

### Reading

Atul Gawande, *Complications: A Surgeon's Note on an Imperfect Science*, Part One, pp 3-106

### Class Business

If you have any questions about papers, please email or come to office hours. Professor James looks forward to the papers due tomorrow. Please catch up on the Byron Good and Good papers. Delay papers due March 30 on Dorothy Roberts book. Keep next reflection paper due on March 7, probably on the Goods and analyzing along this text.

### Student Presenter

#### First Impressions:

- Surgeon is like a mechanic with a car—control over the human body?  
“Humanistic” side of being a surgeon. Disturbing or humbling.
- Dependent on chance and instinct.
- Man versus machine + error
- How much of surgery is performed by resident? Medical education of student surgeons
- Question of access to care

Background: Gawande. Both of his parents are doctors. Health Policy & Management, Surgery Professorships. Intersections of public health, surgery, and error (malpractice, safety).

### 1. The Education of the Knife

- Science and the doctor: how fundamentally uncertain the endeavor is. The centrality of the position of the doctor. Example: getting the catheter in was a shot in the dark. Doctors are randomly guessing? An educated guess?
- Comparison: in biology, no one knows why the drug Prozac works, the precise mechanisms of drugs
- Gawande is a resident student, talking to us. Not representing all doctors. But even attendings necessarily knew. How much can be known?
- Not only how we look at doctors, but how doctors are trained to look. *Issues of the medical gaze. What is the medical gaze? How are MS trained as doctors to gain that objective, rationale, mechanistic view of the body? What enables them to practice in that way? As MS learn a new way of being, a medicalized body and what does that mean? Think about different views of the object of study and the contrasts of the patients.*

- *Uncertainty and confidence. Mary-Jo Good's chapters talk about MD competence: what makes them take charge? Comes with support of their colleagues. When can that confidence go awry?*
- Do you feel that patients should know all the risks associated with doctor (in)competence? How do you feel about teaching hospitals? What are the ethics of practicing on human beings?
  - See one, do one, teach one. He lets the resident mess up, disturbing as a patient. There's always a first time.
  - Raises questions of power, access to care? For the greater good of medicine? What patients are stuck in teaching hospitals? Is there disparity in care?
  - Question of sacrifice Rosenberg: technical and sacred. Patients at that juncture, sacrificing themselves in order for MS/residents to learn. Religious ideology. Using autonomy for greater good of society. Moral philosophy with theological undertones. Can't necessarily claim its religious role, but certainly has those undertones.

## 2. The Computer and the Hernia Factory

- Chapter is about man versus computer in correctly reading EKGs, and found that the machine was better than the human. Always equaled or surpassed human judgment. What is lost is the human contact with the doctor? *To what extent can medical practice be automated so that humans are not needed?*
  - The hernia factory—in Canada, there is a specialized facility, increase repetition and decrease errors because of experience. Degree of specialization. *To what extent could extreme specialization take the place of the doctor who has general knowledge and do we need doctors to go through 8 years of training?*
  - They did 'good,' did not do harm, and had small rates of error. Those at the hernia factory were more machinelike + with instinct and *how does that differ from intuition?* Instinct less thinking, intuition has some reasoning component to it. Provides versatility and adaptability in medicine. How mechanized can medicine become? Receiving inputs and a big equating system.
- *What about care?* How engineers can make diagnosis mechanized, but never care? When do you need doctors for? Machines? *How will medicine reorganize the relationships of care and healing,* the symbolic realm, investment of faith, the encounter of the doctor, the hope that a person has and there are ritualistic components.
  - *Discussion of Lucian Leape's article to reduce error by making practices routine.*
  - Mechanical engineer: increase in efficiency and decrease responsibility of doctor, and who will be responsible for errors? Who is there to test? Machines are not made on their own.
- When is too much reliance on machines bad? When can it be bad?

### 3. Doctors Make Mistakes

- Summary of chapter: goes through all doctors inevitably make mistakes, due to complications or inexperience, overweight and bad lighting, didn't call the attending. Statistics of bad care. M&M—morbidity and mortality conference. To correct mistakes, rather than reprimand doctors. Errors seen as caused by bad doctors and really bad doctors.
- Quote: 56-57. Last 3 lines. *Do you think medical malpractice suits should be eliminated? Is M&M adequate?*
  - Malpractice lawsuits are not making it easier for doctors to be doctors, just making it very expensive, but it is a net to catch really bad doctors. A way to actually help doctors improve, rather than simply let the patients feel better.
  - In Florida, 3 malpractice cases, you lose your license and confidence.
  - Is M&M helpful? They didn't talk about what they had done wrong, the technical mistakes, but describe the situational problems. *Mary-Jo Good: ritualized spaces with a separate moral order, its own norms and practices that don't match those in society, and with the hierarchy of positions, and some sense of accountability and beyond the realm of law, and can't be compelled for any legal proceeding, this culture of medicine as somehow special and separate. The shame of peers and higher-ups, is that enough corrective? Internal correctives, external standards? Never let go sight of the patient. Western paradigm—cross- cultural readings will come across some problems.*
- *In the rhetoric of error, is the doctor absolved of any fault? Where should the focus be on, the doctor or the system?* Process or the person/individual? A review board cannot be expected to do that?
- *Errors build up to create disasters.* Attendings responsibility—except where communication lines are cut. What form does this blame? What does “take responsibility” mean? Be more aware, don't let yourself get into that situation?
  - What if it had gone wrong? (Talk about autopsy tomorrow.)
  - Focus on person or process, and hard to really say anything about. Probably both in this situation.
  - People want to assign blame.
  - Computerized system / errors at Cambridge Hospital and place in specialty clinic.
  - Comforting that perfection is the aim, even if it cannot be achieved.

### 4. Nine Thousand Surgeons

- Summary: Gawande goes to a conference with surgeons...
- Seeing medicine as such a business, and not people oriented. *The medical marketplace, the industry, the global industry—the extent to which doctors use certain medicines or technologies because they get benefits? An ethical quandary.*
- *News: Vioxx, Celebrex, trying to limit their availability because of risks and how they can cause even more complications. Are we receiving the information we*

*should be receiving about these drugs? To what extent are doctors colluding in that? The positive side could be that civilians and doctors don't have all the information we need. Gets into questions of trust and issues of patient autonomy. Evidence-based care???*

- *Quoted anthropologist Cohen, p 84, describes conferences as a ritual space*
- *The extent to which dealing with people and their bodies can separate you from humanity. Is the medical profession radically different from the rest of culture or society?*

## **5. When Good Doctors Go Bad**

- *Doctor was making mistakes and not responsive/stubborn to his mistakes. Comes from his image, as number one guy who could do everything well.*
- *Questions: do you think it's a problem that doctors don't admit problems because of issues of image? Was it a question of real motivation? To be continued tomorrow.*