The Influence of My Profession on My Life

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None of us knows the future. Most of us hope that we will live a long, interesting, and healthy life and pray not to suffer. Physicians like me, who see lots of death and disease, know the best way to leave this life is to drift off to sleep and not wake up. The trick is to feel healthy when that happens. I'm fully aware that my time on earth is no longer 'endless.' I'm taking the time to remember the past, to record and reflect on the memories and experiences of reclaiming my life from almost six decades of work. I'm doing this to make sure that anyone interested in knowing what kind of person I am would be able to examine my innermost thoughts and ideas.

I have tried to find evidence of the 'inner' lives of my own grandparents, but they left nothing written. I'm sad that I didn't know them well enough to satisfy my curiosity about how my personality developed, possibly because of inherited behaviors and brain development. If nature decides conscious behavior patterns, I could understand myself better. What if one of my grandchildren has similar desires? Could he or she read about my life and understand him or herself better? For these reasons I want to describe for my progeny and anyone else who might be interested how happy I became in my last years of life.

As my surgical career winds down, I find joy in being more loving and caring. The competitive nature of being a surgeon affected all my relationships. Now, I can finally process the emotions and challenges that came with my profession.

There is a behavioral burden of being a doctor and, particularly, a surgeon. The hardest part about being a doctor is the dedication it requires. It is not like other jobs. A significant side of having a career in the medical field is the number of hours worked. As a medical professional I typically worked long shifts of 12 hours a day or more. This was often physically and mentally draining. Plus, when dealing with many patients, it was hard to take a break during shifts.

Surgery is a physically and mentally demanding profession, requiring an elevated level of precision and focus. As a surgeon I performed intricate and delicate procedures for extended periods of time. I could not make mistakes.

It was also personally risky to be a surgeon. The typical general surgeon experiences about one physical injury per every one hundred hours of operating time, or about 210 injuries throughout the course of their career. I accidentally stuck myself with needles many times.

One time I got the hepatitis B viral infection when I operated on a patient with hepatitis and stuck myself while taking out his spleen. Another time I ruptured a tendon in my thumb while positioning a patient on the operating table. Many of my injuries manifested in my older age after repeated injuries to my spine. I have had five operations on my spine, three lumbar and two cervical. General surgeons often need operations on their cervical and lumbar spines because of years of improper standing, turning, and repeated injuries.

I suspect my chronic gastro-intestinal issues were partly caused by the lifestyle imposed by the unusual limitations in the operating room. Who knows how many thousands of times I had to put off going to the bathroom because I was in the middle of a procedure and could not leave. The gastro-intestinal tract adapts to that behavior. Studies comparing the bathroom behaviors of Ugandan and English schoolchildren clearly showed how diet and the social and cultural habits of individuals affect how rapidly food traverses the gut from mouth to anus. Ugandan kids 'go' immediately when they have to, while English kids have to wait for the proper time, going to the bathroom only when the teacher deems it proper to leave the classroom. The differences are easily seen in the incidence of diverticulitis in the two countries – common in England, very uncommon in Uganda. Immediately obeying the 'need to go' is the natural way and keeps the gut healthy. Putting off the need results in disease. As a surgeon I often forgot to go when I was scrubbed in a case for many hours, concentrating only on the job at hand.

Psychological distress requiring treatment affects 16 to 37% of surgeons, and they have higher rates of suicidal ideation than the general population. To cope during my years of operating, I changed my personality, created a protective barrier around my sensitive nature, and became emotionally detached, which also affected my relationships.

As a surgeon I often faced life-and-death situations, and I had to remain calm and focused under pressure. I often delivered difficult news to patients and their families, which was emotionally draining.

I was constantly faced with the reality that a single mistake could have deadly consequences or result in lifelong disabilities for patients. I was often called upon to save those who were in life-threatening situations, making my job even more stressful. In many of those scenarios, I had to act quickly and with precision to save the patient. Sometimes I failed and I felt terrible.

To become a board-certified surgeon requires extensive education. In my case those requirements were even more taxing because I moved from South Africa, where my surgical training was accepted, to the USA where those years of training were not totally accepted. I had to repeat part of my surgical training. In all I trained for fifteen years after graduating from medical school. Most surgeons in North America train between five and seven years.

All current surgical trainees work at least eighty hours a week. That is already twice as long as the average worker in other professions. The eighty-hour work week has been in effect for about twenty-five years in the US. Restricted working hours were not mandated during my training. I often worked over one hundred hours a week. Working under high pressure circumstances so many hours a week takes a toll on the psyche. Burnout is a problem although I've not yet experienced that symptom complex. Surgeons are more likely to drink too much alcohol, but I fortunately discovered that drinking makes me ill.

It would have been hard enough to work under difficult circumstances if all my patients had been compliant and understanding. But I had many challenging patients during my decades of being a surgeon. One of them actually threatened me with a gun. Another time an armed gang walked into the emergency room while I was in the midst of caring for a rival gang member whom they had shot. They were intent on finishing the job and I was in the way. Fortunately, my patient escaped through a back window, and I was no longer in the way of their intention to kill him.

I experienced legal risks in my surgical career. A patient with a groin hernia sued me because I hadn't warned him that he could not have sex during his recovery. He lost the case. Another patient blamed me for paralyzing her forearm when it was caused by a growing tumor. She lost the case too. I was not to blame but I felt terrible each time because I was not emotionally trained to make any mistakes. I kept feeling that I had done something wrong.

A considerable number of marriages involving surgeons end in divorce. The unpredictable, long hours and constant emergencies make relationships challenging. I married at the beginning of my surgical training, but the daily stress from my teachers affected my marriage negatively. My divorce caused great regret, particularly due to its effect on my children.

As a surgeon for five decades, I often encountered negative verbal and written communications with aggressive tones. These ranged from subtle negative behaviors to overt aggressiveness like yelling or using condescending language. Such behaviors did not always intend harm; the instigator might have been unaware of their impact. Though uncivil behavior isn't exclusive to surgeons, attending surgeons frequently display tensions in the OR, with images of surgeons cursing and throwing instruments still prevalent.

Although the personality or personal communication style of surgeons may have been the main reason for tense communications, some individuals were worse than others, often known as 'bad apples,' or bullies. Those dysfunctional behaviors were stimulated by anxiety, depression, aggressiveness, or prior victimization of surgeons.

The operating room is called the 'theater' in British jargon and the surgeon is much like an actor on a stage. I was trained by surgical teachers who had experienced the Second World War, where they practiced military-style communication. They were used to ordering people around. They yelled at me, threw instruments at nurses, and were quite comfortable acting aggressively in the OR, surgical wards and in the classroom. Many of them were bullies. They enjoyed yelling and screaming at me, blaming me for mistakes they had made. Wound complications were my fault. Excuses for bullying behavior was even more likely if a complication resulted in death of the patient. I also experienced other forms of harassment and discrimination.

Studies show up to ninety percent of surgical residents face bullying, which impacts mental health. Bullying in the surgical workplace can lead to depression, burnout, PTSD, suicidal thoughts, and alcoholism. I encountered bullying from surgical teachers, fellow residents, nurses, and other staff.

Bullying contributed to a toxic atmosphere. None of my fellow residents in South Africa or in the States escaped the tongue lashing of our superiors. We couldn't complain to anyone, and we saw our colleagues being harassed every day. A second-year surgical resident under my watch was fired while doing rounds with the team. He had been assigned to the emergency room. The surgical critical care team began ward rounds in the emergency room at 6.30 am with the chairman of the Department of Surgery at the University of California Davis Medical Center in Sacramento. The residents had to know every patient in the ER. We came to a patient who had been admitted about an hour before rounds and the resident had not had time to see him. The chief fired him on the spot. That act scared all of us. Not only was he a colleague, one of us, but we all got a clear message that we could be next. We all feared reporting or complaining about this behavior because of the potential risks to our careers in surgery. We could not rely on support from our peers, colleagues, or superiors.

I recognized my own bullying behavior and how it adversely impacted my own personality in 1990. It was then and only then that I began to feel that my behavior might have caused medical errors, patient harm, and undue financial costs to the healthcare system. I did not realize it may have caused problems in my relationships.

The surgical profession attracts individuals with certain personality traits, and I do not seem to fit those attributes. I was not one who could easily speak up and vent my negative emotions before I started training in surgery. However, the profession of surgery can also 'create' individuals who develop that kind of personality because they are constantly exposed to disruptive behavior in the operating room. I fit that description quite well. As I advanced in my profession, achieving the high-status level of 'attending surgeon,' I had less

trouble speaking up and could vent my negative emotions more easily. Surgeons emit a higher number of 'tensions' per unit time than any other specialty. Many people believe that the profession of surgery attracts and creates individuals who love disruptive behavior.

In retrospect my personal stress was also related to production and time-pressure, both enormously crucial factors that may have further increased the number of tense communications. Many of my tensions related to overrunning allotted time, the changing of scheduled surgeries, and the availability of OR time, staff, or equipment. During surgical procedures, unexpected intra-operative complications, divergent opinions related to safety, quality of task execution, and personnel collaboration often triggered tensions.

In reflecting upon the development of my surgical demeanor, I am uncertain whether it was shaped by the influence of my mentors or by situational factors. The majority of tense interactions I experienced were started by attending surgeons and often directed at me during my residency while learning from a surgical instructor positioned opposite me at the operating table. Other individuals present in the operating room, such as scrub technicians, fellow residents, medical students, and occasionally other attending surgeons, also sometimes faced criticism from the lead surgeon, particularly when the latter was experiencing frustration.

The primary sources of tension were coordination issues, including collaboration difficulties, perceived incompetence, and errors made by others. Task-related issues, such as an assistant not knowing the correct sequence of the procedure immediately, were the second most common triggers. I did not see any tensions arising from disagreements about the procedure itself, and interpersonal dislike rarely contributed to conflicts. Notably, tensions were more prevalent during lengthy procedures. I recall a study showing that one instance of tension typically occurred every 1 hour and 45 minutes of operative time.

I only became aware of the negative aspects of surgical disruptive behavior when I stopped operating and spent time thinking about my career. Because of my detailed memory I could remember highly focused events from my days as a surgical resident, fellow, and attending surgeon. It is only now that I can reflect upon the negative emotional consequences of daily tense communications and how they adversely affected my behavior in the OR. I talked less after tense episodes, and I suppressed my natural tendency to enjoy other people. Surgery is a 'team sport,' and requires every member of the team to function optimally in order to get a safe and acceptable result. When the quality of the collaboration within my surgical teams was disrupted by tension, I had to make sure the patient did not suffer. That increased the difficulty of the surgical procedure and made me more anxious. I yelled orders. The context of the tense episode affected each individual in diverse ways. If I had a

problem with malfunctioning equipment and angrily voiced my frustration I was asked to appear before the chairman of the department to defend my behavior.

Mental toughness is crucial to high-level performance in stressful situations. However, there is no formal evaluation or training in mental toughness in surgery. In retrospect I had to be tough to function as a surgeon. That was not difficult for me to achieve taking my upbringing into the equation. I was taught to be 'manly.' We live in a culture that favors men and boys who show their 'tough' sides and does not laud our 'soft' sides. The preferences include choosing thinking over feeling, independence over interdependence, autonomy over connection, and stoicism over vulnerability. Yet we all think and feel, want independence and interdependence, autonomy, and connection, and have the ability to be both stoic and vulnerable. This 'man' culture does not reflect a real man but a stereotype of one who values only his hard side. When I grew up I was led to believe that only my tough side was important and that I should not encourage the other part of me, the 'soft' side,' that lame, 'girlie' side. Believing in that soft side would inevitably lead to problems. The solution to this hierarchical belief was to equally value both sides of my humanity.

I grew up adhering to principles that encourage kindness, respect, and love and those 'human' attributes were overwhelmed by exposure to 'toxic masculinity,' and a societal acceptance of my learned surgical arrogance. I realized that I could function well as a surgeon without showing a sense of self-importance. Time taught me to by-pass the surgical culture that values toughness and opened me to value my natural tendency to 'being human.' I adapted to the negativity evoked by the profession by becoming my true self again.

If only I had discovered these truths at the beginning of my surgical training! It is obviously important in any profession to have mentors who encourage young people to 'be themselves.' The problem is that we all need to fit into the culture of our chosen profession. The process of fitting in is the key issue that interfered with my efforts to function well in surgery. The trick is to be oneself while appearing to fit the culture. To do that requires an awareness of what the culture requires, then to assess how the observed behavior patterns differ from ones own, and to work out ways to appear to fit the cultural patterns while 'being oneself.' Not easy but probably worth the effort.

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