

Bioethics Book Club

Monday Mornings – A Novel

By Sanjay Gupta, MD

Grand Central Publishing, Hachette Book Group, 2012

Summary¹

In *Monday Mornings*, Sanjay Gupta tells the story of five highly skilled surgeons at Chelsea General. Each week the surgeons gather at the Morbidity and Mortality (M&M) conferences where they discuss mistakes encountered or committed during surgery, and where those involved must answer for their shortcomings. The constant pressure takes its toll on each of the five surgeons: Doctor Tina Ridgeway struggles with her personal life, and rethinks her own position when one of the residents gets in trouble; superstar neurosurgeon Tyler Wilson loses his confidence when a child dies during surgery; trauma director George Villanueva is worried that he is losing control of the ER; Dr. Sung Park faces his own mortality when diagnosed with a deadly brain tumor; and the chief resident, Harding Hooten, realizes that even he is not infallible.

Ethical Issues:

Admitting surgical errors

Critical thinking in diagnostic process

Patient safety in surgery

Communications among medical team

Apology in medical practice

Informed consent process

Ethical and legal responsibility of supervising learners at teaching hospitals

Discussion questions:

- Questions about liability are common when considering an apology to patients after adverse events have occurred. What is the difference between admitting fault and apologizing?²
- What are the ethical reasons for providing an apology to patients in cases of adverse events?

¹ Adapted from publisher's summary.

² For information about apology legislation in Canada see: CMPA. 2008/2013 (revised). Apology legislation in Canada: What it means for physicians. <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2008/apology-legislation-in-canada-what-it-means-for-physicians>

- The resident Michelle Robidaux is eventually fired from Chelsea General after Mary Cash, a patient she operated on, loses her sense of smell after surgery. Do you think the supervising doctor, Tina Ridgeway, did anything wrong by letting Michelle perform the surgery in the first place?
- In Chapter 15, Junior Resident Sanford Williams gets into an argument with nurse Monique Tran, when she refuses to let him to close up because a piece of gauze is still missing from the pile on the table next to her. Nurse Tran suspects the gauze is still inside the patient. Patient safety is tied to one of the foundational principles in medical ethics: do no harm. Checklists in OR can support ethical practice in surgery. What are some of the advantages and limitations of such tools?
- In Chapter 18, Dr. Villanueva deals with two patients at the ER: an elderly woman who dies from a gunshot, and her grandson, who shot her and then shot himself. When talking with the neurologist who is called in to assess whether the young man is brain dead, Villanueva says “He’s not a patient. He’s a piece of shit.” How may emotions, positive and negative, influence the way physicians treat their patients medically and interpersonally?

Discuss the following passages from the book:

- (p. 80) “Once a doctor read the chart, he was most likely to continue down the same path. It was a group-think mentality that occurred too often in hospitals. That was always dangerous, Sydney knew. They should have expanded the possible list of diagnoses, but what would those other possible diagnoses be? Whitman’s heart rate was elevated but her lungs appeared clear. What was going on? Now; at four in the morning, Sydney thought she knew.”
- (p. 40) “Did you see her sign the consent? Did you personally see her sign the consent?’ Tina looked over at the hospital’s lawyer, who was reading his BlackBerry. The stenographer looked at Tina, waiting for her answer. ‘Usually, that’s the responsibility of the resident, to go over the risks with the patient and have the patient sign the consent form.’[...] ‘For the record,’ Tompkins said, looking at the stenographer. ‘You are telling me you have no idea what risks – if any- Mary Cash was told of before this surgery.’”
- (p. 285) “Tina thought about the competition to get into medical school; the competition to get the best grades and score points with the most influential professors; the competition to get a position at a teaching hospital. The competition to become a department head. Always jockeying. Always pushing. Always trying to get ahead. Ambitions. Politics. Egos. She had competed with her peers and, for the most part, she

had succeeded, but where was the practice of medicine in all this? Where were ‘the healing arts,’ as her grandfather liked to call them?”

- (p. 44-45) “‘You mean, you allowed a doctor in training, a student if you will, to operate on the brain of this young woman, lying defenseless on the table, as she was, her trust entirely with you?’
‘This is a teaching hospital, Mr. Tompkins.’
‘So what you’re telling me is that Mary Cash was cannon fodder. Someone for Dr. Robidaux to practice on.’ Tompkins almost spat the name *Robidaux*. ‘My client was a guinea pig, if you will? Sort of like the Tuskegee syphilis experiments.’”
- (p. 35) “The sight of her struck Ty like a blow. He wanted to turn around. He knew other surgeons who sent their residents out to let family members know a loved one had died. That would have been easy. He could have moved on to the next case with barely a glance back. But Ty had vowed years earlier – after what had happened when his own brother and later a sister died – that he would give the bad news himself, no matter what.”
- (p. 87) “Other doctors tried reminding him that the boy’s tumor would have led to his death anyway. That was not an excuse for Ty. He had killed a kid, and he couldn’t get beyond that simple fact. Explaining his role in Quinn McDaniel’s death gave him new perspective on the proceedings. No doubt, death and complications were the enemies of any doctor, but sometimes death happened. Sometimes, there was no good explanation. Bad things happened to good people. Bad things happened to good doctors.”