Broken Tumor, Intact Courage

Just because COVID-19 happened, cancer did not stop growing. I am a urologic cancer surgeon with a focus on surgery for advanced kidney cancer. During the initial surge of COVID cases in March of 2020, I lay awake at night thinking and strategizing about how to triage cancer patients for surgery, given the limited number of operating rooms available. How could we get these patients with massive kidney cancer and tumor extension into the inferior vena cava (IVC) to the operating room urgently? These cases require urgent intervention because of the risk of the tumor breaking off, the possibility of rapid progression of acute kidney failure from tumor embolization to the renal vein, and the risk of bleeding and metastases. These are long, tedious surgeries, sometimes taking 8-11 hours. As I reflected upon these challenging cases, I sensed a slight hesitation and reluctance in myself, perhaps fearing overexposure given the long surgical hours and the lack of preoperative testing for COVID-19 available at that time.

I thought about courage and how it is sometimes defined as an “absence of fear.” That is a pathetic way to look at such a powerful word. Courage has to be more than an absence of fear. It is a positive quality, and the mere lack of fear does not make a person or team courageous. I felt ashamed of my reluctance and decided to perform all of the critical surgeries in March and April, during the peak of the COVID-19 shutdown.

I remember one of those days in March, as I was driving back home from the operating room at 11 PM and my scrubs smelled of sweat. It seemed like the day had been almost a month long. I was starving and my stomach was growling, but I got home, took a shower, and went straight to bed. I did not even have the energy to eat. My legs, lower back, neck, and head throbbed from standing, focusing, and operating for the past 14 hours straight. As I sipped on my morning caffeine the next day, I remembered how during the surgery, the kidney tumor, which already extended into the IVC, had broken off and lodged into the right heart, slowly impeding pulmonary flow, and then dislodged again into the pulmonary arteries, choking off the patient’s oxygenation. In this moment of intraoperative crisis and an impending intraoperative death, I remember clear, concise communication. I vividly remember calling the cardiac surgeon who was not on call. She left everything and was in the operating room within 20 minutes. I spoke to the vascular surgeon who was scrubbed with me. She reassured me that no matter what happened, we were in this together. I reflected on the courage of my other colleagues: cardiac anesthesiologists, scrub nurses, perfusionists. I felt like part of a tribe working in harmony.

I thought about Mark, my scrub technician, and remembered our conversation that morning prior to the surgery.

Me: “Hi Mark, I thought Thursday was your day off, what are you doing here?”

Mark: “I’ve been checking the operating room schedule and I realized that this will be a long and tough case. Given everything happening with COVID-19, I wanted to make sure things go smoothly and you have all the instrumentation.”

Me: “Thanks, that means a lot to me. You’re going to get paid for coming on your day off, right?”

Mark: “Yes, of course, but that isn’t why I came in to do the case.”

I did not ask him why he came. That answer was good enough. I did not need any further explanation for his “why.” His excitement and his body language spoke of his courage and compassion. He was there for the team. Courage is an inspirational, multifaceted quality; just labeling it “fearlessness” downplays its importance. Mark provided me with an ethical frame of reference for courage.

In this age of overbooked clinics and operating rooms, dealing with insurance companies, and poor reimbursement for complex, lengthy operations, it is easy to forget our passion for the art of surgery. These issues are emblematic of a larger problem in our health care system. Many of these patients with advanced kidney cancer and end-stage kidney disease in the South Texas region come from diverse cultural and ethnic backgrounds and are economically disadvantaged or do not have health insurance. Caring for this impoverished population provides me with an important appreciation and better understanding of what is truly meaningful, which helps recalibrate my “moral compass” on a daily basis.

I recently spoke via tele-visit to the patient who now is 6 months out from her 14-hour surgery. She wanted to drive 6 hours to see me for a 15-minute appointment (called a Level 2 Visit in insurance coding terminology). We talked about her surgery. I said, “it would have been terrible if you died during surgery.” She laughed and replied, “Doc, I came back from seeing the light, to be your saving grace.”

There is no metric to capture courage, there is no relative value unit for compassion, and there is no numerical value to measure resiliency. I wondered why Mark and the rest of my teammates during that 14-hour surgery put in so much effort during the pandemic when there are no benchmarks to measure their courage and professionalism. I think deep down, we are social beings and strive for a meaningful life full of compassion and kindness. Daily acts...
of courage fuel our contentment. As health care leaders, empowering ourselves by recognizing and celebrating courage, compassion and resilience, may help us build the kind of health care system we all want to see.

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**CALL FOR SUBMISSIONS**

“A doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction, and the music of his humanity, that compensates us for all the speechless machines.”

—Anatole Broyard, *Intoxicated by My Illness*

In this space, we hope to give voice to the personal experiences and stories that define kidney disease. We welcome nonfiction, narrative submissions focusing on the personal, ethical, or policy implications of any aspect of kidney disease in adults and children (acute kidney injury, chronic kidney disease, dialysis, transplantation, ethics, health policy, genetics, etc). Submissions from physicians, allied health professionals, patients, or family members are encouraged.

Types of submissions for this feature include essays of up to 1,000 words; short poems; or original visual art accompanied by 1-2 paragraphs of text. In submissions that refer to real patients, the patients must either be unidentifiable or approved by the patient(s) described.

Items for consideration should be submitted online at www.editorialmanager.com/ajkd.