The Stuff That Sticks

Nadeem Jones

Class of 2028

Interviewees: Dr. Katherine Fischkoff (CUIMC Dept. of Surgery) and Dr. Steven Char (General surgery resident at Mount Sinai Hospital)

I wasn't sure what to expect when I first encountered the article titled *"*Surgeon Perspectives on the Daily Presentation of Ethical Dilemmas.[1]*"* As a first-year medical student still early in my clinical education, I had only a distant sense of what an ethics consult entailed. Perhaps something discussed in policy documents or handled behind closed doors after fraught cases. But this paper offered something far more intimate: a candid window into how surgeons themselves reflect on the ethical ambiguities that shape their day-to-day practice. The persistent dilemmas that unfold in operating rooms, ICUs, and team discussions that often go without formal acknowledgment. It reframed how I understood ethical decision-making in surgery: not as a theoretical discipline, but as a lived, deeply personal experience.

In speaking with both authors—Dr. Katherine Fischkoff, a general surgeon and intensivist at Columbia, and Dr. Steven Char, who was a medical student when the project began and is now a surgery resident at Mount Sinai—I came to understand the collaborative, improvisational process of studying something as nuanced and personal as surgical ethics. What emerged was a story about mentorship and the intentional work to make space for reflection in a field that rarely pauses.

Dr. Fischkoff didn't always plan to go into medicine. "I thought everything was gross," she laughed when I asked about her path. "I never loved science or math. I thought I was going to go into business."

But life, as she puts it, is about who you meet along the way. While completing post-baccalaureate coursework, she started working in the outpatient surgery offices at George Washington University and connected with a surgeon who became an important mentor. Before long, she found herself immersed in acute care surgery and critical care. "I have the best job in the world," she told me. "You never know what you're going to walk into on any given day."

That sense of uncertainty extended beyond the clinical and surgical. During her fellowship in critical care, Dr. Fischkoff encountered a profoundly difficultly case. The patient, a man in his fifties or sixties with an LVAD (a mechanical pump that helps circulate blood when the heart can't) had no capacity. "His heart had basically stopped beating, and he was on the ventilator, so he wasn't breathing on his own," she recalled. "But his daughter—his family—didn't want to turn off his VAD." Though legally dead, blood continued to circulate artificially. The ICU team called an ethics consult, and Dr. Kenneth Prager came in—a meeting that would mark the beginning of an important mentorship for Fischkoff. "That was the first introduction I had to

formal bioethics," she said. "Being a good ethical doctor is just what you're supposed to do. But I didn't realize it was a whole separate field." The experience stayed with her. She began joining consults, learned to mediate difficult conversations, and later completed a master's in bioethics.

It was a space that felt radically different from the technical precision of surgery. She appreciated the opportunity to take care of emergencies, to move quickly, to save lives. But she also found satisfaction in slowing down. "In surgery, you're in and out. You often don't get to know the story. Ethics gives you a reason to slow down and think. And sometimes," she added, "you're the one who comes in and saves the day."

Years later, Steven Char came to ethics from a different angle. As a medical student at Columbia VP&S, he joined a discussion group led by Dr. Lydia Dugdale on philosophy and medicine. "It was low stakes," he said, "but I really liked thinking about those questions—what would you do, what should we do."

Through Dugdale, he met Dr. Fischkoff and soon became involved in surgical ethics research. Together, they considered several possibilities, including a study on withdrawal of LVADs. But they ultimately pivoted, noting the limited sample size such cases would provide. The study that would become their published paper was born out of a shared curiosity: What ethical dilemmas do surgeons face day-to-day, and how do they think about them?

They designed a qualitative study to investigate how surgeons encounter ethics in day-to-day practice. "We just started asking questions," Char explained. "Not just, what are the ethical issues, but do people even recognize them as ethics? Do they think of them as just problems? What keeps them up at night?"

Char designed a semi-structured interview guide, pilot-tested it with a few surgeons, and then sent out requests to about 50 faculty across surgical subspecialties at Columbia. Ultimately, he interviewed 30 surgeons. Despite being a medical student—at times interviewing people he hoped might one day write him letters of recommendation—he found that most were eager to talk. "They wanted to get it off their chest," he said. "It felt like they had been waiting for someone to ask."

The stories that emerged were deeply personal. One pediatric surgeon shared a case from two decades earlier that still haunted them. Others spoke candidly about institutional frustrations, moral uncertainty, and strained relationships with colleagues. Some surgeons were skeptical of the project; a few, Char admitted, thought ethics was a waste of time. But many welcomed the space to reflect. "It kind of felt like they had been thinking about these things privately," he said, "and now they had a chance to say it out loud."

Common themes emerged: moral distress, disclosure, conflict between colleagues, discomfort with family dynamics, and the challenge of learning new technologies. One attending described the discomfort of disclosing intraoperative errors: "You lose more blood than you expected. Maybe not enough to transfuse, but more than typical. Do you tell the family? What if the patient doesn't ask?" Another shared being asked to place a trach and PEG in a brain-dead patient whose

family had religious objections to brain death testing. “You’re being asked to operate on someone who is, legally, dead,” Fischkoff said. “Can you say no?”

Newer dilemmas surfaced, ones not fully captured in the traditional literature. Fischkoff recalled her own learning curve with robotic surgery: “I was keeping patients under anesthesia for way longer than they would’ve been otherwise. I didn’t have complications, but it felt bad.” One surgeon half-joked that they had “solved all of ethics,” but most were quite introspective, grappling with the gray areas that lie beyond clear-cut decisions. The result was a raw, honest account of the ethical tensions that surgeons face—not as theoretical dilemmas, but as lived experiences.

The study revealed a culture where surgeons often learned how to handle ethical complexity not through formal training, but through stories, shared experiences, and mentorship. "People turn to their senior partners, to colleagues," Fischkoff explained. "Not necessarily to the ethics committee."

Their study was accepted by the Journal of the American College of Surgeons with minor revisions and presented at the American College of Surgeons Clinical Congress. For Char, it wasn’t just a publication; it was a spark. The experience affirmed that the ethical dilemmas surgeons quietly carry could be named, studied, and shared. And it pushed him to keep the conversation going.

By then, Char had begun residency and found himself again surrounded by ethical quandaries—only now, he was the one expected to manage them. There were disagreements with attendings, tough end-of-life decisions, and subtle challenges around disclosure. One relatively healthy patient was admitted with acute cholecystitis. The attending recommended a percutaneous cholecystostomy tube, a technically less invasive option performed by another team, but one that would leave the patient with an uncomfortable external drain for several weeks. Char wondered whether the patient truly needed that approach or if the decision was influenced more by timing and convenience than by clinical necessity. "What do you do? It felt wrong, but I was just an intern."

Rather than let those questions linger, Char began looking for ways to address them head-on. He began developing a surgical ethics curriculum for his residency program, modeled in part on the themes from the Columbia study. He created six modules based on residents’ perceived knowledge gaps and ethical concerns, including disclosure, end-of-life care, and conflicts with attendings. He even led a session on error disclosure, asking residents to debate which mistakes warranted a conversation with the patient and which might not. "Obviously, you disclose a wrong-site surgery," Char said. "But what if you lose a little extra blood? What if you convert a case? Where’s the line?" That kind of moral distress comes up all the time.”

When it came time to invite guest speakers, Char reached out to Fischkoff. She gladly accepted.

I could see that this project had come full circle. From a research question rooted in curiosity to a novel intervention in surgical education. From a mentorship rooted in a shared interest to a professional collaboration spanning institutions.

When I asked Fischkoff what ethical advice she'd offer to students like me, she paused. "Everybody has a story," Fischkoff said. "Sometimes in surgery, we forget that. But when you actually sit down with a patient—especially one whose choices you don't understand—you may start to hear about poverty, trauma, lack of support. And then we treat them, send them back into the same life, and wonder why they come back. So, I think one teaching point is to open yourself up to hearing the story, because sometimes it really matters."

And Char? "Just pay attention," he told me. "Learn from every case. Every attending. Every mistake. Keep asking why something bothers you. And don't forget the stuff that sticks."

The stuff that sticks. Like the moment you wonder whether to speak up, or stay silent, when a decision doesn't feel right. Like the discomfort of following protocol that clashes with a patient's values. Like a mentor who made space for your questions and stood beside you to answer them.

It's easy to think of ethics as abstract—something that happens in case law, or IRB meetings. But what Char and Fischkoff showed, through this paper and beyond, is that ethics lives in the stories those of us in medicine carry: the tensions we replay long after a case is closed, the questions we whisper to mentors when no one else is listening, those we share with colleagues and carry forward into our own teaching. These are not hypotheticals. They are the lived, unresolved dilemmas that shape how we practice and who we become.

References

1. Char, Steven et al. "Surgeon Perspectives on Daily Presentation of Ethical Dilemmas: A Qualitative Study." *Journal of the American College of Surgeons*. vol. 237,5 (2023): 751-761. doi:10.1097/XCS.0000000000000802