

FIRST, DO NO HARM

CASE STUDY

Marcus Webb had wanted to be a surgeon since he was sixteen years old, when his younger sister had emergency appendix surgery and he had watched the surgical team work with a calm efficiency that struck him as the most purposeful thing he had ever seen. It had taken him twelve years to get to this residency, and he had not gotten here by expressing doubt, but that was not quite the same as saying he had never felt it.

The procedure was a laparoscopic cholecystectomy, a gallbladder removal, one of the most common surgical procedures performed in the United States. Marcus had assisted on dozens of them. He had by this time performed several himself, but always with an attending close by and actively engaged. What was different about tomorrow's case was that Dr. Lehman, his supervising attending, had told him he would be primary surgeon, with Lehman present but stepping back. "You're ready," Lehman had said, in a tone that did not invite discussion.

Marcus was not sure he was ready. The patient had an unusual anatomy that had shown up clearly on the imaging. There was a bile duct variant that would require careful navigation and that he had encountered in an assisting role only once before. He had spent two hours that evening reviewing the relevant anatomy and watching recorded procedures. He still felt uncertain in a way that was different from ordinary pre-procedure nerves, and he had learned, over three years of residency, to pay attention to that difference.

He thought about calling Lehman. He picked up his phone twice and put it down. Lehman was not unkind, but he had made clear throughout the residency that he believed in throwing residents into deep water. Expressing doubt the night before a procedure Lehman had already signed off on felt like a different kind of failure than the one Marcus was trying to avoid. He thought about requesting that a senior resident scrub in as well, but wasn't sure how to raise that without it sounding like a formal objection. He thought about whether his uncertainty was real clinical caution or just anxiety, and found he couldn't fully separate the two. In the morning, he scrubbed in.