By Dr Oh Jen Jen, Deputy Editor

Interview with Prof Mohamad Khadra

Dr Oh Jen Jen: Why did you decide to write *Making the Cut*?

Prof Mohamad Khadra: When I was a Professor of Surgery, I used to conduct surgical tutorials with students. At the end of each tutorial, I insisted that students presented a favourite poem that they then recited to the class. At first, they would always fail to see the relevance of poetry with regards to surgery. After a while, they understood that the basis of poetry is the study of humanity. We, as surgeons, are intimately and inextricably involved in the study of humanity. How could we hope to perform our task of healing without knowing about humanity, whose characteristics, in distillation, are the very essence of poetry? We attempted in each tutorial, to understand humanity through the voice of masters in the hope that this may assist us to better work our art as surgeons and that we may alleviate suffering. After each poem, we drew teaching analogies back from the poem to stories of patients and how illness brought changes to the very heart of a human facing their mortality, their fears and their pain.

This book is an extension of those tutorials. Each chapter starts with a poem and then relates stories about patients, our health system and our professionals. Each of the stories in this book is meant to provoke discussion about health issues I believe society needs to address or to better understand. These stories are presented in the context of my life as a surgeon, from the beginning of my training to my departure.

Another way to view this book is as a health system user's manual for both patients and the health professionals who look after them. Through better understanding, we may all be able to better utilise this vast system to far greater advantage.

Modern hospital health systems are composed of complex, departmentally segmented fiefdoms led by a bureaucracy that often understands little about the clinical care of the individual, and as a consequence, the individual needs to take charge. There is sometimes a feeling amongst patients that their role is not to question medical advice or treatment. The exact opposite is true and the individual needs to question:

- Is this course of action right for me?
- What are the alternatives?
- How else can I return health?
- Do I want to live well or live long or can I achieve both?
- Who in this hospital is coordinating my care? Who has chased up the pathology results and who is interpreting them?
- Do I really want to receive this care?

The classical view of the doctor's role, supported by nurses and technicians, coordinating your information and arriving at a strategic view on how to guide you, the patient, back to good health, is unfortunately rare now. It has been replaced by a highly compartmentalised health system with sub-specialists for almost every aspect of the body, often with little if any cohesiveness between them.

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There is also the view among many health professionals that it is not acceptable to offer *no* care and that we must always do something. Knowing when *not* to act is ultimately the most difficult of all decisions. The pressure is always on the health professional to utilise the latest treatment, or the newest experimental measures. It is sometimes the most humane course to allow nature to deal with its own.

To be a surgeon is to stand, without flinching, in the sea of human suffering and to use our entire resource of knowledge, skill and intelligence to battle it. Our lives are like scenes from a horror movie, where scorpions have covered the face of an individual and we attempt to pick them off before they die. Sometimes we do and sometimes we cannot. Each patient brings with them their unique scorpions of pain or suffering. Sometimes by picking them off, we make the sting worse. This is the worst of all outcomes.

For the most part, we alleviate the suffering. For the most part, we make people better. For the most part, we regard the honour of alleviating humanity's suffering with enormous gravity.

To become a surgeon, one endures a training programme that lasts between seven to 10 years after medical school. During that time, a person's resolve to become a surgeon is tested on a daily basis. No amount of monetary reward compensates the loss of youth, the hours of study and the years of endurance. We become surgeons because we are driven through love. A holy love for a tradition that stretches back to the stone age, to Hippocrates, Aesclepius, the barber surgeons of the middle ages and then to the formation of the Colleges. Character, honour, skill and tradition, this is what makes up a surgical life. Yet, surgeons are human too. They suffer, they have illness and they fail. How a surgeon deals with their own suffering determines how well they make the cut.

OJJ: How long did it take you to complete it?

MK: About six months. I started it in September 2006 and it went to the printers in March this year.

OJJ: Have other Australian doctors written similar books? (I am currently not aware of them but am quite certain they exist.)

MK: No, they have not. There are a couple of doctors from the United States who have written books recently. However, they are about the health system rather than the journey that patients undergo through the system.

OJJ: Do you have any favourite medical authors – from both fiction and non-fiction genres?

MK: I grew up reading AJ Cronin (*The Citadel, Keys to the Kingdom* and so on). In addition, I love the book *The Story of San Michelle* by Axel Munthe.

OJJ: Working conditions for doctors in Singapore, including housemen and medical officers, have improved significantly over the past decade. Has this occurred in Australia as well?

MK: I think working conditions have improved. Commensurate with that has been a diminution in experience. It is simple arithmetic. If we have a four-year training programme and we are working 90 hours per week, we will be seeing a lot of patients, challenges and learning a huge amount of medicine. Most importantly, we will be developing a lot of character and endurance. Reduce the number of hours to 40 per week, but keep the overall length the same, then logic dictates that our specialists will be exposed to much less than was the case previously. What is enough for a well-trained specialist is not known.

OJJ: You mentioned during the workshop that New South Wales has the second highest medical litigation rate in the world. What do you think are the main factors propagating this disturbing trend? Does the Australian press play a role?

MK: Almost entirely the press. There have been some recent tort reforms that have altered the situation positively.

OJJ: Many would agree that the patient-doctor relationship has altered considerably over the years, in both good and bad ways. How should doctors adapt to these changes and manage patients' increasing expectations without practising "defensive medicine" and/or becoming disillusioned?

MK: I think there is a much greater need these days for doctors to concentrate on the reason for becoming a doctor in the first place. If this was because health is a good business, I suspect there

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are now better businesses to invest in. However, if the reason was to alleviate suffering, then nothing has changed. There is still an enormous amount of suffering that needs alleviating.

OJJ: I was very amused by a quote about the Emergency Department from your book "... a huge red cross in neon lights: "We are open. Come to us with your injuries and illnesses, your excesses and your stupidities. We will do our best to heal you and get you back to your drinking and smoking next week." It sounds as if you have worked in the trenches too! If this is true, how did you find that experience?

MK: Emergency is exciting. You do not know who is coming in next. The 18-year-old boy who has destroyed his life so that he can impress his friends by driving fast. The 90-year-old lady who is tired of living but who is resuscitated anyway. The violent drunkard, the violent ICE addict. Single events that radically alter a human being's future. It is exhilarating to work in this environment. However, it also takes away your faith in human beings.

OJJ: You talked about why you gave up surgery. Would you say that being an effective surgeon requires one to be detached and *gung-ho* to some extent? Is that necessarily a bad thing?

MK: I believe surgeons have a huge responsibility placed on them. On the one hand, they need to be totally detached and objective so that they have the courage to place a clamp across an artery without fear. On the other hand, when the patient is awake, they need to be communicative, compassionate and make human connection.

OJJ: How has your perspective on life changed since your battle with cancer? Have you taken up any new pastimes or drawn up a to-do list?

MK: I try to make each day the best it can be. Confucius says: "When you sweep, sweep!" So I try to live each moment full of joy. It is great to be alive.

OJJ: Are you already drafting your next book?

MK: No, not yet. I have thoughts about a book about migration.

OJJ: What advice would you give to other doctors, based on your own wealth of experience?

MK: I would say that the most important thing is align our expectations with the patient's expectations. A good surgeon knows when to operate; a great surgeon knows when not to operate.

OJJ: Thank you for your valuable time. ■