

Peabody's Corner



“... for the secret of the care of the patient is in caring for the patient.”
— FWP

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A Gnostic Understanding of Coping for the Cardiothoracic Surgeon

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In the fall of 2019, I attended a homograft course. This was before the new challenges of COVID-19 were added to those associated with the constant pressure of dealing with healthcare finance, regulatory, administrative, and overall patient and performance issues. Looking around the room during lunch, everyone seemed exhausted. The general conversation made it clear that our experience as cardiothoracic surgeons was hurting and tiring us. I wondered how we are to cope.

We know ours is a tough, high-risk profession. Our purpose as surgeons is to heal others, to be present, to grow, and to help save lives. We give families a chance to continue, close loops, tell stories, and support each other. Lately, however, it feels more and more as if the costs outstrip the rewards. The positive feeling of a hundred good outcomes can be canceled out by a single bad case. More important, there is a cost to our own families and to our own health. Even though our families understand, ultimately the missed dinners, sports, and school events, all the midnight calls, and bigger details add up. We are driven by our duty, data, training, colleagues, and obligations. The forces that undermine us share none of these drives, and they don't understand. As harsh as it sounds, we must remember that this is the life we chose. To quote one of our scrub nurses, "You knew it was a snake when you picked it up." This shared pain is also our communion. As much as our spouses may love us, when troubled we often reach out first to another cardiothoracic surgeon.

Our profession is based on the Hippocratic aphorism that "Life is short, and Art long; the crisis fleeting; experience perilous, and decision difficult."¹ The physician must "... not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals cooperate."¹ Judeo-Christian tradition fundamental to our training also teaches that when things go wrong, the fault and guilt are ours. But so many forces are outside of our control—governmental regulations, administrators with little or no insight, unreliable help, the nature of disease, family and personal pressures, to name a few. To reconcile these conflicts and to better understand how to cope, we (the authors) have turned to 2 additional sources of knowledge from the same roots.

The first source is *The Four Agreements*, a succinct treatise on personal freedom written by a former surgeon, Don Miguel Ruiz.² Taken out of order, the cornerstone of those agreements (to us) is to not take personally things that are outside your control (Agreement #2). That is only possible if you do your absolute best (Agreement #4). To do that, you must be impeccably honest with your word (Agreement #1). Circumstances make certain falsehoods acceptable (for example, when the truth is hurtful to others or painful to acknowledge publicly), but you must never lie to yourself. Be truthful with your own judgment. Then do not make assumptions (Agreement #3). Others may lead you to believe that you are in control of all factors related to outcomes, but you must avoid taking these assumptions as fact. Once you know the difference, you must be truthful about what is in and outside your control. Nothing outside of your control can hurt you then.

Our second source is the Gnostic gospels, scriptures considered apocryphal by the early Christian church and commented on authoritatively by Dr. Elaine Pagels in our day. Bad outcomes will happen. It is important to state that while personal responsibility is paramount, it is not ours alone. The world is complicated, and it is impossible to

understand all the connections. God's gift is free will, but the Devil is always in the details. We think we choose freely, but we cannot anticipate all the consequences that follow the choices. Good choices do not guarantee good consequences. Pagels gives as an example the Old Testament Book of Job, an extended parable that illustrates the paradox of an all-powerful, good, and loving God who nevertheless allows atrocities to befall a faithful man. Analyzing the relationship between humans and the divine, Pagels concludes that "we're stuck with this problem, and left with no answers."³

Automatically assuming man's sinful nature is not an orthodox Christian concept. It was introduced by St. Augustine in the early 5th century to explain the necessity for God to send his only Son for torture and slaughter to remit the original sin. "Instead of the freedom of the will and humanity's original royal dignity," Pagel writes, "Augustine emphasizes humanity's enslavement to sin."⁴ She considers the inclusion of sin in Christian dogma to be a distraction from the true understanding of good and evil.³ In our view, it follows that mistakes are not a sin and bad outcomes are not a punishment. Don't be so quick to take sin upon yourself. Instead grow from the experience.

Staying above the negative is hard; staying above the drama is even harder. A thousand things must go right for a patient to do well. Every case is another opportunity to perfect another one of those thousand details. Trying to micromanage every single detail, however, can turn into conflicts. In the golden age of Cooley and DeBakey, such control may have been possible and was even glorified. Today, these fights about micromanagement are unhealthy and alienate more than they accomplish.

We need to let go. Our chosen path as surgeons is only one of many journeys. We think the story is all about us because we are at the center of the action, directly and indirectly touching many lives. However, we must humbly realize that we are just another variable in the destiny of others and relatively unimportant in the larger scheme. The world, the hospital, and the practice will go on regardless. Like gifted professional athletes, we surgeons may wish that we commanded the same adoration and investment. Yet, as talented as any of us may be, we have seen how quickly we can be replaced. So let us detach ourselves emotionally and, instead, attach ourselves to the technical perfection of our craft. Focus on achieving peak performance—being "in the zone"—and being a healer. Prize quality before quantity. Connect completely with one case, rather than superficially engaging another five. Hospitals desire quantity and often prize perceived quality, the kind of measurement that exists only to be gamed.

We must always be truthful guardians of our data (those intended for the Society of Thoracic Surgeons national database and otherwise) and use them to have

frank discussions with our partners and team members. In this way, we can truly elevate our practice. It is important to be honest and vulnerable in discussing with the community of surgeons what we can improve upon, to share the things hidden in our hearts, the vulnerable things that we would do differently if given a new chance. As Jesus says, in the Gnostic Gospel of Thomas,⁵ "If you bring forth what is within you, what you bring forth will save you. If you do not bring forth what is within you, what you do not bring forth will destroy you."

As much as we gather discrete and digitally encoded data, we live in an infinitely continuous and analog world. The data cannot capture everything that is essential. The truth, like God, is in everything. The following excerpt from the Gnostic scripture "Thunder"⁶ speaks of the same all-encompassing contradictions of life:

“. . . I am silence that is incomprehensible,
and insight whose memory is great.
I am the voice whose sounds are many
and the word whose appearances are many.
I am the utterance of my own name . . .

For I am knowledge and ignorance.
I am shy and bold.
I am shameless; I am ashamed.
I am tough and I am terror.
I am war and peace . . .

For I am wisdom of the Greeks
and the knowledge of the barbarians.
I am the judgement of Greeks and barbarians
I am the one whose image is great in Egypt . . .
I have been hated everywhere and loved everywhere
I am the one called life,
and you have called me death . . .”

The only things we can control are ourselves and our ability to reflect honestly on our journey as cardiothoracic surgeons. Everything will come and go, and is immaterial. Enjoy the gift of our craft.

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Disclaimer: The views expressed in this article are those of the authors and do not necessarily reflect the opinion of the *Texas Heart Institute Journal* or its editors.

References

1. Hippocrates. The aphorisms of Hippocrates: from the Latin version of Verhoofd. Andesite Press; 2015.
2. Ruiz DM. The four agreements: a practical guide to personal freedom. San Rafael, CA: Amber-Allen Publishing, Inc, 1997.
3. Pagels E. Why religion? A personal story. New York, NY: HarperCollins Publishers, 2018.
4. Pagels EH. Adam, Eve, and the serpent. New York: Random House, 1988.

5. Meyer M. The gospel of Thomas with the Greek gospel of Thomas. In: Meyer M, editor. The Nag Hammadi scriptures. New York: HarperCollins Publishers, 2007. p. 139-53.
6. Poirier PH, Meyer M. Thunder. In: Meyer M, editor. The Nag Hammadi scriptures. New York: HarperCollins Publishers, 2007. p. 372-8.