THE KNIFE’S EDGE: SURGERY IN SOCIETY

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Class Time: Tues/Thurs 1-2PM, 2-3PM
Class Location: Barker 218
Office Hour: Thurs 3:15-4:15 and by appt.

Course Description

Surgery is at the center of many of the most consequential moments in our lives. It may have brought you into this world, or saved your life, or that of a loved one, once you were here. Surgery will probably one day ease your pain, or reduce a risk you face, and it might even be a route you take to actualize your vision of who you want to be. But surgery has not always been such an integral part of how we live—and indeed it still is not in many parts of the world. While the average American will go under the knife seven times in his or her lifetime, an estimated two billion people worldwide are unable to obtain basic surgical care. The ability (or inability) to access particular kinds of surgical care has critical and far-reaching effects on our life chances and understandings of ourselves.

We often think of surgery as squarely within the domain of science and medicine, but as the surgeon and writer Atul Gawande has put it, when you are sick, “it’s not science you call upon but a doctor.” In other words, even as scientific advances promise to make surgery ever more controlled, precise, and bloodless, operations are still carried out by human beings who are fallible, and they can still carry a great deal of risk. Though we may think of the operating room as sealed off from the world outside, both figuratively and literally, many aspects of surgery reflect—and transform—the social and historical contexts in which it is practiced. This intermeshing of surgery with society is the subject of this course.

Overview of Units

Introductory Sessions: A Glimpse of the History of Surgery

The goals and structure of this course preclude us from surveying the history of surgery in depth, but in the first few sessions we will take a bird’s eye view of several key junctions in this history, particularly the development of anesthesia and of antiseptic technique in the second half of the nineteenth century. Through contemplation of a
selection of artistic representations of surgery, we will begin to imagine what surgery demands of its practitioners and patients, and how this has evolved over time.

**Unit 1: The Decision to Operate**

**Essay Assignment: Comparative Analysis**

We will first read three gripping early twentieth-century short stories in the collection *The Country Doctor’s Notebook* by Russian author Mikhail Bulgakov. These stories are often considered semi-autobiographical because Bulgakov himself, like the young physician narrator of the stories, was trained as a doctor. Each of these three stories puts the reader in the shoes of a newly minted young physician as he grapples with the inherent risks of operating—as well as the risks of doing so as a novice surgeon. We next read a selection of chapters from British neurosurgeon Henry Marsh’s 2015 memoir, *Do No Harm*, of his career in medicine. Though the sophisticated twenty-first-century neurosurgery in a modern London hospital that Marsh describes seemingly differs greatly from the rather crude operations Bulgakov’s narrator carries out in a snow-swept clinic in the Russian countryside, Marsh, too, must grapple with wrenching dilemmas of whether the potential benefits of operating outweigh the possible harms.

For the first essay, you will choose one Bulgakov story to consider in tandem with one chapter from Marsh, and perform a **comparative analysis** of one narrowly defined aspect of the two works. Your goal will be to identify a way of comparing the two works that reveals something we wouldn’t have understood otherwise by looking at just one of them.

**Unit 2: Heart Transplants and Contested Definitions of Life and Death**

**Essay Assignment: Intervene in a Scholarly Debate**

We next examine one of the fields of surgery that has generated the most controversy and soul-searching throughout its history in societies around the world: organ transplantation. Focusing on the world’s first attempts at the transplantation of still-beating hearts, we ask how medical advances and surgical achievement have challenged our very concepts of life and death. We will first examine the implications of a major medical milestone that took place right here in our backyard: the 1968 formalization of the category of *brain death* by a committee at Harvard Medical School, a crucial step towards a growing (if extremely fractured) medical and societal consensus that taking the heart of one person to give to another would not be a violation of a physician’s most fundamental oath to *do no harm*. We will explore the history and
implications of this epochal shift in the history of medicine by watching an exciting Polish biopic, *Gods* (think *ER* or *Grey's Anatomy* set in communist Poland!), that tells the dramatic story of the path to Poland’s first successful heart transplant.

In your Unit 2 essay, your task will be to **intervene in a scholarly debate** about what is called the Dead Donor Rule, which is the principle that donors of vital organs must be declared dead before their organs may be procured. Although this principle might at first seem uncontroversial, it has sparked much debate and soul-searching amongst bioethicists, clinicians, and the public. Far from purely technical or clinical in nature, it is a debate that, as bioethicist Robert Veatch has put it, “forces on us some of the most basic questions of human existence: the relation of mind and body, the rights of religious and philosophical minorities, and the meaning of life itself.”

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**Unit 3: Surgery by Choice**

**Essay Assignment: Research Essay**

Lastly we consider an array of very different types of surgery that can significantly affect one’s identity, self-presentation, and social position, such as cosmetic, bariatric, gender reassignment, and cochlear implant surgeries. Through **independent research projects** on related surgical phenomena of their choice, students will explore how the advent and availability of certain types of surgery in particular contexts has shaped social norms, concepts of the normal and the pathological, prevailing principles of medical ethics, and individual experience and self-understanding. What constitutes necessity, medical or otherwise? What should we be empowered to choose—and how far should we be allowed to go? What are the implications when the way we respond to social problems is with a surgeon’s knife?