The Spiritual Experience of a Surgeon

To the Editor:

After reading the inspirational presidential address by Douglas E. Wood [1], I feel obliged to contribute. Although *The Annals of Thoracic Surgery* publishes topics in cardiovascular and thoracic surgery, I, as a cardiac surgeon and member of the Society of Thoracic Surgeons, would like to bring to your attention my thesis, entitled (translated) "A Narrative Reflection on Negative Coronary Artery Bypass Graft Surgery Outcomes: The Spiritual Experience of a Surgeon."

Reflection on one's clinical practice asks for introspection about professional as well as personal life [2]. Furthermore, narrative knowledge contributes to an individual's insight into specific experiences [3]. The practical theologian is interested in the integration of the individual person's story with the story of God and considers it as epistemologically important [4].

With this thesis I took the reader on a personal, spiritual journey by means of an auto ethnographical study design. Henri Nouwen points out that for a person to grow spiritually, three movements of the spirit need to be completed [5]. These three movements were applied to construct the thesis. The inner struggle that a surgeon experiences when a patient dies or experiences complications requires movement from loneliness to solitude. My individual series of patients who underwent coronary artery bypass grafting (CABG) was presented for a hermeneutical investigation with the view to spiritual transformation. A physician should furthermore provide hospitality instead of hostility towards the patient. Nouwen indicates that the last spiritual movement should be from illusion to prayer. I addressed this by asking an evocative question about how God acts in cardiac operations. Amy Ai has done much work over many years on prayer and the outcomes after cardiac surgical procedures [6]. God is neither questioned nor proved, but God was drawn into my time-space to make sense of the negative outcomes after CABG. In a shared Christian spirituality, using the Delphi survey, fellow surgeons were invited to elucidate on spiritual issues.

This interdisciplinary research confirms that the sciences need not to function in isolation, but that medical science and theology can join in the establishment of a meaningful existential existence. Mentors with brilliant minds trained me. I watched colleagues with skillful hands. I would like to emphasize the spiritual side of the cardiac surgeon's make-up.

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Is Multiple Bilateral Thoracic Anomaly Different From Poland's Syndrome?

To the Editor:

We read the article published by Yiyit and colleagues [1] with great interest. This study was presented with the definition of "multiple bilateral thoracic anomaly" as a new syndrome that is different from Poland's syndrome. In contrast to the clinical features of Poland's syndrome, these authors described 8 patients with a bilateral presentation of the components of Poland's syndrome. Also, they reported bilateral anterior shoulder protrusion, limited abduction of both shoulders, absence or hypoplasia of other bilateral thoracic muscles (serratus anterior, latissimus dorsi, and trapezius muscles), and scapula alata in these patients.

We saw a 21-year old man with the same appearence and clinical features as the 8 patients presented by Yijit and colleagues (Fig 1). The patient was asymptomatic and was admitted to our hospital for a health certificate. He had bilateral shoulder protrusion anteriorly, limited abduction of both shoulders, absence or hypoplasia of bilateral thoracic muscles, and scapula alata. The chest computed tomographic scan revealed bilateral absence of the latissimus dorsi, pectoralis minor, and sternocostal head of the pectoralis major, as well as bilateral hypoplasia of the serratus anterior and trapezius muscles. His pulmonary function was normal (forced vital capacity, 92%; forced expiratory volume in 1 second, 107%; maximal inspiratory pressure, 87 cm H_2O; maximal expiratory pressure, 94 cm H_2O).

Poland's syndrome is the most common condition of the thoracic muscles worldwide. It has many features that are different from those of these 8 patients, especially its unilateral

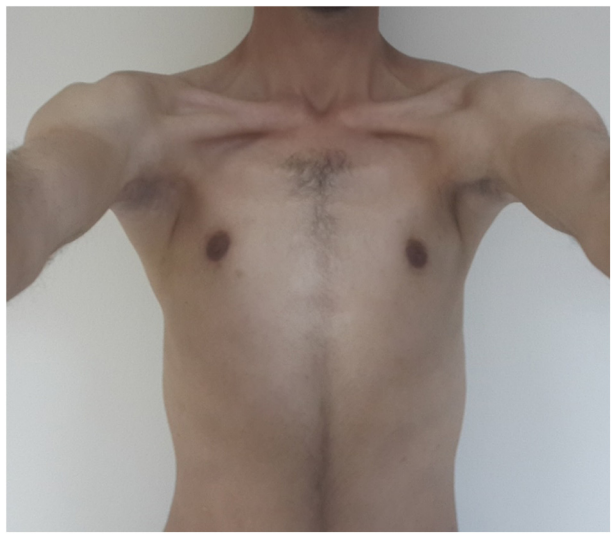

Fig 1. The anterior appearance of the patient with absence of bilaterally multiple thoracic muscles.