Medical-Moral Problems in Neurosurgery

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The moral principles by which an action is judged are no different in neurosurgery than in other forms of medicine. It is only the application of these principles which is difficult. The patient’s welfare is the concern of the neurosurgeon as much as it is the concern of any other practitioner. The neurosurgeon must respect the patient’s autonomy. In many cases, however, the patient’s autonomy is advocated by our actions of invasion into the patient’s body. When the patient’s autonomy is offended, the physician must uphold the dignity of the patient. The physician’s relationship to the patient is defined by a moral code which must be respected. This moral code is based upon the ethical principles of the medical profession and the legal rights of the patient. The neurosurgeon must be aware of these principles and apply them to his practice. The neurosurgeon is responsible for the patient’s welfare, but the patient is also responsible for his own welfare. The neurosurgeon must respect the patient’s autonomy and not interfere with his personal decisions. The neurosurgeon must also respect the patient’s privacy and confidentiality. The neurosurgeon must be aware of the patient’s medical history and the patient’s personal information. The neurosurgeon must also respect the patient’s right to refuse treatment. The neurosurgeon must be aware of the patient’s legal rights and the patient’s right to refuse treatment. The neurosurgeon must also respect the patient’s right to refuse treatment. The neurosurgeon must be aware of the patient’s legal rights and the patient’s right to refuse treatment.
Above all, will this child develop hydrocephalus before it is a year old and thus, perhaps, vitiate all the previous effort expended in relieving the primary defect?

In spite of all these difficulties that result from an attempt to treat this disease by surgical intervention, the untreated infant will almost surely die. This is true of meningomyeloceles and the usual progressive hydrocephalus.

Let us consider some of the advances made in medicine in recent years which would make us somewhat less pessimistic about the outlook. One problem in treating hydrocephalics is to dispose of an excessive amount of cerebrospinal fluid that has collected in the ventricles of the brain, for a reason that is unknown to us. There are two general methods of diverting the fluid from the ventricles. In one, a kidney is removed, and a plastic catheter carries the fluid to the ureter and thence to the bladder where it is expelled with the urine. The other procedure attempts to conserve the fluid within the body, and so the catheter may be directed into the middle ear or into the abdomen. From the middle ear, it passes by way of the Eustachian tube into the pharynx and is swallowed like saliva. In this method, the child is exposed to the danger of developing a meningitis at any time he develops a cold or a middle ear infection.

In treating defects of the spinal canal and cord, the big advances have been in the development of the antibiotics and plastic surgery. One of the main causes of failure, usually resulting in death has been infection at the operative site. This is due in part to the proximity of the wound to the rectum, but also to the fact that the wounds are often closed under tension. Now by swinging a skin flap, the defect left by the removal of the sac can be easily closed without tension, and antibiotics given to insure against secondary infection. In addition the rectum is walled off from the operative sight and the child allowed to lie on his abdomen until the wound heals.

One of the most remarkable advances has been in the field of physical medicine, which has been greatly stimulated by the warfare of the last decade. It involves many different techniques which vary from teaching an individual to manipulate his crutches and braces so that he can get into a movie seat, to teaching of knitting for manual dexterity. It is obviously slow and expensive, and requires well trained personnel, but much can be done with paralyzed adults and I am sure the same can be said of paralyzed children.

How, then are we to decide on the moral aspects of such surgery? Our inclination will be to attempt to save as many as possible by whatever means possible. However, we would not want to cause great financial, spiritual, and emotional suffering in the family of the child involved. Therefore, what is our obligation?

As creatures of God we possess our bodies as tenants rather than as absolute owners in much the same way as did the foreign governments possess the ships they obtained from the United States in lend-lease during the last war. They were not to dispose of them under any conditions, but were obliged to maintain them in good condition consistent with their continued use as implements of war. However, when damaged severely in battle, they did not have to sacrifice all their personnel just to keep the ships going. In other words, the effort expended to maintain the ships had to be in proportion to the chances of restoring the ship to the point where it could carry out its normal purpose—fighting.

So too, as lessees and not absolute owners of our lives, we cannot terminate life, but must use available means to preserve it. In addition there must be a just proportion between the cost and effort required to preserve it, and the potentialities that would exist if that life were preserved. In determining the just proportion, there will be so many individual factors that no general statement can be made. However, we can consider the meaning of the phrase "available means" and can arrive at some general conclusions.

Moral theologians tell us that we must use "ordinary" means to preserve health and life. But after making that statement, they seem to scatter to the winds on defining "ordinary." Some have identified ordinary with natural and therefore nothing more than eating, drinking, sleeping, and exercising would be required, thus excluding the use of aspirin let alone major surgery. Others have said that means which involve excruciating pain, danger of death, excessive expense, or great subjective repugnance are extraordinary, and therefore need not be done. By far the best definition I have found, and incidentally the best discussion of the whole problem of ordinary and extraordinary means, is to be found in an article appearing in the Linacre Quarterly, February 1951 by Fr. Thomas J. O'Donnell, S.J.4 "Ordinary Means might best be defined as those which are at hand and do not entail effort, suffering or expense beyond that which men would consider proper for a serious undertaking, according to the state of life of each individual." He then added: "Apart from subjective consideration of pain, expense, or personal abhorrence—most of the commonly available techniques of modern surgery and medicine should be classified as ordinary means of preserving life."

It is my feeling that with the advances in modern surgery, the availability of blood, antibiotics, bone banks, rehabilitation services, and good nursing care more of these children should be operated upon. Their outlook
should not suffer too much by comparison with some of the unfortunate children with cerebral palsy upon whom we do expend such effort. The actual operative procedures described would certainly fall within the definition of ordinary means. In treating a specific infant, the doctor with a good conscience must decide whether there is a just proportion between the effort that will be expended before the child reaches adolescence and the potentialities of the child when a semblance of health is restored to progress toward his ultimate end—personal sanctification.

SUMMARY

The medical-moral problems encountered in neurosurgery are not different in principle but only in the frequency of their application. The problems involved in treating gross congenital defects of the central nervous system have been reviewed. As a general rule, surgical treatment indicated because it can be considered to fall within the definition "ordinary means" required to maintain life.

The neurosurgeon must then decide on the basis of all the facts involved whether there is a just proportion between the effort expended and the result to be obtained.

REFERENCES


The Formation of the Catholic Doctor

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The problem of the Catholic attending the non-Catholic University has been much discussed. We, as Catholic medical students would like to indicate what we have felt to be our special problem and from our experience make some suggestions for its solution.

The student-physician is in a field, the principles of which are taught as much from people as from books, and he spends much time thinking about and discussing personalities, convictions, attitudes and ethics. Depending upon his orientation, the student variously fits these into a medical attitude of his own. Together with scientific facts they form his 'armamentarium' for his life’s work.

But to this training the Catholic should add more. He should also use his experiences as tools in the formation of a new spiritual attitude. This attitude should enable him to see his patient not only as a sick human being, but a human being who is part of God’s greater Plan; and himself as only an agent in that Plan. This new spiritual attitude, his new personal faith, together with his medical attitude is his own professional attitude.

Mostly the growth of the new spiritual life does not keep pace with the medical metamorphosis in the student. It may be years before, as a busy physician, he realizes that while he was studying bodies, he neglected the growth and development of his own soul. Far too many such as he will never then find time for spiritual ripening; or worse, the fruit will decay. Far too few will have been able to heighten themselves spiritually as they broadened themselves medically, maintaining always a religious and moral outlook in balance with their degree of medical training.

At the medical schools there are learned faculties only too willing to aid the student in attaining his new mode of material existence; but who will aid him in attaining the new ethical, social and religious way of life that should also now be his? Yet, few are the clergy who understand the problem, fewer the Catholic doctors who will help.

Mutual student cooperation in religious formation would seem to be the answer. But the student is a wayfarer and from class to class, group to group, activity varies. We would like to tell you of such a group, the Associated Medical Newman Clubs.