

By Dr Oh Jen Jen, Deputy Editor

Making the Cut: A Surgeon's Stories of Life on the Edge

When I first introduced myself to Prof Khadra, it was just after a Mastering Adverse Outcomes workshop organised by the Cognitive Institute.

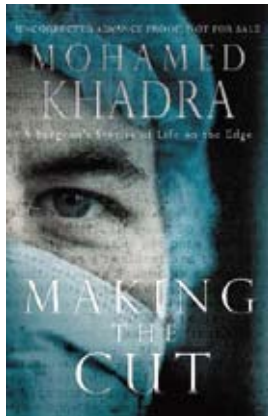
Prof Khadra had led the three-hour seminar, accomplishing what I once considered impossible: reduce a disillusioned emergency physician's cynicism enough to help her enjoy her job once more.

My main objective was to request an interview to explore his thoughts on medical litigation, a subject he highlighted during his lecture. At the time, I had no knowledge of his distinguished career in surgery, or that he had just published a memoir with Random House.

Over the next few months, I communicated with Prof Khadra via email and retrieved media interviews and book excerpts from the Internet. The missing pieces of the puzzle slowly fell into place, culminating with the arrival of a complimentary, autographed copy of *Making the Cut*, which I completed within a few days.

Non-fictional medical novels always come with their own set of unique challenges. There are already so many on the market, mostly from the United States and the United Kingdom. A small number of authors – Sherwin B Nuland, Atul Gawande, Oliver Sacks, Raymond Tallis, Richard Gordon – attain international fame and loyal followers, while others are not as fortunate. Engaging readers – whether fellow medical colleagues or laypeople – is a delicate balancing act. A standard good recipe usually includes: (1) the requisite smattering of interesting cases, both successful and tragic, (2) a dash of strange and/or inspiring medical figures, both good and evil, and (3) a good dose of self-reflection and personal sharing by the author himself.

Making The Cut possesses all these qualities, in addition to an elegant writing style. But the most crucial (and elusive) ingredient – the ability to captivate the reader from the opening sentence to the very last word – is also present in ample amounts.



Divided into two parts – Training and Practice – Khadra traces his decades in surgery, from the rigorous internship and residency to his years in private practice and academic teaching. In the opening chapter, titled “The First Cut”, he relates a nerve-racking encounter with a sarcastic senior surgeon (who, by the way, is female), but wisely observes that “You cannot learn until you accept your own ignorance.”

In the 25 chapters that follow, more valuable insights abound. In “Mrs Jones”, an elderly diabetic with multiple complications who “pleaded daily for death” is resuscitated (with intracardiac adrenaline, no less) by a medical registrar who prides himself on having cheated the Angel of Death numerous times before. Never mind that “70% of the health budget is spent on caring for patients in their last six months of life”, with patients like Mrs Jones consuming “a large chunk of the health budget while waiting lists for hip replacements or simple hernias blow out to years”. (The final outcome of this little episode, however, is a perfect example of irony in all its shining glory.)

In “To Sleep”, he laments the state of nurse training, which has suffered a shift from the workplace variety to the much less effective “university nursing educational scheme”. Khadra is understandably vocal in his criticisms of the new system, describing how “University nurses feel it is beneath them to make beds”, that they “feel that filling out the latest quality-assurance survey, making sure the notes are up-to-date and taking their breaks on time are paramount”, and laments “Most university nurses see ward rounds as an unnecessary part of their day’s activities, knowing next to nothing about their patients’ conditions or even their whereabouts.” Worse still, the “only way for a nurse to progress in status and pay is to be promoted to administration. Take a really good clinical nurse. How does the health system reward her? It makes her part of the clipboard brigade.”

Memorable patients include the young Muslim boy with terminal leukaemia, whose fate is eventually decided by his suffering mother; the sleazy Jack Ignatius whose interest in penile implants belies a much more sinister motive; and the 22-year-old Jo Tavali, whose only validation of his true identity is obtained by contracting a kidney tumour.

Khadra admits to his own mortality in two chapters, one detailing his admission for fast atrial fibrillation, another his battle with thyroid cancer. The latter experience proves pivotal in influencing his decision to leave surgery, after his newly enhanced “ability to relate to the genuine suffering among my patients increased dramatically”, breaking down “the barriers between my own inner sanctum of protection and the patient’s suffering”.

My main enjoyment, however, is derived from his anecdotes about other medical colleagues, both medical and surgical, junior and senior. There are the mentors who groomed and inspired him, his peers who fell from grace and succumbed to drug addiction and suicide, the nurses who either saved his skin or made his rotation a living hell.

In the penultimate chapter, “Malpractice”, Khadra describes his own brush with a lawsuit, listing disturbing statistics: how “30% of patients sue doctors because they allege the doctor failed to inform them”, and “on average, patients retain less than 10% of the advice they receive from their caregiver”. He relates how one such patient, a Miss Spencer, gave her fully informed consent, only to retract it post-op and slap him with completely unfounded accusations. Obviously, many of us already know what that feels like.

Last but not least, Khadra cautions that “Defensive medicine is not safe medicine”, perfectly illustrating

this with a hilarious example – a 40-year-old man whose “itchy arse” sets off a catastrophic domino effect, climaxing in an event which is guaranteed to elicit any reader’s mirth.

Despite being pegged as “A Surgeon’s Stories of Life on the Edge”, *Making the Cut* will strike a chord regardless of your speciality. It is no surprise that Khadra’s praise is reserved mainly for the surgical discipline (though I vehemently disagree with his statement that rejects from the surgical training programme usually end up in emergency medicine, *ahem!*). But we have all been there: the endless night calls, the fear of making a mistake and killing a patient, the doubts and regrets, the triumphs and celebrations.

However, it is to Khadra’s sole credit that his story brims with humanity, yet never teeters over into outright cheesiness. He walks this fine line with grace and dignity, right until the closing chapter where he bids farewell to his last batch of medical students.

“You are extraordinary human beings on the brink of the greatest of all careers that any could ever hope to have. You have, within your grasp, the ability to alleviate suffering, to take away pain, to cure disease and, most importantly, to know when to let nature take its course. Above all, stay true to yourselves. This is not a business. This is a calling, and the day you stop thinking of it as a calling is the day you must leave.

... It is OK to be scared. But do not be paralysed by it. When you are scared, hand the reigns to others... There is nothing worse than the doctor who puts ego ahead of a patient’s welfare.”

I am merely one of many who have been touched and inspired by Prof Khadra. I sincerely hope a sequel is not far behind. ■