Letter: It’s Time for Neurosurgery to Get Political

To the Editor:

Imagine, absurd as it may seem, that the general surgeon on call has been stricken with appendicitis so severe that rupture is imminent. Weather prohibits transfer, and prevents the backup surgeon from coming in. I would suggest, admittedly without data, that most specialties would be looking for ways to temporize the patient or hoping despite available evidence that the roads would clear in time, whereas many neurosurgeons would be brushing up on ileocecal anatomy and refamiliarizing themselves with GI staplers while en route to the operating room. I offer 3 core components of neurosurgical culture in support of my hypothesis: (1) our belief that rigorous, comprehensive training in an environment that demands excellence has made us the most versatile and virtuosic specialty in medicine; (2) our knowledge that once the correct course of action is clear, to allow trepidation to stay our hand is to invite catastrophe, and (3) our faith in the resilience and resourcefulness born of all the emergencies wherein our fellow physicians turned to us and we had to step forward and lead. These values are so essential to the heart of neurosurgery that when we select our resident candidates, we value integrity and industry as much as intellect. We know that it is not enough to understand complex problems; we must also be prepared to intervene with determination and discipline in the face of often-unpredictable challenges.

Now imagine, absurd as it may seem, that the Executive Branch of the US Federal Government has so mishandled a disaster response that the attributable (and likely preventable) death toll in its aftermath exceeds the number slain on 9/11, then compounded the grief of the victims with a self-congratulatory assessment and an “official” death toll that is 2 orders of magnitude lower than even the most conservative outside estimates. This is anathema to every neurosurgeon who values accountability or believes in the M&M process as a means to introspection and improvement. Imagine, then, that the same parties executed a policy inflicting severe emotional trauma on over 3000 children in a 6-wk period, without a compelling justification or even a plan to keep track of the children once separated from their families. Finally, imagine that, due to a complex combination of factors unforeseen by the framers of the Constitution, the Legislative Branch was unable to offer more than a shrug, tantamount to an admission that “the aneurysm has already ruptured once, what are the chances that it will happen again?” Democratic norms will likely reassert themselves in time, but how much more harm might be visited upon the vulnerable before they do? As neurosurgeons, we understand that “First do no harm” is not an invitation to passivity when intervention carries risks; it is a spur to intervene when we see that the harm from inaction will likely be greater. It is time for us to lead our colleagues again, proposing with unified voice a simple set of interventions that could significantly mitigate the risk of further needless suffering.

As I noted in an op-ed for Physician’s Weekly,1 the failures in leadership and accountability in these 2 crises fall at the feet of the Department of Homeland Security and the Department of Health and Human Services. Neurosurgery, and organized medicine in general, should use all available political resources to call for the resignation of DHS Secretary Kirstjen Nielsen and HHS Secretary Alex Azar II. We should demand that our Senators take a firm stand on the type of replacement that they will approve: candidates must have bipartisan support, a strong record of public service, and a commitment to American values that would include a refusal to execute policies that run counter to those values. American military officers know that they have an affirmative duty to refuse illegal orders; the restoration of constitutional powers will demand that our public servants do the same. I know that these are extraordinary measures which should not set a precedent. I look forward to a time in the near future where we can refocus all of our political energies on advocating for improvements in patient care, even as we may disagree on what policies best serve that aim. This, however, is a time of crisis, and in crisis, who better to lead the way than neurosurgery?

Disclosures

The author is an employee of the Federal Government in my capacity as an officer in the United States Army Reserve. He wrote this piece while in Reserve status and out of uniform. The author has no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

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REFERENCE


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