Since I chair a Department of Ethics that is named for Dr Conley, I am honored to be able to give the prestigious John Conley Lecture on Medical Ethics at this 2001 meeting of the American Academy of Otolaryngology-Head and Neck Surgery. I am grateful to Dr Gluckman for this invitation and for his gracious introduction.

BEAUTY, TRUTH, GOODNESS

Plato is the philosopher of the forms, and the 3 most important forms in his philosophical system are Beauty, Truth, and Goodness. Perhaps today we would call these “values,” but if we use that more modern word we would have to call these not just arbitrary values that we happen to choose as individuals, but the right values, and universally so, for all of us. And we would also need to believe that these were the ultimate right values if we, in the 21st century, were to come close to what Plato meant by calling these values “Forms.”

The major theme of this reflection is that these are the ultimate right values of otolaryngologists and head and neck surgeons. The professional world in which you practice, day in and day out, is subsumed under the canopy of these values. The clinical decisions that you make every day involve the struggle to hold these ultimate values together, to balance them, to harmonize them, and to respect them.

I recognize that you work in a narrowly specialized field, and that you may not think yourselves worthy of such a lofty discussion, but you must not underestimate the great human significance of your field. The region of the body on which your professional gaze is fixed is the primary venue in which human beings relate to each other as persons. The head and the neck are the primary means by which we identify others and are in turn identified by them. To be convinced of this, one need only to recognize that a bust or a portrait is sufficient to represent an entire person. This is not true of the hands, for instance. It is through our heads and our necks that we encounter each other as persons. The head and the neck are the home of the face, the eyes, the voice, the ears, and the mind. Four of the 5 special senses belong exclusively to the head and neck. And so, while your field may seem narrow, you ought never to forget its profound significance. You struggle to harmonize Beauty, Truth, and Goodness in and through the part of the body in which these values literally take on human flesh.

How society at large deals with these values seems abundantly clear. Beauty is highly valued, as is its companion, youth. Fashion models and movie stars set standards nearly impossible for anyone else to reach. The cosmetic industry thrives. And charlatan physicians still convince hordes of people (who want to be convinced) that secret combinations of vitamins and herbs and a regimen of leisure will guarantee a perpetually youthful face. We sometimes need to remind ourselves that the ugly and the deformed are among our greatest social outcasts. In a classic survey, 77% of research subjects inferred from the description of a person as intelligent, industrious, warm, determined, practical, and cautious, that the person must be good looking.1 From childhood, we learn not to pity but to laugh at those who are not beautiful. Later in life they are passed over in job interviews. They have trouble finding love. No one wants to be seen with them at work or in social circles. The ugly and the deformed have always been among the greatest outcasts in any society, but perhaps never so much before as in our own media saturated 21st century.

How does truth fare in our society? It is a scarce resource in political circles. Sadly, even among medical researchers the truth is bypassed all too often for the sake of fame or greed. Not even among the parents of Little Leaguers is the truth afforded the respect it deserves.

And goodness? Taxpayers and insurance companies can’t seem to find enough of it to pay for medical care...
for the poor, the undocumented, or the 42 million Americans who are uninsured. The increasing consumerism of our society has distorted the very meaning of the good. Rather than an ultimate right value for which everyone strives, the good has become reduced to the pathetic little question, “what’s in it for me?”

MORALITY AND PRACTICE

Yet, as otolaryngologists and head and neck surgeons, each of you is called, by the nature of the practice, to a moral life that must transcend this pedestrian indifference to morality that governs so much of our society. Medicine, by its very nature, is a moral enterprise. The sick come to physicians and surgeons vulnerable, frightened, often shunned by others, and unable to help themselves. As physicians and surgeons you have taken oaths by which you have sworn to help those who come to you in the predicament of illness or injury. Every time a patient walks into your examining room and you grasp that patient’s hand and say, “Hi. I’m Dr. Jones. How can I help you?” a profound moral event recurs.

A promise is made in that moment — that all the hard years of education and training and debt and delayed gratification have been fixed on the moment of need of this patient. You put your oath (and with it your very self) on the line. You renew that oath with each patient, one patient at a time. And in the end, no matter how much doctor shopping may have taken place before, finally, that patient has no choice but to trust that at least one surgeon will be true to that promise. Over and over again, that surgeon is you.

And this recurring moral event is made even more vivid in the field of head and neck surgery. Pediatric amorality shuns the unattractive and the ugly. But the head and neck surgeon confronts it on a daily basis. The head and neck surgeon may even deliberately cause it.

You confront ugliness and deformity in at least 2 ways. First, persons with deformities come to you for repair and the restoration of their natural beauty, now ravaged by injury or disease: the repair of a congenital cleft palate, or the reconstruction of a fractured jaw, or the restitution of normal hearing, or the repair of a saddle-nose deformity caused by Wegener’s, or even the simple restoration of someone’s normal voice by the removal of a polyp and the restitution of normal sinus drainage. Otolaryngologists and head and neck surgeons can restore the natural beauty of persons others would shun. This is a truly awesome power and carries with it a profound moral responsibility.

But even more challenging are those cases in which the head and neck surgeon must actually undertake procedures that cause deformity: to remove the cancerous side of a person’s face; to exenterate the orbit and sinuses of a person infected with mucormycosis; to remove the tongue by which a person tastes and swallows, or the larynx by which that person speaks. How can this be? In the name of Beauty, Truth, and Goodness, by what authority might any person claim to do such things?

BEAUTY, TRUTH, GOODNESS, AND OHNS

This brings me back to Plato, who, in the Symposium argues that love is always love of the beautiful. Love is a desire for a beauty one does not possess. But Plato argues further that although the good and the true are always beautiful, what appears to be beautiful is not always good or true. Plato argues that the wise person loves beauty in its deeper sense — the beauty of goodness and truth. This beauty is the beauty of the person, a beauty that might only be revealed, respected, or maintained when the cold steel of surgical truth is tempered by the warmth of compassionate professional goodness. The terrible and fearful beauty of the clean surgical margin may very well be that kind of deep Platonic beauty.

Pediatric amorality, as you know, often shuns the patients that you serve. Strive as mightily you might to preserve form and function, the postsurgical voice still often sounds quite unnatural, the face, not quite normal, the control of salivation, not quite perfect. You lead the way beyond pedestrian amorality to the higher ethic that your specialty demands of you. Plato says to those who would denigrate such work, “What blasphemy! Do you think that anything that is not beautiful must necessarily be ugly?”

Still, one is required to confront the moral questions raised by the most extensive and aggressive operations. Are there any that simply ought not be done? Can one so deform a patient that, even though he or she might have a good prognosis for survival, the operation ought not be done even if requested by the patient?

For instance, the incredibly extensive and profoundly disfiguring operation known as hemicorporectomy has been performed on over 40 patients, despite very low survival rates. But even though it can be accomplished successfully from a technical point of view, it is still controversial whether such surgery should be done at all. If that is true of the lower body, what might be true of some of the most radical head and neck surgery one might contemplate?

I recently had the privilege of rounding with one of our head and neck surgeons at St Vincent’s, Dr Jordan Stern. We saw a man who had undergone, at the patient’s own insistence, a total glossectomy and laryngectomy for squamous cell cancer. As is often the case,
his social supports were weak. He was homeless, living in a church basement. He was unemployed and had recently moved to New York from another state, leaving behind his wife and child, fleeing child support. He was now seeking SSI and Medicaid benefits. He had lived much of his adult life in a California hippie commune, and had an extensive history of abusing drugs, alcohol, and tobacco. He stated that his diagnosis, which occurred shortly after he arrived in New York, had changed his life — that he had undergone a religious conversion and had given up his substance abuse. Yet, this conversion had not convinced him of any obligations to his family. The patient had done remarkably well with surgery. His recovery was quick, and his extensive incisions were healing nicely. He seemed stunningly optimistic and happy for a man who had just been rendered unable to eat or speak, with a large scar, and with a high likelihood of dying nonetheless from his underlying disease. Considering the whole man, the immediate surgical result was far neater than the psychosocial milieu out of which the tumor arose and into which the patient was returning. Where is the Beauty, Truth, and Goodness in such a situation?

I think that answering this question requires that one understand how these 3 ultimate right values are related to each other. According to Plato, as I have already said, goodness and truth are deeper than the mere appearance of beauty. But Plato further discerned that goodness is deeper than truth. As he puts it in his Republic, “Both knowledge and truth are beautiful, but you will be right to think of the Good as more beautiful than they.”

Knowing that goodness and truth supercede beauty and that goodness supercedes both beauty and truth does not constitute a simple algorithm for answering your clinical questions. Ethics gives you a compass, not an itinerary. But I will suggest that this means that you and all your patients will be well served if, in all of your clinical decision making, your ultimate value is always the good of the patient. The truth you come to acquire through your research, must serve the good of the patient. The truth of the patient’s condition and prognosis have no point but to serve the good of the patient. The beauty you strive to restore must be for the good of the patient. And any beauty you forgo for the sake of cure or palliation must be for the good of the patient. I do think there are some contemplated conditions of truth and effacement of beauty that could never truly serve the good of the patient as a person. When you come to this point, morality demands that you lay aside your knife and affirm for the patient that you, at least, understand his or her deeper beauty and remain committed to serving his or her good. The beauty born of such a moment is tragic, but it is beautiful nonetheless, precisely because it is good and true.

RESPONSIBILITY

In all you do, you must consider the remarkable moral responsibility that comes with your specialty. You are challenged daily to help men and women as they struggle to know what Beauty, Truth, and Goodness could possibly mean in the face of horrible illness. But more than this, the rest of us count on you to show us the way. You must be moral exemplars, teaching everyone else moral lessons that are very hard to learn. The lesson, as the philosopher Alasdair MacIntyre has put it, is this: “Of the brain damaged, of those almost incapable of movement, of the autistic, of all such we have to say: this could have been us.” Against our inclination to shrink from those to whom fate has dealt severe and even mortal blows to the head and neck, you must always act out of the moral stance, “It could have been me.” The rest of society must learn that from you. MacIntyre goes on to say.

Consider that kind of disablement which consists in gross disfigurement of the surface of body parts, perhaps of a swollen, inflamed, scarred, and secretion-exuding face, where the horrifying and disgusting appearance of the sufferer becomes an obstacle in addressing her or him as a human being. Nurses or physicians whose duty it is to understand the sufferer’s appearance as a set of symptoms of an underlying condition have perhaps an easier task than the rest of us who need to find some way of avoiding both the mistakes involved in pretending that the sufferer does not, in fact, present an horrifying appearance, and those involved in being too distracted by that appearance to be able to deal rationally with the sufferer. What we may learn about ourselves from grappling with these difficulties is in part the nature and the degree of value that we have hitherto placed upon a pleasing appearance in other human beings and indeed in ourselves and the errors in those judgments in value.

You must, in other words, never forget how difficult it is to be one of your patients, looked upon as ugly and rejected by society. Without understanding this, you will never have compassion and never understand the limits of your craft. But at the same time you must see the beauty of truth and goodness that lie beneath appearances if you are ever to help them. In so doing, you will understand who you are as moral agents, and teach the rest of us hard lessons about life and its ultimate right values.
In hearing an annual Conley Lecture on Medical Ethics at this meeting year after year, I pray that all of you will emulate John Conley’s wisdom and that you will strive for the beauty, the truth, and the goodness that lie open to you in your specialty.

REFERENCES

JOHN CONLEY, BEAUTY, TRUTH, GOODNESS

John Conley, as many of you know, was a man in love with beauty. He was a poet, an artist, and a musician. He himself was a dapper man. He had a beautiful wife and family.

But he was also a seeker after truth. He dedicated his life to truth. Time and again he exposed the falsity of what had been said to be surgically impossible. He proved it false by doing it successfully. And then he taught others to do it as well, so that they too could experience this truth.

But he never forgot that the supreme value is goodness. Where possible, he restored or preserved the natural beauty of the very human head and neck of every patient. He strove for beauty because it was good for his patients. He sought the truth of cancer and its treatment because it was good for his patients. He believed firmly in the doctrine of informed consent, sharing the truth with his patients and involving them in all his treatment decisions, because this was good for his patients. And he also laid aside his scalpel, whenever it was good for his patients.

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