Case #11

Students in schools of medicine, nursing, dentistry and veterinary medicine are required to observe actual surgeries (and other procedures) early in their educations as a preliminary exposure to the practices of their field. In fact, such study is thought to be essential in confirming the students’ choice of profession. Of course, the observation takes place with the informed consent of the patients (or their guardians). Many pre-medical, pre-nursing, pre-dentistry, and pre-veterinary programs, especially at schools with associated hospitals, are beginning to recommend (or even require) similar observation programs.

The State University Museum has one of the nation’s premier exhibits of the history of medicine and allied fields. They include displays replicating Leonardo’s anatomy studies, teaching materials from Charles University (in Prague) dating from the 16th century, 18th century “bleeding,” and 19th century nutrition studies (among many other presentations). One of the most popular offerings at the museum is the “surgery room” where films of common surgical procedures can be viewed. Like the student viewing in medical schools, the patients shown have given their informed consent. Not surprisingly, the most identifiable attendees are people who are considering having the operations shown in the pictures. The films have been “sanitized” so that excess gore is avoided, but the surgeries are shown in detail.

Dr. Suarez, curator of the museum and retired professor of neurosurgery, has proposed to the board that rather than using films, which are hard to make and quickly become outdated, observers should be allowed to observe actual, in process surgeries on persons who have consented. After all, the University Hospital is adjacent to the museum and access is convenient. The hospital’s operating theaters are set up above the surgical floor but separated from the patient and surgical team by sound- and atmosphere-proof windows. Dr. Suarez suggests that such watching could become a significant educational revenue-generating operation. He points out that special exhibits commonly serve as important financial resources for museums.

When Dr. Suarez proposes this program to the Museum’s board of directors, Katherine Osborn (one of the community members of the board) objects vigorously. Although Dr. Suarez’s proposal clearly restricts participation to persons “15 and older,” Ms. Osborn argues that teens, and perhaps others, will attend surgeries not as education but as entertainment. Her position is that such “exhibitions” will be little better than the “bum fights” and ultraviolent films that have gained popularity in recent years. Ms. Osborn claims that teens will watch surgeries as a replacement for the gore seen while attending the *Halloween* and *Nightmare on Elm Street* movies. Her claim is that such actions are exploitative more than educational.

Dr. Suarez responds that actual surgeries come nowhere near the gore commonly shown on TV and in the movies. He points out that we seldom know what motivates people to act as they do in the presence of human affliction. “Do people slow their cars when passing accidents in order to see whether they can help or to see blood and gore? How would we know? Even if an adolescent attended a surgery out of a desire to see gore, might the experience not shift his or her perspective, creating an interest in becoming a medical professional?”