

# Cut to the Chase

REVIEWED BY DAVID V. COSSMAN, MD

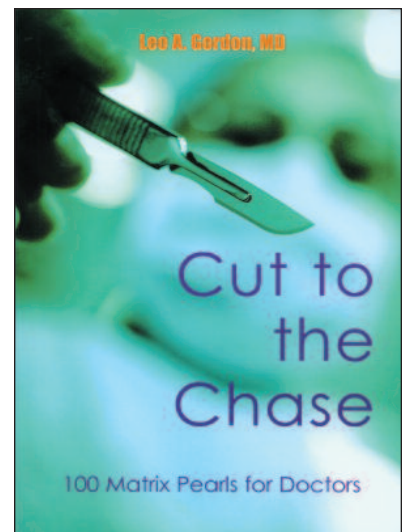
Full disclosure: Leo A. Gordon, MD, author of *Cut to the Chase*, was a surgical intern of mine in Boston back in the Dark Ages. He appeared on the surgical ward in a heavily starched white coat down to his ankles, frightened and speechless. About six months later, he started to talk, and he hasn't stopped since, much to the delight of a rapidly expanding audience that has enjoyed his work for the past 20 years. Whenever I,

as his former chief resident, enter the room, he is still required to stand and to share the considerable royalties his latest offering is generating. So buy the book.

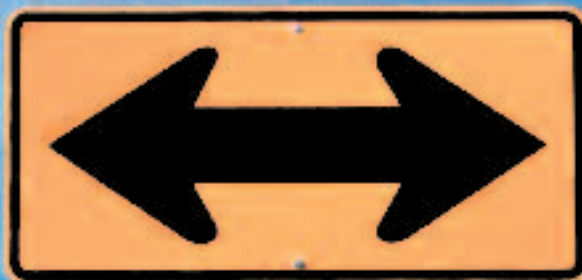
Most of you know Dr. Gordon as the surgical educator who developed the "matrix conference" to replace the traditional morbidity and mortality conference as the cornerstone of didactic surgical education. The matrix conference replaces the "shame and blame" motif of the traditional M&M with a disciplined and orderly presentation of the week's

complications by residents who are required to have all pertinent data, including x-rays, in PowerPoint form, followed by a focused review of pertinent literature. Those involved in the case—radiology, anesthesia, surgery and pathology—are required to attend. Anecdotal experiences, sidebar conversations and electronic intrusions are not allowed. The moderator is responsible for collecting and collating lessons learned into a formal curriculum on

By **Leo A. Gordon, MD**  
tfm Publishing,  
Shrewsbury, England, 2006;  
294 pages.



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which the residents are tested. The aim is to convert the M&M meeting into a mechanism reducing complications and enhancing patient safety. Rightly or wrongly, it endorses the concept that we can learn from other people's mistakes.

*Cut to the Chase* promises to present 100 matrix pearls gleaned from Dr. Gordon's years at the helm of the matrix conference at the Cedars-Sinai Medical Center in Los Angeles, but as one might expect, the reader is just being set up to enjoy the zany and perverse side of the surgical experience as seen through the jaundiced eye of one of this country's premier medical humorists. If you are looking to find out how to avoid getting a pneumothorax putting in a central line, look elsewhere. If you are looking to find out why the one who gets the pneumothorax is the wife of the chairman of the board of trustees of the hospital or why the call comes from the radiology department with the bad news just when you're congratulating yourself for doing such a good job under pressure, this is the book for you.

*Cut to the Chase* is a compendium of 100 hysterical vignettes from our everyday surgical experience that elucidates the genetic code responsible for the gap between what happens and what's supposed to happen on the surgical service. Not to demean the book, but it has the feel of the "man law" beer commercials we've been subjected to, except for the fact that Dr. Gordon's laws are really funny.

Everyone gets skewered as a conspirator or co-conspirator responsible for the unpredictable and frequently unwanted ways in which events unfold within the hospital. Internists get whacked for over- and underdiagnosing and for allowing their infatuation with imaging and testing to override that essential lesson learned long ago from their mothers to "leave well enough alone." Dr. Gordon documents how a stat consult is always ordered for either no or minimal disease while one "that can be seen at your leisure" should be

seen immediately to avoid a medical catastrophe. He has a special antipathy towards “the system,” including academic types, hospital administrators and regulatory personnel who do their level best every day and in every way to interfere with the safe and effective practice of medicine.

Of course, we surgeons are the ones with the biggest targets on our backs, and the reason why this book is so funny is that none of us can read these snippets and think that Gordon is talking about anyone else but ourselves. Who among us hasn't felt the crushing disappointment when every single patient in the afternoons' office turns out to be a big surgical zero, especially when we already had them lined up in our minds for an aneurysm resection, gastrectomy or lap chole? Or the embarrassment we all ultimately feel when we realize how we spent half our careers arguing about whether saline is better than Ringer's, or to drain or not to drain, or to do near-far-far-near instead of far-near-near-far, or the sting of “premature euphorination” that occurs just at the time the perfect operation you just did has silently started to fall apart. Gordon catches each one of us with our pants down, so we laugh and we laugh hard. Which is a good thing, because laughing feels good and softens the blow of seeing ourselves as we truly are.

Royalties aside, get this book and read it. It's usually on display at the big surgical meetings. It's hard to understand how someone who's been doing hernias and gallbladders his whole life can be so funny and insightful and write so well, but it's all there in black-and-white for all to enjoy.

#### HOW TO ORDER

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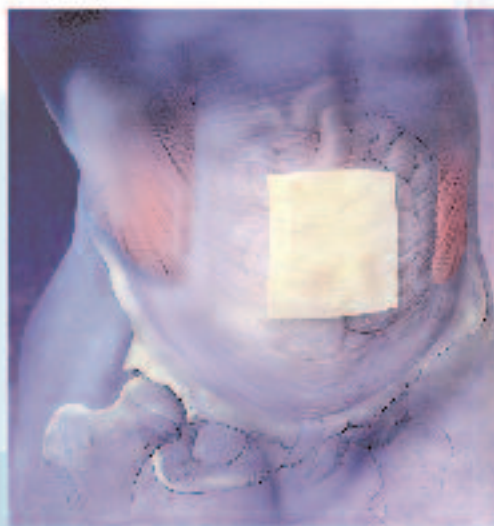
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