

Complications and Beyond

Dr. Wilson L. Thompson

Medical care in America has progressed along a number of fronts. But, despite technological advances in diagnostic tests, state-of-the-art ER facilities, and costly intensive care, “complications” disrupt medical care and often doom the hopes of their hospitalized patients. Dr. Atul Gawande, a surgical resident in Boston, handles this topic in an up-close manner that elicits empathy for both doctor and patient. His book, simply titled “Complications,” was first published by Henry Holt and Company in 2002. It has since become a National Book Award finalist and is now available as an inexpensive paperback. It is appropriately subtitled, “A Surgeon’s Notes on an Imperfect Science.”

Dr. Gawande candidly addresses the fallibility of surgeons including personal experience as “assisting” surgeon just beginning his practice of surgery. He reports, that among top surgeons queried about mistakes in the past year, “Every one of them had a story to tell” (p-56). The reader learns of the weekly meetings the Morbidity and Mortality Conference (M & M) at most academic hospitals “where doctors can talk candidly about their mistakes” (p-57) free from the threat of malpractice suit. It is further pointed out that “This institution [of weekly M. & M meetings] survives because laws protecting its proceedings from legal discovery have stayed on the books in most states despite frequent challenges” (p-57).

“Complications” also recounts success stories in surgery. The author concludes with a telling account of the timely diagnosis of a potentially lethal infection involving a “flesh-eating” strain of “group A *Streptococcus*.” The early, aggressive treatment needed to save his patient’s life is being delayed by a preliminary diagnosis of cellulite, a relatively benign skin infection. Gawande’s detailed rehearsal of uncertainties of diagnosis and treatment in this medical drama is riveting. A courageous patient and her anguished father must consent to treatment involving possible amputation. Surgeons must balance risks in efforts to save their patient’s life and leg if possible.

Another story of surgical success comes from Shouldice Hospital outside Toronto, Canada which is in effect a “factory” for hernia repair. Hernia surgery commonly takes about 90 minutes and costs around four thousand dollars. Unhappily, hernia repairs eventually fail in 10 to 15 percent of the cases. “At Shouldice, hernia operations often take from 30 to 45 minutes. Their recurrence rate is an astonishing 1 percent” (p-38) at about half the usual cost. Other surgeons have tried the “Shouldice method” without their success in minuscule recurrence rates. Why? Because a surgeon at Shouldice “repairs between six hundred and eight hundred hernias a year - more than most general surgeons do in a lifetime” (p-38). They “deliver hernia repairs the way Intel makes chips” (p-41).

Other efforts “to industrialize medicine” (p-64) have succeeded in reducing mortality rates particularly in the field of anesthesiology. Machines are now more foolproof. “Dials were standardized to turn in uniform directions; . . . controls were changed so that oxygen delivery could not be turned down to zero” (p-67). Monitors have been installed to prevent fatalities from errors in anesthesiology - e.g., “undetected esophageal intubations” (p-67) that divert oxygen through the esophagus into the stomach rather than into the lungs through the trachea. As a result, death attributed to anesthesiology fell from about two in every ten thousand procedures to about one in two hundred thousand “less than one twentieth of what it had been” (p-68).

The author continues to stress uncertainty inherent in current practice of medicine by reviewing studies of autopsies. He was surprised to learn “autopsies turn up a major misdiagnosis in the cause of death” in about 40 percent of the cases studied. Further, rates of misdiagnosis “detected in autopsy studies have not improved since at least 1938 (p-197). Gawande concludes “There is still room enough to get better, to ask questions of even the dead, [even] when our simple certainties are wrong” (p-201).

Dr. Gawande has provided an adequate sample of current medical practice, “warts and all,” except for surgical abortion that now erodes the physicians’ *raison d’etre*. Doctors desperately need a national “Morbidity and Mortality” arena within which conflicted colleagues can be compelled to adhere strictly to the Hippocratic oath

to “abstain from ... harm” even to unborn babies. Otherwise, God who hears their “silent screams” will visit judgment upon the lawless “executioners” of His wee lambs and the nation they serve.