IS THAT OPERATION NECESSARY?

By THEODORE IRWIN

There's a lot of talk about needless surgery; to get the facts, this veteran reporter interviewed a respected leader of the medical profession

EDITORS' NOTE: Each year thousands of lives are saved by America's dedicated surgeons using remarkable techniques that were hardly dreamed of a few decades ago.

But despite these advances, recent studies of hospital records indicate a "substantial amount" of unnecessary surgery is being performed. For example, one-third of the hysterectomies (removal of the uterus) were considered needless when reviewed by medical authorities.

How can you be sure that when a doctor recommends an operation, it is really essential? To get the facts, FAMILY WEEKLY assigned veteran medical writer Theodore Irwin to interview Dr. F. J. L. Blasingame, a prominent surgeon and Executive Vice President of the American Medical Association. Here are the highlights of that interview, which was conducted at the A.M.A. headquarters in Chicago.

Q. How can it be determined if an operation was unjustified, Dr. Blasingame?

A. All accredited hospitals have tissue committees to review and evaluate cases. When the hospital's pathologist reports that normal tissue was removed without a sound clinical reason, it is obvious the patient could have been spared the operation.

Q. Are most of the "needless" operations performed on women?

A. Perhaps. Women's symptoms frequently are more difficult to evaluate than those of men. For instance, a woman's pelvic organs are a source of a great variety of symptoms, and there is often fear of cancer in the ovary or uterus. When a woman patient insists she wants "something done," some doctors may yield and operate unnecessarily. For this reason, conscientious physicians, the A.M.A., and the specialist societies stress the importance of a doctor becoming aware of the many pitfalls in diagnosing pelvic conditions.

Q. What can be the consequences of an avoidable operation?

A. Most surgery can expose a patient to the risk of infection, hemorrhage, residual pain, or scarring—both physical and emotional—and, of course, there's also the waste of money and time.

Q. Is more surgery being performed today than in the past?

A. In certain categories, yes. With antibiotics and other improved supportive measures, the hazards of surgery are less and people can tolerate procedures which they couldn't before. For instance, 10 years ago many present heart operations would have been considered useless. On the other hand, mastoid operations are practically a thing of the past.

Q. What impels a doctor to undertake an operation that proves unwarranted?

A. Reasons vary with the disease, the doctor, and the hospital situation. When any one of a dozen things could be wrong, even the ablest doctors may have difficulty in diagnosing. Sometimes an absolute diagnosis is impossible. Even after lab tests, the correct answer may not be forthcoming. The doctor does the best he can.

Q. Have tonsillectomies been overdone?

A. Not at all. On the contrary, I'd say that since the advent of antibiotics, tonsillectomies have been on the wane.

Q. How about the vogue for gall-bladder operations?

A. Gall-bladder surgery should not be taken lightly by either the patient or surgeon. It can be a hazardous procedure because of the rich blood supply and complicated anatomy in the area and because of the postoperative risks. In doubtful cases, a patient is entitled to have all the tests done for him.

Q. And Caesarean sections in pregnancy?

A. Here, an unnecessary operation can often be attributed to the patient's demand for it because she wants to avoid the ordeal of having her baby through the birth canal. Some obstetricians may encourage Caesarean sections, but hospital staffs usually keep an eye on the rate. The need depends on the size of the pelvis and the baby. Unless indications for surgery are obvious, a good obstetrician will often first give his patient a test of labor before suggesting a Caesarean.

Q. How can I make sure that an operation is really essential?

A. You should depend on professional judgment, not the advice of friends or neighbors. If there's any doubt in your mind, tell your doctor and ask to be examined by another physician (one who is experienced and well trained) to obtain an additional opinion.

Q. How can I check on the surgeon selected?

A. Call your county medical society and find out if he is on the staff of a good hospital.

Q. Couldn't I look up the surgeon in a medical directory?

A. You could learn something about him from the list of his affiliations, but the average layman will find it hard to interpret the information in a medical directory. A doctor can pass every exam, yet his "batting average" may not be high. There's much more to a doctor than may appear on the printed page.

Q. Suppose I don't want to use the surgeon recommended to me?

A. Assert yourself. We have freedom of medical choice in this country.

Q. How can a patient tell if a surgical fee is reasonable?

A. You could compare it with those charged friends or relatives for a similar operation. If you believe it's too high, discuss it with the surgeon or change to another competent man who can do the job within your means.

Q. Does a patient have any recourse if he strongly suspects his operation was unjustified?

A. You can make a complaint to the grievance committee of the hospital or your county medical society. Give them the full details. Remember, you must be willing to confront the doctor personally with your charges.

Q. What results can be expected?

A. When a doctor is proved habitually dishonest or grossly incompetent, he can be disciplined and have his hospital privileges revoked. If you still are not satisfied, you can sue for malpractice.

Q. And your final advice to patients?

A. Select your regular doctor carefully and get to know him long before illness strikes. Look upon him as a friend and confidant. Develop a good rapport with him so that you can depend upon his integrity and judgment if you should ever have to undergo surgery.

COVER:

Beryl Simpson of Quincy, Mass., photographed by Arthur Schatz, is part of an exciting scientific project—she dyes sea gulls! For the reason why, turn to page 14.

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