



Editorial

Does religiosity play a role in surgery?

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Throughout a surgeon's career, there remain particular cases that are memorable. Some are favorable and, unfortunately, some are unpleasant. There was a patient more than a half a century ago whom I have never forgotten. This particular patient presented an experience that was clinically challenging in association with a spiritual quality.

In the early 1960s, all doctors in the United States were required to serve in the military for a period of 2 years. After completing my surgical training in Boston, I was assigned to the United States Military Hospital in Seoul, Korea as Chief of Surgery. One day I received a phone call from a young doctor in the hospital emergency room who stated he was seeing a Korean woman who he believed had an ectopic pregnancy. He requested that I come to the emergency room to confirm his diagnosis. My examination revealed no mass in the patient's left lower quadrant, and the patient was experiencing no discomfort. A pelvic mass and patient discomfort are definitive symptoms of an ectopic pregnancy. I told the doctor that my examination of the patient revealed no mass or any discomfort by the patient. I, therefore, believed that no ectopic pregnancy was present.

At that time, Koreans were kept in our military hospital as a matter of good will toward Koreans. I suggested to the doctor that he admit the patient for a day or two to see if he could confirm his diagnosis of an ectopic pregnancy.

Several hours after seeing the patient, I was having lunch in the hospital dining room, when the head nurse of the hospital who was eating with us at the time, simply and casually asked, "Harry, why is the patient who was admitted several hours ago in shock?" I immediately realized that the reason the patient was in shock was that before my examination, her ectopic mass had ruptured, which explained why the patient exhibited no mass and exhibited no pain. She was bleeding internally.

I immediately rushed out of the dining room and ran to the patient's bedside. Her color was white, and she was unconscious. I did not take the time to evaluate her cardiac condition but quickly placed her on a Guernsey and began to race through the hospital corridor, literally screaming, "Get blood to the operating room (O.R.), contact anesthesia, and alert the operating crew."

When I entered the O.R., I placed her on the operating table and poured the contents of a bottle of iodine on her abdomen, rapidly put on a pair of surgical gloves, and made a large midline abdominal incision. Her abdominal cavity was filled with blood. Blood supply quickly arrived, her bleeding was controlled, and the necessary operation was accomplished.

The patient remained in the hospital for a week since, at that time, all patients who had undergone an abdominal operation were required to stay in the hospital for 7 days. Her postoperative status

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was uneventful, and she was discharged from the hospital 1 week after her surgery. The patient returned a week later for her postoperative examination. At that time, she presented me with a very small box. I opened the box, and it contained a two-inch crucifix. There was a date etched on the back of the gold crucifix, "September 16 Saturday, 1961." I asked her the significance of this date, and she said that it was the day of her operation and the day she died. I asked her the meaning of her statement, and she said that she was married to a black American sergeant who hated her mother. She said that she had died at the time of her operation and realized when she was in heaven that her husband would never have told her mother what had happened to her. She claimed that while in heaven, she felt she had to return to the living for the sake of her mother.

I have never forgotten this patient both for the surgical experience with this patient as well as her spiritual awareness. My wife has worn the crucifix around her neck for the past

63 years of our marriage. She states she never removes the crucifix during the day and night except in specific situations, an example being when she was required to remove the crucifix for a chest X-ray. What is of interest is that the crucifix is maintained by a thin gold chain that, over the years, has never broken or needed to be replaced.

This patient continues to remind me of the role that spirituality can play in surgery. I recall vividly when I was developing new experimental operations on patients, such as the mobilizing of the intact omentum onto the brain, I would say a prayer that the procedure would be safe for the patient and hopefully would be successful. Spirituality in surgery can be a source of strength for both the patient and the doctor.

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