgery. Specifically, I am going to examine the profession from three different roles as (1) a patient, (2) a surgeon, and (3) a photographer. I will use the third role to illustrate how perspective and illumination may radically change both our actions and our perceptions of the profession we call Surgery.
Although not often explicitly considered, as surgeons, each of us is the recipient of a great gift; not something we earned, but a true and precious gift. We are the direct beneficiaries of the toil, the dedication, the innovation, and the service of all of those surgeons who came before us. My grandmother was a child at the time of the first JB Murphy address at the sixth annual meeting of the American College of Surgeons more than ninety years ago. In delivering this address, Sir Berkeley Moynihan shines a soft and gentle light and provides a timeless perspective on our profession:

“Our calling, by common consent the noblest of any, dignifies all who join its ranks. The honour of the profession is the cumulative honor of all who, both in days gone by and in our own time, have worthily and honestly laboured in it... for it is, as Ambroise Pare said, “beautiful and best of all things to work thus for the relief and cure of suffering.””

As one contemplates these words, the gentleness and reverence conveyed are striking. We live and practice surgery in a wonderful time. Sir Moynihan, in his wildest dreams, could not have envisioned the fruits of modern surgery, yet why do a large percentage of modern surgeons seem to view the profession so negatively. This why is the subject of this address, or to be more precise, this address explicitly hypothesizes that the reason why is because we (collectively) are choosing to view the profession from an unflattering perspective and in an unjustifiably harsh or unflattering light. If we viewed it from a more correct perspective with appropriate illumination, we would see the profession with the glory it deserves. By a change in view, we would then naturally respond differently to our profession. But not to leave this to chance, I am going to offer what I believe is a more correct perspective by retrieving words that were never intended for us to see; words written by a country doctor in a primitive outpost. But first let me provide my perspective as a patient.

**Perspective as a patient**

I am writing today from the exact chair where I sat (at our home dinner table) on December 21, 2011. By fate, I was home rather than traveling through a remote swath of Southwest Texas to visit a series of rural hospitals. Instead, I was doing some last-minute online Christmas shopping, when suddenly my visual field seemed to contract, followed by a progressive filling of my visual field with the color of gold. I immediately recognized I was losing meaningful consciousness and could feel the muscles in my right arm involuntarily contract lifting my arm. Straining, I struggled to maintain consciousness, but this was a losing battle. After a brief, unclear period, I started to regain conscious thought, and I could hear the words of my eldest daughter, Elizabeth, asking, “Daddy, are you ok?” Curiously, I did feel ok, but I immediately realized I had a dense right hemiparesis, and, on trying to speak, recognized I had a severe expressive aphasia. Quickly, similar to a computer rebooting, my cognition was sequentially returning. I had lived with lone, paroxysmal atrial fibrillation for the previous decade, so I quickly realized I had most likely sustained a stroke, but trying to articulate these thoughts was strangely challenging. Words started to come. As I was trying to say, I need a doctor, instead what I was actually saying is, “I need my friends.” When I tried to say I need to go to the hospital, I instead said, “I need to go home.” My daughter was momentarily confused and thought that I may be joking. After a few repeat attempts with the same result, I tried substituting words. I realized I could say, “I need a neurologist.” Words were now returning at a greater pace. I managed to say, “I have had a stroke or a seizure.” My daughter jumped into action and called 911 and her mom. Within minutes, an ambulance team was in our home, and shortly, I was being transported to University Hospital, where I was met by “my friends.” Literally, my friends, who were prepared to treat me. Within minutes, I had a CT scan of my brain, was seen by both our trauma and our stroke teams, and was diagnosed with an embolic left hemispheric stroke. I was already dramatically improved from the event. At approximately one hour from onset of symptoms, I had systemic tissue plasminogen activator administered and was continuing to improve by the minute. By the evening, I was near normal with return of speech and motor function.
I was blessed to have an uneventful and rapid recovery. I was home by Christmas Eve, and I was administratively back at work in early January. What of my perspective as a patient might be relevant to this audience?

Although my feelings may be somewhat stronger, because of my background, I believe my emotional response is very typical of patients you treat everyday. How did I feel? My dominant emotion during this period was one of indescribable gratitude. Gratitude of a magnitude that today I still cannot adequately express. Gratitude to my daughter who came to her father’s rescue, the paramedic team, my wife and family, my treating physicians, nurses, and technicians, most of whom are my close friends, and, finally, a gratitude to God. Gratitude: I want to thank each of you for everything that you do for the individual patients you treat everyday. And, just because your patients may not be able to articulate it or express the gratitude, do not for one second doubt that it is there, because it is there. Culturally, our society is not strong in expressing gratitude, and many of your patients may be unable to articulate it, but you should know your patients are sincerely grateful. Even though I have told you how I feel, I don’t believe to this day, I have adequately expressed how grateful I am to the people who rescued me and allowed me to walk, talk, and feel. Speaking of feeling, the other feeling was unmitigated joy on multiple levels. Indeed, in many real ways, having a stroke was one of the best things that has ever happened to me: Joy. You may think your speaker is a bit incoherent, maybe even with more residual cognitive dysfunction than what you would have guessed from the event, but many good feelings have come from this experience. In addition to gratitude and joy, further revealed truth from the other side of the bed rail is the knowledge of being a dependent patient; the knowledge of understanding the love of your family and friends, the knowledge of how special it is to simply be able to speak, and on that day, I gained much greater understanding of time. You and I do not have unlimited time on this earth. The time to do what you need to do is today, not tomorrow, not next week, but today. Today is the time to mend a broken relationship. Today is the time to do what you need to do to the things you have set out to do. Love your family and your friends. Love your work. Choose to be happy today, rather than chasing happiness tomorrow. And finally, follow your dreams, love your chosen work, and do not fail to take a chance or stance when you need to for the betterment of your patients, the profession or your family. Be conscious of these things. In my role as a Department Chair, it is far more likely to do unconscious harm than unconscious good. Be mindful and true to what we set out to do, because it really is true what Ambroise Pare said, reportedly at twelve years of age, “beautiful and best of all things to work thus for the relief and cure of suffering.”

**Definition of the profession**

What is an appropriate definition of our profession? There are numerous appropriate perspectives, but I will summarize with a set of criteria, a general principle, an encapsulation of how professions came to be, and my short definition of our profession.

Dr. Rakesh Khurana, Dean of Harvard College, with the goal of encouraging organizational management to assume characteristics of one of the professions, has written cogently about the professions from a wide range of perspectives. Table 1 provides a comprehensive set of criteria from Dr. Khurana and his team. I believe these criteria provide a sound modern definition of a profession. I personally prefer his more concise statement of principle which broadly characterizes a profession, “I will create value for society rather than extract it.” The term profession, derived from Latin, is illustrative of the origins of the Professions. Likely, the original professions were divinity, medicine, and law. In the beginning, each of these began with a profession of faith or of a set of defining beliefs; so, those inducted into the profession did so by literally professing. So, in the beginning, the professions began with a profession, thus the term. To me, it is critically important for surgeons to understand what it is that we profess. I believe our profession, passed down for at least 2,500 years, outliving the societies which spawned it, is concisely summarized as (1) we dedicate ourselves to the service of humanity, and most importantly, we place the needs of the patient above those of the surgeon, and (2)

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<th>Table 1 Criteria for defining a profession</th>
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<td>- A common body of knowledge resting on a well-developed, widely accepted theoretical base;</td>
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<td>- A system for certifying that individuals possess such knowledge before being licensed or otherwise allowed to practice;</td>
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<td>- A commitment to use specialized knowledge for the public good, and a renunciation of the goal of profit maximization, in return for professional autonomy and monopoly power;</td>
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<td>- A code of ethics, with provisions for monitoring individual compliance with the code and a system of sanctions for enforcing it.</td>
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These are criteria for a working definition of a profession by Khurana et al.
we will base our knowledge and actions on scientific truth as best we can determine it. This is the profession of our Profession, and to me, it is best viewed as a gift passed down from those who have come before us. If we are fully conscious of the modern world, we would see there are many challenges to the practical concept and implementation of a profession. These exist in the form of challenges external to the profession and challenges internal to the profession. I will focus only on those internal to the profession as these are most directly under our influence, those in the profession of surgery. Arthur McFee, MD, PhD, a graduate of Harvard College with a degree in Romance Languages told me, as I misused the word surgery, “Ronald, operations are what surgeons do: Surgery refers to the Profession or Field of the Specialty,” after which he whacked me on the head with his ring, so here forward, I will use the term, Surgery to represent the profession of surgery. So, what are the modern internal threats to surgery, the profession? I believe they may be grouped into four broad categories: (1) problems of perspective, (2) a failure of adequate vision, (3) a failure to recognize the consequences of a lack of vision and perspective, and (4) finally, our bad behavior (fear, anger, selfishness, egotism, and so forth). I will concentrate only on the first three, as there is a wealth of information on the latter, and I believe the first three are the greatest threat to surgery.

**Modern perspectives on the profession**

What is our perspective and how clearly do we see? Or restated, what contemporary views concerning the profession are most often articulated by surgeons? We have plenty of information on how we view Surgery, from our own conversations with colleagues, to news reports, and professional surveys. In 2007, the Washington Post, quoting a responsible orthopedic surgeon reported on a common sentiment: “It’s our responsibility to take care of these patients, because that’s what we do. That’s part of our inherent fiber of being an orthopedic surgeon... But there’s no question that as the inconvenience and fatigue and poor compensation and difficulty in having appropriate resources to take care of patients build up, you get this perfect-storm effect where more and more people are thinking, ‘Gee, I don’t know if I want to do that anymore’.” Based on my experience, the surgeon in this article is articulating how many surgeons feel or at least at some time feel. He cites most of the reasons physicians offer for not providing or not wanting to provide service: inconvenience, fatigue, poor compensation, and difficulty with resources. The only factor left out in this quote is malpractice risk. Digging below the surface, or simply listening in some surgeon lounges, darker sentiments are evident. In a 2006 survey from the American College of Physician Executives, two excerpts are illustrative, the first from a young physician: “I saw firsthand the serious issue we as residents had with our morale. At my particular institution, the rigorous workload, long hours, lack of respect...
Before we get to a treatment for our modern malady, I suggest we look at our perspective and our view of the profession. As Dr. Eastridge pointed out so well and so joyfully, I have a photographic hobby. Besides people, my favorite subjects are Texas wildflowers. I am going to display one of my favorite subjects, the Bluebonnet (*Lupinus texensis*) as a symbol of our profession. In so doing, I believe I will concretely demonstrate the importance of perspective and vision play in how we view our profession, and once perspective and vision are correct, actions happen naturally.

*Lupinus texensis* is at once beautiful and delicate, yet also enduring and tough. It is a small lupine, a weed of the pea family. It is endemic from Texas to Oklahoma.\(^{11}\) It was popularized by Lady Bird Johnson in her highway beautification projects. Is the flower an obscure weed or a stunningly beautiful flower that should be protected, preserved, and revered? It really depends on your perspective, and indeed in the modern world that perspective will determine the fate of the Bluebonnet. Fig. 1 shows a typical field of bluebonnets in a vacant lot on loop 1604 in San Antonio, Texas. The bluebonnets are in the lower corner of the photo. The vacant lot sign is obvious as is the hotel and a bushy tree. Without conscious attention, the specimens of the *Lupinus* species are hardly noticed. In Fig. 2, our bluebonnet is shown in correct perspective. In Fig. 3, our delicate, but enduring lupine is seen in correct perspective, now with a soft, gentle, and flattering light on the flower. In doing so, we gain a full appreciation of the flower and the context of her surroundings. Although the sky is ominous, in context the flower is all the more beautiful. Then, literally, as one watches the little flower, in an instant sunset happens, the sky changes, and the flower is truly seen in all its beauty. Only by viewing the flower from the “right” perspective and shining a soft and gentle light on the subject is one able to view the flower in all its glory, thus

![Figure 1](image1.png)

**Figure 1** The photo displays a field of bluebonnets growing in a vacant lot. These flowers are simultaneously delicate in form, but incredibly hardy, growing in rocky, inhospitable soil. From this perspective, there is nothing particularly remarkable or beautiful about the flowers. From this view and under this light, the bluebonnets appear as weeds of the pea family.

![Figure 2](image2.png)

**Figure 2** When viewed more closely from the same level of the plant, at the least, the bluebonnet becomes recognizable as a flower; however, the beauty of the flower is still not completely evident because it is viewed under an unfavorable light.

the importance of perspective, illumination, and context. To move from abstract to concrete, for those who care about the profession, we must view it from the correct perspective, shine a soft and gentle light on the subject and view it in beautiful context. This is not easily done in a noisy, distracting modern world. It risks becoming lost in a vacant, corporate-owned parking lot. This must not happen.

What is the correct perspective on surgery? Let’s turn back the clock about a century and a half and move to the frontier of Texas. Sherman Goodwin (1814 to 1884), a New Englander by way of Ohio, was a physician and surgeon who practiced in Victoria, Texas.\(^{12,13}\) At that time, Victoria was a small frontier outpost. Dr. Goodwin meticulously kept a personal journal from the time of his arrival in Victoria until the year before his death (1849 to 1883). “Talking to himself in his journal became Goodwin’s way of rounding out his ideas of life.” This text was discovered by the prominent Texas scholar, Harry Ransom. In my favorite section of the journal as recorded by Dr. Ransom, Dr. Goodwin is writing to himself as to why he practices medicine. I don’t believe he ever expected anyone to read
this other than himself and maybe his family. He was obviously a devout religious person, and he provides himself seven reasons which summarize his view of the profession. In his own words with my commentary and modern interpretation:

“First, the sense of life going on, of questions outcropping, of natural and expected answers, of startling ones. This sense of active, unpredictable life is perhaps keener in medicine than in any other pursuit…”

Medicine has a sense of wonder that is keener than any other pursuit…so much more so today, than in his time.

“Second, there is the working of a cure…”

Too often the people I work with do not celebrate cures that literally transform people’s lives. Cures that were not apparent to Dr. Goodwin are now routine today: appendicitis, cholecystitis, trauma, transplant, cardiac disease, stroke, and so forth. These should be causes worthy of celebration in the daily practice of surgeons today.

“Third, there is education of the doctor’s own nature, educable by very slow pursuit of science and art…the physician needs only knowledge as his reward at first…but he cannot live with knowledge alone; it is nothing unless he joins himself with life.”

The science of medicine may be enough in the beginning, but it is nothing without joining into the service to humanity.

Fourth, as [the physician] knows the good of man among other men, he learns medicine’s service, and they are a reward. The physician’s view of man changes and is a challenge to everything he has learned. Is his patient evil? He will strive to save him as if he were good…the physician “does not profess to understand all human existence”; our “undertaking is only to sustain and improve it.”

Our responsibility is not to judge the patient; our responsibility is to care for the patient as if they were our own loved one, especially when it is most difficult to do so.
“Fifth, there are the rewards of companionship with the tradition of the faculty of medicine in [the physician’s] community and in the world, tradition down all the roads... which companions have labored to bring away life from pain.”

There is a rich tradition of work that leads to significant improvements in our patients’ lives that is shared by all who are true to the profession.

“Sixth, in time he must rise up to enlistment against powers of evil... Then we join the powers that cleanse and build; and though man cannot here be perfectly cleansed or his building last beyond his season, it is something to have labored for the betterment of life.”

He is correct, it is indeed something to have labored for the betterment of life. In his thoughts one hears the echoes of Ambroise Pare, “…beautiful and best of all things to work thus for the relief and cure of suffering.”

“Finally, through the very pursuit of science, the doctor comes into the service of God…”

Reflecting on Dr. Goodwin’s words, and considering his circumstances as compared to my own, my thoughts lead me to a series of questions: “Is my work as a surgeon more onerous and demanding than Dr. Goodwin’s work in frontier Victoria, Texas? Is my practice more inconvenient? Am I more fatigued? Do I get paid less than Dr. Goodwin? And, do I have more problems with resources than what he had”?

Of course, the answer to each of these questions is certainly no; therefore, I submit that somewhere, or sometime we lost some critically valuable perspective, and for reasons not well understood we have chosen to shine a harsh, unflattering light on such a beautiful subject. This must be corrected.

Conclusions

I respectfully suggest we consciously choose to reframe the profession from a different perspective—in my mind at least, a more correct perspective. We should take care to shine a gentle, soft light on the profession, a light that reveals the beauty, the true beauty, of the profession. And finally, I submit it is our responsibility to consciously and faithfully maintain and defend the profession from enemies inside and outside its borders.

References