

What's Going to Happen to Brave Surgeons and Patients?

by Thomas Marzili, MD

What's going to happen to me?" he asked. "The lung doctor says I'm not in good enough shape to be operated on. What chance do I have of beating lung cancer if they don't operate?"

If the question had appeared on a medical board exam, it would have been quite simple: a 60-year-old male who had smoked two packs of cigarettes a day for 40 years and who suffers from emphysema presents with an inoperable 3-centimeter tumor of his left lung. What are his chances of being cured?

If it were a test question, it would have been easy. But it was not a test question. It was a question posed by a dear patient of mine who was facing a life-or-death crisis.

"There are still a number of options," I answered. "Radiation therapy is very effective at shrinking the tumor. Chemotherapy is also sometimes used."

"Yeah," he doubtfully replied, "but I'll still die. I just wish they could get the cancer out. I want a chance of being cured. They say I might die on the operating table, but I'm willing to take that risk."

"The doctors in the hospital told you that they couldn't operate?" I asked.

"Well, the cardiologist thought my heart could take it," he answered, "but the lung doctor said my lungs couldn't handle it and the surgeon said he wouldn't touch me. It's ridiculous. They basically tell me I'm going to die anyway, but they won't operate because they're afraid I'm going to die."

I sympathized with his argument. I thought his lungs were much improved since his hospitalization, so I sent him for second opinions to a different lung specialist and a different surgeon. I did it for the reasons he had given but still had my own doubts. To my surprise, he was cleared for surgery and the surgeon agreed to operate. Privately, I wondered what the surgeon

was thinking. From the size and location of the tumor, even if he survived the surgery, it was likely that the cancer had already spread and his long-term prognosis was still statistically very poor. But the worst nightmare for the surgeon would be to have the patient die on the operating table. I knew that the surgeon was giving the patient his only hope for a cure. But I could also imagine the facts of the case being twisted by a sharp malpractice lawyer.

"Doctor," the lawyer could contend, "you operated on this patient knowing full well that he would probably not survive. The first lung specialist absolutely stated that the patient was a poor surgical candidate and that surgery would be extremely risky. It does not matter that the patient wanted the surgery. The patient was not an expert on thoracic surgery and surely could not have

understood the risks. You were the expert and you exposed the patient to grievous unnecessary risk. You deprived him of several months, perhaps years, of life. You deprived him of the chance to spend his remaining time with his wife, his children, and his grandchildren."

The patient underwent the surgery, and the cancer was worse than initially believed. He required not only his left lower lobe to be removed but also his entire left lung. Yet he survived and two days later was breathing on his own. Miraculously, the cancer had not spread to his lymph nodes. His breathing would limit strenuous activity, but he could again take short walks, travel, and spend time with his grandchildren. And he could also hold onto the hope that he was cured of cancer.

In my eyes, that surgeon went above and beyond the call of duty and exposed himself to unnecessary liability to save that man's life. What he did was extraordinary—yet, in his profession, ordinary. I shudder when I think of the increasing fear of lawsuits that permeates the surgeon's spirit and prevents him from performing such risky surgeries. I fear that in the near future we will have to watch patients such as this die as we sit by and wonder what happened to the last courageous surgeons.

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