

Counting the cost of heroic surgical intervention

by **HANNAH BRADBY** Feb 22, 2013



Image: Hospital, operating theatre, table and lights, Wellcome Trust

The practice of medicine involves interesting contradictions. In the name of treatment, clinicians regularly inflict pain on people who are already suffering. Medicine promises to alleviate pain in the long-term through an intervention that exacerbates it. Such is the strength of humanity's hope (collective and individual) for life without pain and suffering that we undergo experimental interventions with little or no documented success.

Gavin Francis describes an operation aimed at alleviating severe and intractable epilepsy, where a woman's skull was opened and an area of her brain cut out. The decision of where to perform the excision was made by the patient speaking, while the neurosurgeon stimulated local areas of the brain surface. If the woman's speech faltered with a stimulation, the surgeon labels this bit as not to be removed. The surgeon admits that removing the 'epileptogenic' part of the brain is a hit-and-miss operation, with no guarantee of reducing the frequency or severity of the woman's seizures and a significant risk of worsening her situation.

The surgeon compares his work to 'gardening', emphasising the lack of precision or certainty involved. By contrast, the account of surgery for epilepsy that appears on Epilepsy Today's website offers more reassurance that 'epilepsy specialists' can and will make precise and secure diagnosis of **best treatment options**.

A friend was offered surgery to control his seizures 20 years ago, when, presumably the techniques were even more experimental. At the consultation he mentioned that he was about to start studying for a doctorate. My friend remembers his physician saying 'Oh well, best not opt for surgery then. If you were working on a check-out, it might be worth the risk.' The outcome of this encounter was that the friend avoided the medical professional for the next decade and phased out his own anti-epileptic drugs. Only when his seizures became visible to colleagues and friends was he persuaded to return and re-start the process of finding a suitable drug combination.

Gavin Francis's account of watching a semi-conscious woman's brain being manipulated ends with her rueful regret at the resulting raggedy scalp scars. The implication is that this is a small price to pay for the reduction in seizure frequency. But in the ledger of costs and benefits for heroic surgical interventions, how should we account for the decade that my friend spent with uncontrolled seizures, resulting from his horror at the gung-ho attitude of his doctor?

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I find it most repugnant that persons who suffer epilepsy are sucked into risky lobotomy, when the historical research of healthy good brain tissue removal upon psychiatric patients demonstrate adverse effects of "seizures and cerebral hemmorrhaging". As a victim of Dr. [name removed] unauthorized lobotomy Dec. 9,1969 & Jan. 27,1972, at 14 & 16 years of age) life has been a bitch with further seizure disorder, status epilepticus, continual episodes of cerebral hemmorrhaging in the operative field, and post traumatic stress disorder, when screaming verbal profanities during a local cranium incision. No parent should be deprived informed consent, when the risks outweigh any benefit as to address seizure disorder. There should be government intervention as to ban epilepsy brain surgery and recognize other more humane treatment for those suffer seizure disorder. Straight up, epilepsy brain surgery is criminal negligence causing death when every year across Canada, 2400-4600 people die as a result of status epilepticus. The number one adverse effect of healthy good brain tissue removal. if not for alternative herbal remedies, I too, would have died from status epilepticus decades ago. Anyone considering brain surgery should abandon this procedure, when it's not worth the risks.



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