

So you want to be a neurosurgeon?

Do No Harm: Henry Marsh



Directions: Surgeons often claim to be ill-equipped to handle the task of providing bad news to either the patients or loved ones of those who undergo surgery. Read each of the situations presented below from the perspective of a neurosurgeon and determine the best way to address and resolve each situation (situations are paraphrased from Marsh's book *Do No Harm*).

Disclaimer: These situations relate to the death or eventual death of patients under the care of a surgeon. Some students may find these situations disturbing or distressing.

Case Study #1

You have a patient who you operated on four years ago. You removed a benign (non-cancerous) tumor from his brain. The patient is a very active, 27-year-old. He enjoys biking, hiking, and competing in marathons. During the first surgery the entire tumor was removed and the patient returned to his regular active routine fairly quickly. However, the tumor has returned and the likelihood for recovery is extremely low and you are confident that this tumor will eventually kill him. It is fair to say that this person's life will simply become a series of surgeries followed by one long recovery period and another surgery. You believe that it would be in the best interest of the patient to live out the remaining months of his life in the same active way in which he has always lived. How do you make this recommendation to the patient and his family?

Case Study #2

You have a 6-year-old patient with a large tumor in his brain. The tumor has attached itself to the carotid artery (a main artery in the brain). It will be impossible to remove the tumor without damaging the artery and thus causing the patient to bleed to death. How do you tell the family of the patient that surgery is pointless and their son will die from the tumor?

Case Study#3

A 38-year-old mother of three had been complaining about headaches. After seeking medical attention, it was found that she had a large tumor near the base of her brain in her left hemisphere, which is impacting her balance, coordination and speech. Surgery is a necessity because if the tumor grows she will be unable to walk or complete simple tasks like picking up a pen or throwing a ball. Her husband, mother and children have expressed enormous confidence in your ability and are anxious to move on with their normal lives after the surgery is complete. During surgery as you are removing the large tumor, you find that the tumor has become entangled with the cerebellum. You must cut out a portion of the cerebellum, which will leave the patient paralyzed and unable to speak. You must tell her family that she will not recover and will never be able to care for her children or speak to her family again. How do you approach this challenging situation?
