

Performing Surgery Is Not About Empathy

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The Surgeon had been handicapped by a burr in the plantar aspect of his left foot. All summer it had been causing discomfort on jogs, during soccer games, and, eventually, even just walking barefoot across the hardwood floors in the morning. There was something lodged in the thick skin of the strikeplate of his foot—a splinter, a piece of glass, whatever the hell—and it was really starting to cramp his style.

His wife tired of his frequent moaning and groaning and dutifully instructed him to “see a podiatrist.” The Surgeon considered this. Why would I do that, he thought. I’m a surgeon. I can take the damn thing out myself.

So one Friday evening after finishing up the weekly charting/computer work, he gathered some Lidocaine, a hemostat, a scalpel, gauze, and Betadine swabs. He situated himself on one of the exam tables and directed the light on his foot. He prepped it sterilely like he had done a thousand other times for other people. He drew up the local anesthetic. And then he paused, staring at the needle. Five minutes of silence elapsed. There was a disconnect between what he was about to do and the consequences of said actions. Normally, he jabs these needles into people all the time without hesitation. Every time he moved to inject, however, the realization that the target was his own foot made him draw back. He felt foolish and cowardly. It’s just a 25 gauge needle, he thought.

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