THE ETHICS AND DEPORTMENT OF THE OPERATING ROOM.*

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How great would be the amazement of a barber-surgeon of the medieval ages, when his operating-room was any place wherein the patient might happen to be—the living-room in the hovel of squalid misery, or in the richly-draped palatial chamber of the rich,—if he were to step into a modern operating-room, with its polished or mosaic floors, enamelled furniture, marble seats, brass railings, glazed walls and glass domes. With the barber-surgeon the buccaneering germs were free to gratify their insatiable appetites, whilst the modern surgeon forbids even their presence, and if, peradventure, they are found about the wound they are speedily exterminated by antiseptics.

The modern operating-room is an evolution of scientific surgery. To Lord Lister, Pasteur and a legion of other notable scientists, we of the twentieth century are greatly indebted. The heritage to which we, as members of the medical profession, become the legitimate heirs, brings with it great privileges, but also equally great responsibilities. This fact naturally leads up to the ethics of the operating-room.

ETHICS.

Since ethics can be defined as "a system of rules for regulating the actions and manners of men in society," and as we are members of a great fraternal circle, the ethics of the operating-room rest on the common basic principles so tersely summed up in the so-called "Golden Rule." But as every nation has its own language to give expression to its needs, emotions, and aspirations, so every calling has to evolve its own code of ethics from common fundamental principles, *e.g.*, the theft of money in social life finds its counterpart in the unprofessional taking of a patient from another physician. The work of the operating-room is of an exceedingly complicated character, as it involves the relationship of the surgeon to his patient, to his confreres, and to his profession. In no other vocation in life is a man's honor put to a more severe test than in the operating-room. The subtle temptation comes to unduly urge on an operation that the surgeon's reputation may be enhanced, a large fee obtained, or some one else prevented from getting

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the case. The ethics of the operating-room imperatively demand that the interests of the patient must alone decide the question of operation. Flagrant violations of ethical laws may, and sometimes do, occur after the operation. Dr. A. is asked by Dr. B. to operate on his patient. Some months after Dr. B. finds that his patient, instead of coming back to him, goes to Dr. A. with his minor ailments. Dr. A. ignores Dr. B.'s claims altogether and treats the patient, and by so doing begins a life-long feud between Dr. B. and himself. Dr. A.'s conduct only becomes ethical when he has arranged with Dr. B. as to who the attendant should be.

The question of fees is often a much-mooted point. When the patient's means are limited and when there has been need for lengthened attendance before the operation, if the surgeon charges a high fee, the attending physician is deprived of a large share of his just reward. In all such cases ethics demand that in regard to remuneration the interests of both physician and surgeon be duly respected. Fees again come up as a factor in the relationship of the surgeon to the anesthetist. Is an inexperienced man ever chosen to save to the surgeon the fees that would otherwise go to an expert anesthetist? Ethical laws would hold that the safety of the patient is never to be jeopardized by the mercenary interests of the surgeon.

The importance of surgical work, as compared with the medical care and treatment of a case, involves an ethical question. The surgeon may not say so in words, but he may be quite willing to have the patient imagine that his work is of considerably more importance than that of the physician. In fact, it is not at all uncommon for the physician to find that his status is never quite the same with the patient or family as it was before the operation. In these cases the surgeon's ethical sin is one of omission in that he has failed to correct an erroneous impression that militates against his medical confrere.

The list of ethical problems that project themselves into the operating-room might be very much extended, but time will only permit of the discussion of one more, and it probably the most debatable one that confronts the surgeon in his work,—viz., who should do the operation? In isolated districts the one man must be both physician and surgeon, but the erection of hospitals in towns and cities has caused some division of labor, one section of the profession becoming better known as surgeons and the other as physicians. This division enables men to obtain a larger experience, and other things being equal,

great skill. The crucial question comes up as to whether the family physician should operate on his own cases or pass them over to the man who is doing a much larger amount of surgery. There is probably little or no conflict of opinion in regard to cases in minor surgery, or in extra hazardous ones. In regard to the cases between these extremes, *e.g.*, the removal of the appendix, is the family physician ever justified in exposing his patient to greater risk in doing the operation himself than would be involved in having the services of a more expert operator? On ethical grounds, the safety of the patient outweighs every other consideration, and, therefore, neither reputation or pecuniary interest should be allowed to govern his decision. This, no doubt, is often looked upon as altogether too great a sacrifice for the family physician to make, knowing full well that in so doing he is not only impairing his own reputation, but also enhancing the reputation of another at his own expense. However, ethics make a strong appeal to the physician. They ask him to place the interests and safety of his patient above all personal considerations. Again, the honor of the profession has its claims. Any one who has visited numerous hospitals must have seen many operations that reflected no credit on modern surgery. It is scarcely possible for the general practitioner who has to depend almost entirely on his own practice for whatever cases in surgery he may have, to acquire the skill, dexterity and resourcefulness of the surgeon, to whom a great many cases are sent by his confreres. Can any one dispute the statement that the interests and safety of the patient and the honor of surgery will not be much better conserved by the latter than by the former? If this be true, the ethics of the operating-room demand a large measure of self-sacrifice on the part of the general practitioner. It holds as true in the surgical as it does in the spiritual world, viz., "that he who would save his life must lose it." Personal and pecuniary losses may be fully compensated in the moral gains that come from self-sacrifice.

Deportment.

It can be truly said that we learn by doing things. If the thoughts and emotions that sway the patient as he lies on the operating table awaiting the anesthetist, can only be known through an experience that few of us have had and fewer still will ever crave to have; we must rely upon our imagination to "picture the scene." Of one thing all can feel assured that the

few moments preceding the operation are the most strenuous in regard to the number and variety of the thoughts and emotions that crowd into it, of any period in the patient's life. If it be a first experience and if the operation be a critical one, to the purely mental perturbations, there may loom up before the soul not only the spectre of a past life, but a dim outline of the shore of "that undiscovered country from whose bourne no traveller returns."

However great the triumphs of surgery have been,—and they are only equalled in magnitude by the inestimable boon it has been to suffering humanity,—yet the fact remains that the patient's life is in jeopardy from the anesthetic, shock or unexpected complications. Although probably no other place can lay claim to so many triumphs as the operating-room, yet the awful suddenness of some of its tragedies is simply appalling. Whilst the story of its triumphs is a splendid inspiration to the patient as well as to the surgeon and all associated with him, yet the possibility of a tragedy hangs over the table like "the sword suspended by a brittle thread." This ubiquitous spectre in the operating-room makes it veritably "holy ground," and as such, what constitutes proper deportment in it? Perhaps this question can be answered best by stating what ought not to be "much in evidence" there. The decorum of the funeral service has no place in the operating-room, although the possibility of the need subsequently of such a service cannot always be eliminated. Hope should create such a buoyant spirit that it would manifest itself in all present. It is absolutely no place for either the amusing or boorish joke, social gossip, medical or political disputations. Nothing should be said or done that would disturb the patient, since it is a well-established fact that all the senses become hypersensitive during the early stage of anesthesia. For this reason everything should be in readiness for the operation before the patient is brought in. If the surgeon has forgotten any of his instruments, or if special ones are not available, the fact should not be discussed, for although it may be a trivial matter in itself, yet it may cause mistrust and anxiety to the patient. The anesthetist must remember that his part generally involves the most danger to the patient, and, therefore, should command his sole attention. I have no hesitancy in saying that when an inquest is held in case of sudden death during anesthesia, the anesthetist should be subjected to a rigid examination by an expert, and if any negligence be proven, punishment should follow it, as for any other criminal act. It is a mooted question as to what ex-

tent conversation is permissable in the operating-room. It can be laid down as a safe rule that the less said during an operation the better. The conversation itself may be distracting to those engaged in the operation and the forced expiratory efforts required in speaking may carry infected air to the wound. When the surgeon or assistant has to speak the face should, if possible, be turned away from the field of operation. All pompous airs are alien to, and very unbecoming in the operating-room, as the human body is the most complex and wonderful of all the Creator's work in the physical world, and as many factors pertaining to disease yet remain the most profound of all mysteries.

The deportment of assistants and nurses should be characterized by strict and courteous attention, and by alertness and dexterity in the discharge of all the duties assigned them.

The deportment of spectators, when present, should be in line with that observed in church service. Joking or disputing, or what is not infrequently seen, brushing dusty spots off their coats,—all these are boorish and entirely out of place in the operating-room.

In conclusion, can it not be truthfully stated that in no other place can scientific attainments, ethical refinement and moral goodness be better exemplified than in the discharge of the duties pertaining to the operating-room?