History

HUA TUO, PATRON OF SURGEONS, OR HOW THE SURGEON LOST HIS HEAD!

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The American Heritage Dictionary defines surgery as “the medical diagnosis and treatment of injury, deformity, and disease by manual and instrumental operations.” Surgeons spend years training and perfecting their abilities to examine, diagnose, analyze, pinpoint, and finally cut through the exterior skin of their patients and hopefully cure the disease.

Theoretically, the ultimate measure of a surgeon should simply be the objective success or failure of the surgical procedure. And yet, we find that so much more is involved in assessing a surgeon’s true success or failure. This is a lesson we can learn from the experience of Hua Tuo, the Chinese Patron of Medicine and Surgery (Figure 1).

Hua Tuo lived toward the end of the Eastern Han Dynasty, about 110–207 ADE [1–6]. Hua Tuo was a pioneer in all aspects of surgery. He was skilled in making preliminary diagnoses based on a careful observation and analysis of the patients’ symptoms during his initial examination. He was concerned with patient status during surgery, minimizing trauma and suffering through the first documented use of anesthesia. Hua Tuo’s use of general anesthesia predated Western medicine by more than 1600 years. He excelled at surgical technique, credited with originating the concept of surgery, and believing in the bold use of the knife to save lives. And, he was dedicated to healing, traveling the countryside to bring medical care to the poorest of the peasantry. Hua Tuo was, without question, a master surgeon, a role model for the surgeons of today as well as the surgeons of his time.

Nevertheless, Hua Tuo ultimately lost his life because of an angry patient. And perhaps the circumstances of his murder provide an even greater lesson for the surgeons of today.

The Fengshen yanyi tells of the Prince of Wei, CaoCao, (155–220 ADE), who suffered from terrible headaches. According to one version of the incident, CaoCao was examined by Hua Tuo, who diagnosed a brain tumor and offered to cure the headaches through surgery. The Prince, both apprehensive and angry, accused Hua Tuo of plotting to kill him and ordered Hua Tuo tortured and executed [1–6].

What went wrong here? What must today’s surgeons learn from the terrible experience of the Chinese patron of surgery?

Hua Tuo’s straightforward thinking and blunt character were suited to the majority of the patients of his time; simple peasant folk who were in awe of his skills and followed his recommendations faithfully, grateful for any help the doctor could give them. However, Prince CaoCao was not the typical simple patient. He was a despot, notorious for his absolute power and cruelty. When Hua Tuo gave the Prince a diagnosis and treatment plan that he did not want to hear, he simply killed the doctor, as if that would make the illness go away.

Hua Tuo’s murder cannot be blamed on poor medical practice. His actions were perfectly reasonable, given the climate of his times. Hua Tuo did not practice medicine in the litigious climate of the 21st century. He did not routinely deal with patients who were encouraged to be “educated consumers,” required to seek out second opinions and eagerly surf the Web for any and all remotely relevant information, whether factual or not. There is no reason to
expect Hua Tuo to have handled the Prince any differently. However, today’s surgeons must meet a different standard of patient management.

A surgeon today must consider the physical, emotional, social, and professional context of the surgery. Many surgeons, after spending years perfecting their anatomic skills, have trouble remembering that they are actually treating a person, not a pathology. The issue for the surgeon must not just be how to treat a headache. The issue is how to treat a patient who is suffering from a headache. It is not enough for a surgeon who plans to treat a headache to review the physical causes of head pain. The true surgeon must also:

- Place the headache in context. How does the headache impact on the rest of this person’s life?
- Place the treatment in context. Is surgery the most appropriate response to the headache?
- Place the person in context. What does the patient understand about surgery? Will this person cooperate with medical instructions and constraints? Is the person able to make a decision and comfortable accepting the consequences of that decision?
- Place the medical (and paramedical) treatment team in context. Who else is treating or advising the patient? How can the surgeon integrate into this treatment team and incorporate a recommendation for surgery into the overall treatment plan advised by all those involved?

The ultimate question becomes: Is a surgical treatment objectively in the patient’s best interest, and if so, how can you help the patient understand that surgery really is the best option?

A surgeon, predisposed by inclination, training, and instinct to operate, must nevertheless introduce the concept of surgery to patients, families, and attending physicians with caution. A surgeon, accustomed to absolute control of the operating theater and surgical ward, must nevertheless understand that this control does not extend to other doctors’ offices or to the patients’ homes. Decisions may not simply be unilaterally dictated to the patients. Other doctors and the patients themselves must be consulted and included in the decision-making process.

The surgeon must never seem too eager to operate. Rather, the surgeon should be perceived as a member of the medical team, where the ultimate goal of everyone involved is simply to heal the patient. If the surgeon is handling the situation correctly, then the patients for whom surgery is the best treatment option will come to understand that for themselves. Then the patients will be the ones to approach the surgeon and ask to be treated and healed.

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REFERENCES