

# *Controversy in Surgery*

EDITED BY

RICHARD L. VARCO, M.D.

and

JOHN P. DELANEY, M.D.

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## PREFACE

The editors have sought to develop in this volume substantive analyses of specific, controversial issues which confront clinical surgeons. For each problem, a contributor examines and critically reviews the evidence supporting a particular approach to a specific problem. Proponents of *alternative* points of view are asked to bulwark, by as sound biologic information as is available, their respective positions. We believe the subjects selected to be of current clinical interest and to contain substantial elements of uncertainty. Indeed, the fact that a controversy exists implies that evidence leading to an unequivocally "correct" position is lacking.

The format, which is similar to that of the three very popular volumes of *Current Surgical Management* edited by Edwin H. Ellison, Stanley R. Friesen, and John H. Mulholland and published in 1957, 1960, and 1965 respectively, contrasts with that of textbooks, which customarily are devoted to reviewing accepted concepts and procedures in terms of historical, epidemiologic, pathologic, physiologic, and therapeutic considerations. Scientific articles in professional journals, too, tend to follow a standard sequence: introduction, materials and methods, results, discussion, and summary.

This book is not intended to be a substitute for textbooks or journals. Rather, the essayists and editors assume that the reader has a fundamental grasp of relevant anatomy, pathology, and pathophysiology or will fill in any such critical gaps from standard sources. A contributing author thus will make no attempt to outline an overall background but rather will devote himself to the sharp point of uncertainty or dispute. Although this book is not aimed at the beginning medical student, but rather at the practicing surgeon and the house officer, its analytical approach may stimulate critical thinking habits for the student.

We request that each author provide a critical evaluation of the evidence submitted. At times, in this real world, the champion of a particular point of view is not afflicted by serious doubts, even though there are weaknesses ranging from petty to gross in the evidence at hand. We urge, therefore, that the reader assess each presentation on the basis of the data presented rather than on the rhetorical skills of the writer. Too, where weaknesses in the argument presented are not readily apparent, we hope that the adversary, whose essay is in immediate juxtaposition, will hasten to point them out. We have advised the authors to be brief. The insistence on sound evidence, rather than anecdotal reporting, tends to promote brevity. As Oliver Wendell Holmes observed, "A few facts can ruin an otherwise good argument."

We suggest that the reader regard evidence as characterized by degrees of certainty. A double-blind study, for example, represents a rigorous clinical inquiry in search of those facts that determine logical decisions about therapy, but the situation in which neither patient nor physician is aware of the therapy employed is readily attained only in drug studies. Clearly, when surgical operations are under scrutiny, double-blind considerations are unlikely to prevail, for the surgeon will customarily know what procedure he is performing. With operative treatment protocols, even the single-blind situation may be quite difficult to achieve; it is rare for the patient to remain uninformed about the nature of the intervention.

The prospective randomized study is, at this time, the means most likely to provide definitive answers with respect to operative therapy. As a general consideration, credibility is enhanced if those individuals assessing the results of therapy are unaware of the details of the intervention, particularly when the assessment pivots upon subjective responses.

Of lesser reliability than randomization is the consecutive personal series in which each patient has been subjected to essentially comparable treatment and in which no conscious case selectivity has occurred. Under the most carefully pursued plan, however, some cryptic degree of patient selection invariably plays a role in determining the outcome. Hence subtle skew factors can deform seemingly obvious conclusions. We therefore have urged contributors submitting this type of evidence to identify, whenever possible, the bases for patient selection. In analyzing clinical series, careful writer and reader attention must be directed to recognition of significant differences in patient material, criteria of success, length of follow-up, method of follow-up, and other factors which could lead to variations in achievement quite unrelated to the particular mode of therapy espoused.

The clinical anecdote or "in my experience" type of surgical discussion has little stature in the hierarchy of evidence. The major weakness in a recalled episode is the nonreproducibility of the conditions that prevailed during the therapeutic event. However, the anecdote does have limited value as an observation which may justify attempts at duplication or which may provide clues to further understanding of the phenomena involved.

Each author has provided key references particularly relevant to the thesis supported to allow the reader access to all important information relating to the essayist's position.

The contributors were requested to identify not only the positive logical points for the position endorsed but also to acknowledge limitations created by unavailability of more solid evidence. Each was also asked to provide a brief analysis of basic deficiencies which he believes are inherent in alternative points of view.

Authors were invited to respond particularly to those specific issues which seemed to the editors to be unique to the topics under consideration. These issues are presented in a list of editorial questions at the beginning of each section; thus the reader can judge for himself just how effectively and with what degree of validation the author has dealt with those queries.

Ideally each author will: (1) state his position; (2) discuss the supporting evidence; (3) indicate gaps in his evidence; (4) point out flaws in opposing

points of view; (5) provide references, with brief annotations for the key ones; and (6) answer the questions posed by the editors.

For most topics, the advocacy approach was employed; by this, we mean that two or more individuals take alternative and differing positions on a topic. However, some subjects, while controversial, do not lend themselves to this method. For these, we have asked one surgical scholar to review critically the evidence on various sides of a question. While this approach may provide a less sharply defined argument, it is no less useful in assessing available information.

The first article in the book, on controlled clinical trials, should be read carefully as an introduction to the concept of validating evidence.

If this book finds sufficient acceptance among those who labor with the problems and tools of surgery, further controversial topics may be dealt with in succeeding volumes.

RICHARD L. VARCO

JOHN P. DELANEY



## *The tradition of respectful argument*

JAMES P. SHANNON\*

One mark of an educated man is his ability to differ without becoming angry, sarcastic or discourteous. Such a man recognizes that in contingent matters there will always be a place for legitimate difference of opinion.

He knows that he is not infallible, he respects the honesty and the intellectual integrity of other men and presumes that all men are men of integrity until they are proven to be otherwise.

He is prepared to listen to them when their superior wisdom has something of value to teach him. He is slow to anger and always confident that truth can defend itself and state its own case without specious arguments, emotional displays or personal pressures.

This is not to say that he abandons his position easily. If his be a disciplined mind, he does not lightly forsake the intellectual ground he has won at great cost. He yields only to evidence, proof or demonstration.

He expects his adversary to show conclusively the superior value of his opinions and he is not convinced by anything less than this. He is not intimidated by shouting. He is not impressed by verbosity. He is not overwhelmed by force or numbers.

His abiding respect for truth's invincibility enables him to maintain composure and balance in the face of impressive odds. And his respect for the person and the intellect of his opponent prevents him from using cheap tricks, caustic comments or personal attacks against his adversaries, no matter how brilliant or forceful, unjust or unfair, they may be.

Because of his large views of truth and of individual human respectability, he is prepared to suffer apparent defeat in the mind of the masses on occasions when he knows his position is right. He is not shattered by this apparent triumph of darkness, because he realizes that the mass-mind is fickle at best.

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\*Dr. Shannon, Executive Director of the Minneapolis Foundation, Minneapolis, Minnesota, is a regular contributor of a nationally syndicated newspaper column. We believe his essay is worthy of contemplative consideration by our readers, for its message speaks eloquently to certain concerns associated with controversy. — The Editors

He is neither angered nor shocked by new evidence of public vulgarity or blindness. He is rather prepared to see in these expected human weaknesses compelling reason for more compassion, better rhetoric, stronger evidence of his part. He seeks always to persuade and seldom to denounce.

The ability to defend one's own position with spirit and conviction; to evaluate accurately the conflicting opinions of others and to retain one's confidence in the ultimate power of truth to carry its own weight, are necessary talents in any society, but especially so in our democratic world.

In our day and in our land, there is some evidence that these virtues are in short supply. The venerable tradition of respectful argumentation, based on evidence, conducted with courtesy, and leading to the exposition of truth, is a precious part of our heritage in this land of freedom. It is the duty of educated men to understand, appreciate and perpetuate this tradition.

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