

# Lions for Lambs

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Associate Editor



As we are swept up in the astonishing changes of a world in dramatic transition, it seems especially important now that we should reflect upon who exactly we see ourselves to be as physicians, and why that matters. Notwithstanding previous appraisals of what others might think of us, our work, and our abilities, here is an opportunity to remind us all (I am still a doctor, despite my daily fears to the contrary) what we should be thinking about ourselves.

In the 2007 movie *Lions for Lambs*, people of good intention searched for meaning in their lives, and often made choices that involved sacrifice for dubious gains. We go in as lions, but end up as sacrificial lambs—an apt metaphor for what many of us are currently facing in medicine. We are constantly being told, asked, begged, and cajoled into somehow doing “better.” Many of us stride into this task with the will of lions—yet our fears are that instead we might well end up being devoured as lambs.

This all starts with just how fortunate we are to be medical doctors. The world is full of people who toil daily—not for love, nor passion, nor the desire to do good (yet many of these people are out there), but rather for the simple reason that they must feed and clothe and provide shelter for themselves and their families. There is nothing philosophical, nothing metaphysical about what they think of themselves in what they do. They work out of necessity. We are in some ways uniquely fortunate. When we wake each morning and ask ourselves “What would I do differently today if this were my last day on earth,” most of us would answer “nothing.” We would still go to work and do all of the routine tasks of practicing medicine: listening, counseling, prescribing, operating, evaluating, and treating—just the same that last day as every day. My take is that this is not because we are “stuck” in medicine, but rather because we love our profession and the tremendous satisfaction that it brings us. Of course things have become somewhat more difficult for doctors, but we still do spend our lives working at something that we love. A neurosurgeon on staff here once answered my query of why he does what he does when he could easily have retired years ago (I asked this at 3 a.m. on a Saturday during a particularly dicey emergent surgery): “At the end of the day, you just have to *doctor up*. It is what we do.” Bravo! This is what we do, and we are ever so fortunate to have the opportunity to participate in the dance of life in just this way.

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What else makes us lions? Allow me to answer by way of a story. A few days ago, I began seriously to consider my own self worth by contemplating once again my own nagging perennial question: “How does a person of some talent come to exert a force in the world?” Over the years, I have chewed my cud on this specific question, and my answers to no small extent shaped my career path—M.D./Ph.D., post-doctoral clinical training at the “right” institutions, the “right” fellowship, and, ultimately for me, returning to the lab because that is what I was “trained to do.” I had answered this question before, just as many of you might answer it. I answered it, repeatedly, by forging ahead on my “path” and performing as well as I could so that I might eventually do what I was being trained to do. A few months ago, this question welled up and stuck again in my craw, and I found myself saying that time that I needed to find “the right thing to do with my life,” and to emulate someone whom I admired most. So I told myself that I wanted to be like someone, or to do what someone else had already done, at least metaphysically. When faced with a world of possible choices, determining what you want to do—as opposed to what you *can* do—is in fact, challenging in a particularly disquieting kind of way. I was deeply dissatisfied with my answer and, in frustration at my inability to deduce a solution unique to me and my circumstances, I shelved this line of thinking and returned full time to thinking more concretely about my job. However, a turning point came quite recently after I re-read a book about a physician who works full-time, despite his being physically located at the Brigham and Womens Hospital in Boston, trying to cure all of Haiti, Peru, and Russian prisons of tuberculosis and just about any other disease he can think of—one patient at a time. His name is Paul Farmer, and my brief snippet of what for him is a life passion is completely inadequate to convey the sheer scope of what he is laboring to do. In reading this book, I realized that I could never do the amazing things that Paul Farmer does do; therefore, of what value are the rest of us?

And then it hit me: The error in all my years of thinking about my career is that I was trying to answer the question of what I should do, not by actually doing something, but by imitating what others had done before me—being a good teacher, doing good science, getting tenure at a young age. In rereading this book about Dr. Farmer, I finally appreciated with consummate clarity that attempts at imitation put the emphasis where it does not belong. The goal in medicine is to improve the lives of others. It is *not ever* about “a quest for personal efficacy.” Besides, and now speaking from my own experience, attempting frank imitation at times fails outright, often embarrassingly, sometimes painfully. What we should take from stories like Paul Farmer’s or from other people we know personally and most admire, is not a “how-to” manual for our own lives, but rather proof that, with patience, effort, and creativity, specific problems that may have once seemed intractable can in fact be solved. This

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revelation whispers to me how my own unique talents can best be put to work, and where in turn my career path must take me.

I believe that my introspection may hold a lesson for all of us who ponder becoming lions. When one chooses to care for others—when I choose to do so—we do not stand up as models of **how** this should to be done, only that it must be done. Do not do what I do, or we do, but take from us simply that these things should and need to be done. So I ask again: “How does a person with some talent come to exert a force in the world?” We are blessed with the ability—and, moreover, the responsibility—to care for others, and in so doing do exert a force for good in the world. As the world asks us to do more, or to do it differently, or to do it better, let me suggest that we physicians have been here long before others had an interest in what we do, and we will be here long after. Like a lion, stand proud and tall, and communicate the truth honestly and directly, with the wind of history and tradition at your back, as change blows tempestuously in your face. You cannot become a lamb if you stand like a lion.

### **Call for Submission of Resolutions to the House of Delegates**

Any CSA member may submit a resolution to the House of Delegates (your elected representatives) on any issue that you deem important. A resolution is a proposal that the CSA undertake an activity related to a current issue of concern to anesthesiologists. For example, a resolution might recommend that the CSA develop a guide on issues that should be addressed when contracting with a billing service. For assistance in formulating a resolution, you are welcome to contact Johnathan L. Pregler, M.D., Speaker of the House of Delegates.

The House of Delegates will meet on Saturday, May 16, as part of the CSA Annual Meeting at the Hyatt Regency Monterey Resort & Spa, Monterey, California. An Issues Discussion Forum (formerly the Friday night Reference Committee) meets prior to the House of Delegates to hear testimony on all matters to be considered by the House. For more information, contact the CSA office 650-345-3020, 800-345-3691, fax 650-345-3269.

The deadline for submissions is April 24, 2009.