

Virtual Mentor

American Medical Association Journal of Ethics

October 1999, Volume 1, Number 2:7-16

Frankenstein, Witch Stories, and Ghost Surgery

Case and Commentary

The Ethics of “Ghost” Surgery **8**
Audiey Kao, MD, PhD

In the Literature

Dr. Frankenstein’s Monster and Today’s Patients **9-11**
Faith Lagay, PhD

Art of Medicine

The Sacred Heart: An Atlas of the Body **12**
Audiey Kao, MD, PhD

Viewpoint

Witchcraft, Folkloric Remedies and the Paranormal **13**
Audiey Kao, MD, PhD

Doctors Without Borders **14-15**
Audiey Kao, MD, PhD

Personal Narrative

Through the Patient’s Eyes: Autopsy Room **16**
Audiey Kao, MD, PhD

Upcoming Issues of *Virtual Mentor*

November: Industry Gifts to Physicians
December: Winter Thoughts and Images
January: Investing Time in Patients
February: Hearts, Anatomical and Other

Virtual Mentor

American Medical Association Journal of Ethics
October 1999, Volume 1, Number 2: 8

CASE AND COMMENTARY

The Ethics of “Ghost” Surgery

Audiey Kao, MD, PhD

Case

George G, a patient complaining of low back pain radiating into his left leg with numbness and tingling of his left foot, consulted Dr. Quimby, a surgeon. Dr. Quimby recommended that Mr. G undergo corrective surgery. Dr. Quimby informed Mr. G about risks associated with anesthesia, but did not discuss risk associated with drop foot. Before anesthesia was administered, a nurse came in and handed Mr. G a form, "Consent to Operation, Anesthetics, and Special Procedures." After the surgery, Mr. G developed a drop foot, and Dr. Quimby recommended that he undergo additional surgery. Mr. G wanted a second opinion and requested his medical records. He learned that because Dr. Quimby did not arrive on time to perform the surgery, another surgeon had performed the procedure. Mr. G was very upset that Dr. Quimby had not performed the surgery and that a "ghost surgeon" had been substituted.

Question for Discussion

May a "ghost surgeon" be substituted when the treating surgeon is unavailable?

See what the AMA *Code of Medical Ethics* says about this topic in Opinion 8.16 Substitution of surgeon without patient's knowledge or consent. American Medical Association. *Code of Medical Ethics 2008-2009 Edition*. Chicago, IL: American Medical Association; 2008:284.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 1999 American Medical Association. All rights reserved.

Virtual Mentor

American Medical Association Journal of Ethics
October 1999, Volume 1, Number 2: 9-11

IN THE LITERATURE

Dr. Frankenstein's Monster and Today's Patients

Faith Lagay, PhD

Frankenstein: The Modern Prometheus

The spectre of [Dr. Frankenstein's monster](#) rose from young Mary Shelley's romantic imagination, but it reflected the growing unease with the science of the mid-19th century where the boundary between life and death was being challenged by physicians and scientists alike. Shelley's novel casts Dr. Frankenstein as the modern Prometheus—punished for reaching beyond the natural bounds of human life to steal fire from the gods. *Frankenstein* is rich in allegories for contemporary issues facing physicians regarding their goals in medicine and their responsibilities to their patients [1]. In these brief passages from the beginning of the novel, Dr. Frankenstein struggles with the recognition of both the scope and limits of his power over life and death, while the monster, having been created by the desires of the physician, struggles to understand the existence he is now living.

A Spark of Being

It was on a dreary night of November that I beheld the accomplishment of my toils. With an anxiety that almost amounted to agony, I collected the instruments of life around me, that I might infuse a spark of being into the lifeless thing that lay at my feet. It was already one in the morning; the rain pattered dismally against the panes, and my candle was nearly burnt out, when by the glimmer of the half-extinguished light, I saw the dull yellow eye of the creature open; it breathed hard, and a convulsive motion agitated its limbs.

How can I describe my emotions at this catastrophe, or how delineate the wretch whom with such infinite pains and care I had endeavored to form? His limbs were in proportion, and I had selected his features as beautiful. Beautiful! Great God! His yellow skin scarcely covered the work of muscles and arteries beneath; his hair was of a lustrous black, and flowing; his teeth a pearly whiteness; but these luxuriances only formed a more horrid contrast with his watery eyes, that seemed almost of the same color as the dun-white sockets in which they were set, his shrivelled complexion and straight black lips.

I had worked hard for nearly two years, for the sole purpose of infusing life into an inanimate body. For this I had deprived myself of rest and health. I had desired it with an ardor that far exceeded moderation; but now that I had finished, the beauty of the dream vanished, and breathless horror and disgust filled my heart. Unable to

endure the aspect of the being I had created I rushed out of the room and continued a long traversing my bedchamber, unable to compose my mind to sleep.

Dr. Frankenstein accomplishes the supreme task of infusing life into a corpse, and yet his reaction is one of disgust at the hideous appearance of the monster. What are the goals of contemporary medicine? Health? Life? Beauty? And how do these goals shape our understanding of the physician's relationships to patients?

When the monster does not meet the expectations of Dr. Frankenstein he is rejected and abandoned by his creator. The monster finds himself alienated from the natural human order around him and struggles to create some meaning out of his existence.

But where were my friends and relations? No father had watched my infant days, no mother had blessed me with smiles and caresses; or if they had, all my past life was now a blot, a blind vacancy in which I distinguished nothing. From my earliest remembrance I had been as I then was in height and proportion. I had never seen a being resembling me... What was I?

How does this passage reflect the state of contemporary patients, who find themselves caught in a confusing web of technology and treatments? Do physicians have responsibilities to help give meaning to these experiences?

For further reflections on the allegories between Frankenstein and contemporary medicine, view the National Library of Medicine's online exhibit, [Frankenstein: Penetrating the Secrets of Nature](#).

Articles and books on bioethics continue to expand in both number and the range of topics discussed: between 1989 and 1998, more than 4000 articles alone were published in MEDLINE-cited journals. Some of the major topics examined are the patient-physician relationship, end-of-life care, reproductive medicine, genetics, and the allocation of scarce medical resources. From these publications, we will be selecting a handful of articles and chapters, some of which reflect issues of perennial concern to physicians, others reflect more recent quandries resulting from advances in biomedical technology.

A new article or book chapter will be featured every month, accompanied by questions intended to guide readers along the path of ethical reasoning and to promote discussion.

References

1. Boris Karloff as the Monster in *Frankenstein*. *Photofest*. Available at: <http://www.nlm.nih.gov/hmd/frankenstein/IIIB3t.gif>. Accessed October 20, 1999.

Faith Lagay, PhD is managing editor in of *Virtual Mentor*.

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 1999 American Medical Association. All rights reserved.

Virtual Mentor

American Medical Association Journal of Ethics
October 1999, Volume 1, Number 2: 12

ART OF MEDICINE

The Sacred Heart: An Atlas of the Body

Audiey Kao, MD, PhD

In *The Sacred Heart: An Atlas of the Body Seen Through Invasive Surgery*, photographer Max Aquilera-Hellweg captures haunting pictures of the human body exposed and deconstructed during surgeries ranging from removal of a brain tumor to a cesarean birth. These graphic photographs are at once repulsive and mesmerizing, reminding us that the human body when sick manifests a terrible beauty.

Healing and learning appear to be paired processes, occurring together throughout human activity. But nowhere are these processes as prominently seen as they are during medical training.

For most students, the medium that most readily lends itself to retaining some visual memory of a succession of fleeting moments is the camera. Through photographs, the highlights of yesterday's happenings remain vivid and communicable to others. The subtle interplay of light and shadow that renders a photograph unique may even be likened to the delicate shifts that characterize interactions between patient and physician or between student and teacher.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 1999 American Medical Association. All rights reserved.

Virtual Mentor

American Medical Association Journal of Ethics
October 1999, Volume 1, Number 2: 13

VIEWPOINT

Witchcraft, Folkloric Remedies and the Paranormal

Audiey Kao, MD, PhD

- Searching MEDLINE using "supernatural" terms and keywords yields the following:
Werewolf — 20 citations
X files — 260 citations
Trick or Treat — 74 citations
Ghost — 1634 citations
- The *Transylvania Journal of Medicine* (1828-1839) was published by the Medical Department of Transylvania University in Lexington, Kentucky. The university still exists, but the medical school closed in 1860.
- Division of Personality Studies at the University of Virginia Health Sciences Center investigates apparent paranormal phenomena.
- Human sacrifice was widespread as a gift to the gods among the Aztecs in the mid-15th century. An estimated 10,000 to 15,000 people were sacrificed each year.
- Witchcraft medicine uses a variety of plants to treat various afflictions. For example: Leaves from *Thuja occidentalis* are burned on coals to purify patients and exorcise evil spirits; *Phytolacca Americana* is used by the Iroquois as an expectorant, emetic, cathartic, and for bewitchment; Smashed *Linaria vulgaris* plants when taken induces vomiting that can remove bewitching; and *Sarracenia purpurea* is used by sorcerers—exact use is unspecified.
- October 31 is the birthday of:
John Keats, British lyric poet and physician, who died of tuberculosis at age 25;
and
Marian Chace, who founded and championed dance/movement therapy as a profession based on body-mind relationships.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 1999 American Medical Association. All rights reserved.

Virtual Mentor

American Medical Association Journal of Ethics
October 1999, Volume 1, Number 2: 14-15

VIEWPOINT

Doctors Without Borders

Audiey Kao, MD, PhD

Horrifying statistics abound. Since December 1998, 800,000 Angolans have been displaced from their homes as a result of a 20-year civil war that killed more than 1 million people. In southern Mexico, more than 200,000 were left homeless by an earthquake and floods. Large segments of East Timor's population of 850,000 were recently forced from their homes to the countryside, and many were brutally slaughtered as a result of civil unrest.

From the human misery and suffering caused by natural and manmade disasters, the more than 2000 volunteer physicians and other medical professionals of [Doctors Without Borders \(Médecins Sans Frontières\)](#) are providing critical assistance in over 80 countries. Established in 1971 by 10 French physicians, the charter of Doctors Without Borders states that:

- Doctors Without Borders offers assistance to populations in distress, to victims of natural or manmade disasters and to victims of armed conflict, without discrimination and irrespective of race, religion, creed, or political affiliation.
- Doctors Without Borders observes strict neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and demands full and unhindered freedom in the exercise of its functions.
- Doctors Without Borders' volunteers undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, and religious powers.
- As volunteers, members are aware of the risks and dangers of the missions they undertake, and have no right to compensation for themselves or their beneficiaries other than that which Doctors Without Borders is able to afford them.

For their extraordinary humanitarian efforts, Doctors Without Borders was awarded the 1999 Nobel Peace Prize on October 15. The award honors the organization's "pioneering humanitarian work on several continents" and adherence to the "fundamental principle that all disaster victims, whether the disaster is natural or human in origin, have a right to professional assistance, given as quickly and efficiently as possible. Each fearless and self-sacrificing helper shows each victim a human face, stands for respect for that person's dignity, and is a source of hope for peace and reconciliation."

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 1999 American Medical Association. All rights reserved.

Virtual Mentor

American Medical Association Journal of Ethics
October 1999, Volume 1, Number 2: 16

PERSONAL NARRATIVE

Through the Patient's Eyes: Autopsy Room

Audiey Kao, MD PhD

What is it like to be a patient, experiencing a debilitating, potentially life-threatening illness or encountering the health care environment, perhaps for the first time, from a position of vulnerability? Through the stories of patients, physicians come to see themselves, and most especially their communications, from the other side of the equation. When patients—and that includes physicians who become patients—voice their most intimate thoughts, feelings, and reactions, much can be learned.

To arrive at the place where respectful, trusting, open, and truly informed patient-physician communications can take place, one begins by giving the patient undivided, close attention, listening for what is said as well as unsaid. To cultivate this habit of closely attending to another requires practice in listening and interpreting the language, voice, and intonations of others' speech. Through such conscious exercise, each of us also becomes more aware of our own speech affect. Every month, we will present narrated stories from the *JAMA* column *A Piece of My Mind* because spoken words reveal much about the relationship between patient and physician.

October Patient Story

Ofri D. [Autopsy room](#). *JAMA*. 1998;280(5):402.

Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 1999 American Medical Association. All rights reserved.