

COMMENTARIES

The Sacraments of Surgery

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I awake from a brief daydream to find a 12-in by 12-in square of flesh neatly surrounded by a sea of blue drapes. My hands, wrapped in 2 pairs of gloves, are cautiously placed on the safety of the blue plastic paper. If I use my imagination, I can picture what I know to be the human I met just 2 hours ago now lying beneath the sea of drapes and, with the kneading of my fingers, I convince myself that my hands are resting on his thigh. Looking around the room again, I see the circulating nurse open the outer shell of a size 3 Kerrison and, as if handling an original scroll, carefully expose the sterile packaging for the scrub nurse to secure and add to an impressive arsenal. The surgical team engages in multiple rituals like this one and, as I reflect on this final day of my surgery rotation, I think about how these rituals offer safety and security to all who participate. Although I'm not of the Catholic faith, my experience here at Georgetown, a Jesuit institution, has taught me some of the rituals that similarly offer many people safety and security in this community. Using the 7 sacraments of the Catholic Church as a scaffolding, I'll explore how I experienced the surgical arena to be a sacred space where healing takes place and where I have been able to reflect on my own life.

Prior to any surgery, we engage in the sacraments of initiation. Our baptism, the scrubbing process, is sometimes a period of quiet centering and other times a playful atmosphere of fellowship, but is always a necessary rite for anyone on the path toward the sterile field. Before making an incision, the surgeon, who can be viewed as our high priest, leads us in confirmation, the "timeout" in which we confirm the patient's identity and clarify our intentions. This ensures the entire team is aligned and that any concerns can be voiced. Regarding the third sacrament of initiation, Eucharist, no one eats in the operating room, so it's hard to complete the holy communion; however, there is a tangible essence of His flesh in the air as the Bovie hums along.

Our congregation is arranged according to a holy order of sorts, with the surgeon, after years of devotion, wielding the most authority and leading a train of residents who are following in the path towards "priesthood." The nurse deacons are vital to the process, enabling the mechanics of the service to run smoothly, and the anesthesiology team is our choir, setting the tone for worship and now guiding the audible rate of the heart and lungs. There is a palpable hierarchical component among these varied roles, and I wonder if this

accounts for some of the unsavory stereotypes surgery has acquired through the years. While a clearly defined hierarchy may be necessary in both the operating room and the church to optimally collaborate in service of a higher purpose, this hierarchy can bleed into broader elements and lead to perceived power differentials in day-to-day life.

The Sacraments of Healing, both that of anointing of the sick and of reconciliation, often take front seat in the world of surgery. Ultimately, the entire endeavor is aimed at caring for the sick and the surgical team must engage in reconciliation via significant reflection on past mistakes, ownership of those mistakes, and anticipation of future complications to provide the most earnest care for patients. On the other hand, surgery sometimes challenges the final sacrament, that of matrimony, as long, intense, and often unpredictable hours require sacrifice not only from those who actively participate, but also from their partners.

Refocusing my attention on the idea that this is the final surgery of my rotation, I think about what a complex two months this has been for me. I am simultaneously relieved to be nearing the end of a rotation that has convinced me that I do not want to become a surgeon and incredibly appreciative of the opportunity to integrate into the surgical domain for a short period of my life. As a medical student, I have often been on the edge of the sterile field, usually scrubbed in but often not actively participating in the surgery. Standing at this junction, often peering quietly at the crucifix featured in each of Georgetown's operating rooms, I've had a lot of time to think about my surroundings and the lessons I might be able to take with me. The role of ritual, again, comes to mind.

Rituals in the operating room, from supply chain regulations to detailed surgical techniques, are some of the key elements that enable patients to bestow trust in their surgical teams. All patients are vulnerable, but there is something particularly evocative about witnessing a surgical patient's experience. They give their whole unconscious bodies to relative strangers, which, for some patients, included me in recent months. Helping roll a naked and flaccid body into a prone position forces the vulnerability I often hide from into my face. One day when I'm either dead or a patient, I will have to relinquish control of my body and I wonder how gracefully I will approach that ledge. I've now witnessed patients demonstrate grace within their fear of facing surgery and I hope to be as brave as these patients. While seeing behind the curtain of the operating room has revealed some of the ways adverse events can arise, it has also highlighted the intense dedication surgical teams have for their patients and the rituals they rely on to create a safe environment. In the future when I have surgery or when talking to patients, friends, or family members who are anticipating surgery, I will remember these comforting features that permeate

operating rooms. I thank everyone I worked with this rotation for welcoming me, I thank our patients for their trust, and I look forward to the next phase of my pilgrimage into medicine.