

Southwestern Surgical Congress: Presidential Address

Perspectives on the profession



Ronald M. Stewart, M.D.

Department of Surgery, University of Texas Health Science Center at San Antonio, University Hospital, 7703 Floyd Curl Drive, MC 7840, San Antonio, TX 78229, USA; University Health System, San Antonio, TX, USA.

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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.

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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.

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Corresponding author. Tel.: +1-210-567-5705; fax: +1-210-567-3447.

E-mail address: stewartr@uthscsa.edu

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Ronald M. Stewart, M.D.

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."¹

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.

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