

Ethics in cardiac surgery, the new times. Philosophy in the background

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Abstract: The paper entitled “Ethics in cardiac surgery, the new times. Philosophy in the background” concentrates on the currently most preoccupying issues of medical deontology which are related to practicing the profession of a cardiac surgeon. In the background of his considerations the author refers to the philosophy of medicine. The paper discusses the dilemmas resulting from the lack of understanding of the nature of camaraderie, excessive ambition and responsibility in everyday activity in cardiac surgery. The article ends with sad reflections on the constant problems with which the Polish medicine has to struggle when faced with the degradation of the profession of a physician, excessive bureaucracy, endless haste, legal requirements obligatory in the modern highly commercialized world, underfinancing of the health care sector and shortage of personnel.

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Five decades of working as a cardiac surgeon — the load of experiences, of good and bad memories — is on the one hand a quite good foundation for drawing up summaries, but on the other — an awkward burden for the author — since everything that is contained in these memories is important or else possibly nothing is important. The very question itself sounds like a philosophical dilemma as if borrowed from Gottfried W. Leibniz, a versatile thinker. Or else as if taken from the logical positivism philosophy, sadly reminding us that “if one cannot speak about some subject, one should keep quiet.” Well then, should we speak or be quiet? Given the contemporary reality it is indeed difficult to make up one’s mind.



Some eagerly accept the thesis — as if it were an axiom — that medical ethics is the basic determinant of our profession and no one can do without it. Undoubtedly reminding people about the necessity of employing medical ethics is not erroneous and he who sees here an intrusion is in error.

Our specialty requires extraordinary abilities, manual talent enriched with incessant hard work on self-development and oftentimes overcoming one's suffering. A surgeon has to face physical tiredness and to conquer his/her weaknesses. Indeed, one has to acquire the ability of practicing a special, oftentimes "life-saving" way of thinking, of such reactions of the mind and such skills that are anticipated from a jet plane pilot.

The frantic progress seen in the rich world on the one hand and the expectations referring to the effects of one's work in the Polish reality on the other give impetus to the spiral of mutual misunderstanding and dehumanization of the profession. Because the patient, his/her family, the paying party and the media set high demands. And the instruments — modern, unfortunately expensive and at times acquired by a medical institution at the cost of extensive sacrifices — increase the expectations of the patients and additionally result in an increased legal responsibility. Scientific papers that are commonly found on the Internet platforms also begin suggesting to patients the determinants governing the expectations as to the quality of a medical service and the results of therapy. And an uncritical comparison of a therapeutic result with the data quoted in the Internet may be completely devoid of any sense and meaning. If we provide that a physician performs his duty in the best possible way he/she knows, uses reliable knowledge, and is careful in exercising his/her role, he or she should not be subject to an unprofessional and insensate judgment — regardless of who expresses such a harsh assessment.

Józef Dietl, one of the most eminent Polish physicians, associated with Krakow by his holding the post of the City Major, Rector of the University and by his impressive achievements as a physician and a scientist, at the beginning of his scientific career became famous because of a publication which — years later — acquired much importance. In his paper — which was in truth his doctoral dissertation on the evaluation of the services rendered by physicians and written in 1829 — he wrote [translated]: "Above all I have to mention a highly disastrous delusion of non-physicians which highly contributes to the fact that people who are not associated with medicine grossly exaggerate in their expectations in the field of medical science, what in turn leads to dissatisfaction and unjust opinions directed at the said science." [1] Dietl took a clear stand stating that a physician could not be held guilty of any therapeutic failures as long as he/she performed the medical duty well and in keeping with the contemporary science, since by definition medicine was imperfect and the health of the patient quite often escaped beyond the abilities of medicine. The later extensive work of Dietl published in 1846 acquired the name of "The manifesto of the new Vienna school." The paper undermined the current therapeutic methods and gave a direction to the development of medical sciences. The basic message of Dietl — which was accepted in the world of medicine — was the timeless statement: "a physician is responsible for the fate of the patient, but only within the limits of the available knowledge, science and possibilities offered by medicine." All demands exceeding the above formulated thesis are unacceptable. In the 19th century, the doctrine — or the manifesto — of Dietl was accepted and understood by the entire medical community. The scientists accept the text also today.

We are constantly occupied by stress, excess of duties and obligations, haste, bureaucracy, the obtrusive need to report and administrative absurdities, prosecution-like suspiciousness, claims of the patients and their families. Yet the hassle of our daily work cannot justify our going

around the binding Code of Medical Ethics. It seems obvious that we “...in keeping with the best knowledge strive against suffering and prevent diseases” — at the same time not forgetting the obligations expressed in the Hippocrates oath: “...guard the dignity of the physician’s state and do nothing to besmirch it, and treat the colleagues-physicians with kindness that is due to them, without undermining the trust put in them and having in mind the welfare of the patients entrusted to them.”

Władysław Biegański — a philosopher, ethicist and a wise physician — wrote the beautiful Polish words: “I believe in the medical progress of humanity, I believe that there will come a time when there will be no fight for survival among the people but rather a noble competition in providing benefits...” [2] Well, the statement is grandiloquent, but still beautiful.

Camaraderie and ambition

It is so easy to criticize a colleague, to condemn another center, to boast of what we seemingly can and others cannot do — or else we seem to think they cannot do it. The fight for prestige, professional competition, sarcastic remarks smuggled into the media, self-righteous statements are becoming unbearable. Fortunately, we have reached a consensus on not publishing the results achieved by competing cardiac surgery centers; fortunately the majority of us perfectly understand the importance of keeping a distance from the media and maintaining respect to our Colleagues. The nasty comments on the Polish cardiac surgery, on Polish colleagues referring to real persons and delivered from some far-away places have been silenced. The passing time, astonishing twists of fate, the tenacity exhibited by one reaching the retirement age — somewhat tender the moods and habits. God save us from such “colleagues” even if they are good specialists. Friendship may be put on hold if the behavior of any of the parties goes beyond the obligatory code and good manners.

Excessive ambition in this unceasing strive for supremacy has many times proven to be disastrous. Against the intent of the man, it leads to blind ends in one’s career, even in the greatest aces if they cannot cope with their fame and high position. It is hard to find some good advice and a good solution. Such intricacies of human psyche were at the forefront of Schopenhauer’s mind, who in a somewhat prophetic manner anticipated the excessive ambition characteristic of some famous people of contemporary times: “...as long as we capitulate to our dreams and ambitions to reach a success — we will never reach internal happiness and constant peace of mind.” [3] As nobody else, two centuries ago, he saw the hopeless fate of morbid ambition. It is sufficient to look around — such people are near us, such physicians who desperately want to exist in the environment, in the media, who boast of themselves and lasciviously await praise. Such an attitude evokes the need to recall the motto formulated by Blaise Pascal — who was also mentioned by Biegański — *voulez vous, qu’on dise du bien de vous? n’en dites point* (Do you want people to speak well about you? Well then, don’t speak about yourself...).

This issue is related to the subject of professional competition. Such a competition is common and there is nothing blameworthy in it as long as it is the illustration of a worthy, praiseworthy competition. Then it is even a highly positive phenomenon. It is much worse if it provokes dishonest overcoming professional barriers and obstacles, meaning one’s competitors. If we take the aforementioned phrases of the above quoted thought and combine them with irritable lack of appropriate financing — in fact of almost everything that is related to medical activity — it is easy to understand that this is a nightmare of the health system. The lack of appropriate remuneration

provokes some physicians to more and more feverously fight for a better professional and scientific stance, at times against their skills, talents and against the judgement provided by their own conscience.

Responsibility

Responsibility is the key asset of a cardiac surgeon — at least it should be such an asset. Without the highest exceptional responsibility for his/her work a cardiac surgeon becomes incredible. We have to be dispositional starting from the early beginnings up to the late and mature stage of our professional life, having no chance for slowing down and having in mind the holy responsibility for the fate of the patients and the decisions we made that result from medical ethics. It is an exceptionally heavy burden. It binds the soul and consciousness of a cardiac surgeon. The talent for surgery, medical education and professional responsibility have to go together and complement each other. Otherwise a physician will remain a mediocre middlebrow — educated, but useless when it comes to the profession of a cardiac surgeon.

Speaking about well and less known necessary properties ascribed to a physician Professor Adam Wrzosek, an ethicist, historian and philosopher of medicine from Poznań expressed his views in 1908 during a lecture presented in the Jagiellonian University: “Apart from appropriate education, a physician should also have good general education, be a sapient human being at least at the level of intelligence represented by other representatives of social professions.” Speaking about general education which included ethics and morality, Professor Wrzosek saw the origin of responsibility. He argued that a thorough education was the basis for the good, responsible, ethically based preparation to practice the profession of a physician in general [1]. It should be added here that in case of the elitist surgical specialty where the life of a human being depends on the most precise manual skills and after surgery — on a wise decision, responsibility is of a fundamental importance. On many occasions I happened to quote the sentence formulated by one of the nestors of the Polish medicine: “...a surgeon who performs his profession with devotion to the patient and involvement amounting to 99% only — commits a crime in one percent.” It is hard to find a more blunt reference to the responsibility of a surgeon. I refer the statement to pediatric cardiac surgery to an even higher degree.

To acquire the genuine responsibility, one has to have a sense of the reality. This is not only an issue concerning a proper orientation, a sense of reality and a strong stance in the contemporary difficult and commercialized world, in the claws of the law and severe criticism — this is an issue deeply embedded in one’s conscience and logical thinking of a person with a well-developed sense of reality.

Bertrand Russel, the unparalleled master of logics and a humanist, expressed a seemingly banal idea, saying: “The sense of reality is of a basic importance in logics.” [5] The thought refers to the basic elements of the professional life and behavior in every-day life. Such a simple yet profound sentence does not reach out to everybody. May it reach out not only to my Colleagues cardiac surgeons, but even more potently to the physicians who most closely cooperate with us who in their legitimate search of a decent life lose their sense of reality. In what world do we happen to work, in what economic reality? The inexorable and implacable logic tells us to realize that it is inappropriate to put on airs not because one has an exceptional skill, but because one has the advantage of practicing a scarce specialty. Such an attitude is in conflict with good manners and even becomes ridiculous. Here the harsh logic says: “man, give it a rest, have a sense of reality.”

If the closest fellow-workers of a cardiac surgeon are an interventional cardiologist, a specialist in intensive care and — obviously — an anesthesiologist and if within such an elite group a cardiac surgeon occupies the lowest position in the Polish catalogue of gratification, we have reached some sort of pathology. The success of a cardiac surgical procedure has many fathers. But if in this complex process of treating the patient the surgeon is placed in the position of a “craftsman”, being placed in a lower position as compared to a specialist who cooperates with him/her in the operating room — well, it is hard to accept. It is the surgeon who bears the principal responsibility for the surgery. Thus a rhetoric question emerges whether the extraordinary responsibility for the patient during the entire therapeutic process should rest solely on the surgeon? Cardiac surgery as a specialty requires teamwork within the entire circle of coworkers. If it is successful, it is in a great measure the success of the entire team. And if there is a failure — is it solely the surgeon who is held responsible and has to answer with his/her consciousness, position and authority? What is necessary is the perfection of preparing the patient for surgery, appropriate diagnostic management, modern and accurate anesthesia, ensuring comfort in the course of the procedure — all this is important. It is highly important and yet some shortcomings may occur precisely in relation to these aspects of the procedure. And what happens oftentimes after the surgery or almost always in neonatal cardiac surgery — the end of the procedure is the beginning of a battle for the life of a child and the fight needs to be arduous, demanding and wise.

Collective protests with which it is hard to argue are becoming the everyday reality. They are justified, by all means, if we feel disadvantaged, if the gratification is too inadequate as compared to other important professions and specialties — then we have every right to protest. But have Polish cardiac surgeons ever started an individual or collective protest that would lead to the paralysis of a medical center? I do not have such knowledge.

It is easy to note the elementary lack of humanism, the lack of respect for the suffering of an ill human being and objectification of the disease understood as the source of income — not only for individuals, but also for institutions, hospitals and — alas — for the multitude of businessmen who for the past few years have battered on the organization of medical care and made money on the pandemic. It is beside the point that the medical personnel will be given a decent payment. These people are entitled to receive appropriate, even high gratification for their fight with the dangerous infectious disease and this is not my point. The problem is that the disaster of the entire society allowed people and institutions with the decency and honesty characterizing the hyena to make money — at the same time draining the almost empty budget assigned to health care. And it was done at the cost of us all, at the cost of the entire society.

Where are we now?

For many representatives of our profession working in an outpatient department or an operating room is solely the way of securing a decent salary. There is nothing wrong with such an attitude as long as the tasks are honestly and reliably executed. A profession is a profession. Commercialization catches up with everybody and it is difficult for the government to rely on the altruism of physicians, although the rulers seem to think they can do it ad infinitum. And our society is somewhat different when compared to the mentality of the societies of the western part of Europe; we delight in criticizing the prosperity of physicians. We may be irritated, but we will not change the fact for a long time yet, as recently the government-sponsored media, and politicians again do not shy off from depreciating a physician. This is our national specialty — to criticize a doctor and

believe it would be best if he treated his patients like Judym, without any payment. In 1939, the eminent Polish reporter Melchior Wańkowicz in his introduction to *The Memoirs of Physicians* prepared by the Social Insurance Institution (ZUS) wrote about physicians and their humiliation: “a social physician is the only intelligent person who may be demanded to do something while being paid nothing in return.” [6] This is the true quintessence of the manner illustrating the approach to a physician as it was in the past and as it is today. It is not us who have brought the fate on ourselves but we have our share here due to the lack of mutual respect. The fatal approach is continued and recently it is pumped up by the government; for almost everybody it is a rare idea to simply treat with respect a physician who undertakes performing the surgery showing extreme involvement, being in stress and at times being subjected to extreme emotional and physical effort.

Another factor contributing to these sad reflections is haste. Haste in medicine, similarly in cardiac surgery as in other disciplines, has been enforced both by modernity, the refinement of forms of mutual communication and the natural strive to fully use all that is offered by the modern world. Haste is more predominant in wealthy societies or else in societies which crave for being rich. Because such is the fashion, such is the social education and style which younger people take over from their elders in the process of developing their personalities. And finally, this is our national character.

Better financing might eliminate numerous irregularities and misdeeds. Unfortunately, better financing is not a panacea that would cure the medical soul, remove the multitude of maladies — these sore points that are related to the eternal strife for being more important, better and richer. We also cannot avoid progress and the inextricably linked haste.

The reported astonishingly good results oftentimes conceal improper qualification, erroneous classification of the degree of difficulty of a given procedure, adjusting medical records to fit the needs, “creative” reporting of therapeutic results combined with glorifying one’s merits. We could have hoped that the computerization of medical records, reporting, official controls, audits and principles dictated by the European Union would improve the unreliability of the reported results. But unfortunately not only the Polish, but also the world medicine continue to be embedded in these practices. I feel that — without realizing it — we are heading towards technocratic classification of a medical service; rendering such a service a physician-functionary who is paralyzed by the responsibility to the lawyer will fight to save his/her hide to a greater degree than to save the patient, while professional insurance will keep devouring bigger and bigger percentages of salaries. Our for years optimistic Polish expectations of changes in tariffs pertaining to cardiac surgical procedures continue to remain in the dream zone. Unfortunately, we still do not see any healing of our system. The constant shortage of members of medical personnel and nurses, no full access to the operating room and to beds in intensive care units are integrally associated with the lack of appropriate financing. Possibly in our country, the change of the central strategy of percentage deduction of funds to be used for health care related purposes will change the situation. We very much count on it. For the good of our patients.

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