

Icon of this issue

Robert M. Goldwyn: The editor with a mission to keep us honest!



Robert Goldwyn

When we thought of having a theme issue on 'Unfavourable Results' the choice of the 'Icon of the issue' was obvious. Any student of plastic surgery, with an intention of seriously perusing his/her career cannot afford to miss the unforgettable masterpiece 'The Unfavorable Results of Plastic Surgery - Avoidance and Treatment' by Robert M. Goldwyn. This is a collector's special with each chapter identifying complications and problems associated with a particular procedure and then suggesting steps and precautions to avoid them.

I knew Robert M. Goldwyn for over 25 years, but I met him only once, after his retirement in a conference in Varanasi. The conversation we had was nothing short of an epic. Being a teacher par excellence, he knew what I was seeking and having read his books, papers and editorials in all my formative years I could understand and establish an excellent rapport with him and I guess Plastic Surgeons all over the world had a similar stimulating and reinvigorating experience with him.

He was interested to know how health-care was being catered in India to the teeming millions and was aware that our speciality could not be a high priority one when resources are scarce, if we do not overemphasize our role in the management of burns. Respect for a doctor is on decline everywhere, he lamented. While almost every one treated us with respect, the once present undiluted high regard was not what many had for the medical profession today. The public is no longer our ally, he said. A crucial

factor, not surprisingly, was money. If we charged nothing for our services, our patients would undoubtedly like us more, but only if the result were perfect and we were kind. In this real world, however, most of us are not saints, most of our work is not perfect and yet we charge for it. Unfavourable results reduce the value for the money spent by the patients towards their treatment.

Robert M. Goldwyn was born in Worcester, Massachusetts, in 1930. He attended Worcester Academy, Harvard College (A.B., 1952; Phi Beta Kappa, Magna cum Laude) and Harvard Medical School (M.D., 1956). He did his internship and residency in general surgery at the Peter Bent Brigham Hospital in Boston from 1956 to 1961. During this period, he was the Harvey Cushing Fellow in Surgery at the Peter Bent Brigham Hospital. His plastic surgical training was at the University of Pittsburgh Medical Centre from 1961 to 1963 under William White. He returned to Boston and ultimately became Senior Surgeon at the Peter Bent Brigham Hospital, Chief of Plastic Surgery at Beth Israel Hospital and Clinical Professor of Surgery at Harvard Medical School.

Dr. Robert M. Goldwyn served as President of the Massachusetts Society of Plastic Surgeons, the New England Society of Plastic Surgery, the American Association of Plastic Surgeons, which made him an Honorary Fellow and the Harvard Medical Alumni Association. In 1972, he founded the National Archives of Plastic Surgery, housed at Countway Medical Library and served as Chairman of the Archives Committee of the Plastic Surgery Educational Foundation.

He was a founding 'member of 'physician for social responsibility' and wrote articles on world peace, opposition to chemical and biological warfare and medical ethics.

He had been a visiting professor to more than 70 institutions, universities and hospitals in his own

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country and abroad and was an honorary member of more than a dozen national and international societies of plastic surgery. His other awards included the Dieffenbach Medal, the Honorary Kazanjian Lectureship, Clinician of the year of the American Association of Plastic Surgeons and the Special Achievement Award and the Presidential Citation of the American Society of Plastic and Reconstructive Surgeons.

Dr. Robert M. Goldwyn was the Editor of Plastic and Reconstructive Surgery from 1979 to 2004 and authored or co-authored more than 300 articles and edited several books: The unfavourable result in plastic surgery: Avoidance and treatment (now in its third edition), reconstructive surgery of the breast, long-term results in plastic and reconstructive surgery, reduction mammoplasty, the patient and the plastic surgeon (two editions) and the operative note, a collection of his editorials, The Physician Traveller (18 volumes) are a few of his masterpieces. He also authored a book for the general public: Beyond appearance: Reflections of a plastic surgeon. With Saxe as translator, he wrote an introduction to Baronio's Degli Innessi Animali, 1804 (On Grafting in Animals). He also wrote the introduction for the first complete english translation by Thomas of Tagliacozzi's De curtorum chirurgica per insitionem, 1597 (On the surgical restoration of defects by grafting, a facsimile edition). A link to all his published papers <<http://www.ncbi.nlm.nih.gov/pubmed?term=Goldwyn+R+M%5Bauthor%5D&cmd=detailssearch>>

Dr. Robert M. Goldwyn was among the first to perform experimental microsurgical transfer flaps and limb transplantation. Early in his career, he investigated the use of cryotherapy in the treatment of vascular tumours of the head and neck and in the palliation of unresectable recurrent breast cancers of the chest wall. He developed new techniques for reduction mammoplasty, a major focus of his clinical activity. The grand old man of plastic surgery, slipped into the pages of history on March 23, 2010 in Brookline, Massachusetts, USA leaving behind a void that will be impossible to fill.

Like many others in this profession I was and am a huge fan of his brutally frank editorials, which served as a clarion call to all whenever he felt the speciality was drifting from its desired goals or being led astray by market forces. The examples of intellectual dishonesty were clearly put in black and white and a plan for course

correction was almost immediately charted. I remember a thoughtful essay from his book 'The Operative Note: Collected Editorials' (published in August 1992) called 'Goldwyn's Laws of Plastic Surgery' and I quote from it:

"Permit me a few 'laws' of plastic surgery:

- The preoperative photos that are lost are always of the patient with the best result
- The last stitch in a blepharoplasty always starts bleeding
- No insurance company ever makes a mistake in your favour
- No medical organization to which you belong ever reduces its dues
- The patient whose operation you do for visiting surgeons will have the hematoma
- VIPs are magnets for complications
- The patient with the best initial result never returns for follow-up
- The dissatisfied patient never moves away
- The older the surgeon, the less he or she perceives the need to retire
- The older plastic surgeon never thinks there is room for a younger one in town
- The initial sponge count is never correct when you are behind schedule
- The rhinoplasty patient with only a fair result is your most enthusiastic supporter
- The lengthy operative note (discharge summary) is the one that gets lost
- No surgeon ever has enough operating time
- No hospital ever has enough operating rooms or personnel
- Plastic surgeons resent a colleague in direct proportion to the aesthetic content of his appearance in the media. Corollary: The expert on hypospadias is never maligned
- Most surgeons lack the enzyme allowing them to praise the results of a colleague
- Most surgeons feel a twinge of pleasure at another's complication
- Our readers doubtless have better rules of their own-and that, perhaps, is another law."

Such frank admission of our shortcomings and obvious characterisation of our double standards both in our profession and in our daily life was what made him both a genuine critique and a concerned father figure of all plastic surgeons.

Emphasizing the need to talk with the patient rather than talk to them in one of his essays “The Plastic Surgeon Knows Best” he recalled a visit to a hair stylist (as there are no barbers left in this world) whom he requested for a ‘light trim’ Pat came the reply ‘don’t worry, I will take good care of you. You will like the result’. Reassured thus he drifted into slumber only to wake up facing a strange World War II soldier staring back at him in the mirror! He looked like an old recruit, perhaps a General Schwarzkopf but without his girth or tanks, as he put it candidly. Patient would like to have the nose he desires and not the one the plastic surgeon prescribes, otherwise the latter is acting like that hair stylist! In his own inimitable way Robert M. Goldwyn wrote in this essay ‘This phenomenon of not taking into meaningful account what the patient wants I have observed more among older practitioners. Perhaps they feel that they are beyond the restrictions that usually apply to other plastic surgeons. This kind of megalomania is not without possible severe repercussions-the kind that take place in a court room’.

Robert M. Goldwyn always felt that in our speciality there were more crimes of commission than omission. We should try to do less than attempt to do more and always think what the patient wants. We have come a long way from our not so glamorous history where in England in 1462, the guild of Barbers became the Company of Barbers and under Henry VIII, the Barber Company was united with the smaller guild of surgeons to form the United Barber-Surgeon Company. The metamorphosis from the lowly barber to the glamorized surgeon has been long and if we do not mend our ways and be good doctors first, we risk going back the same road.

In yet another editorial ‘knowledge: What kind and how much?’ Robert M. Goldwyn emphasized that a doctor is not expected to know everything but he is far better ignorant than half knowledgeable. Because knowledge and wisdom are not synonymous, the central query is how much of each is necessary. Any answer must take into account the individual’s needs at a particular time. In his own words he said “The human being functions astonishingly well knowing comparatively little. Global enlightenment is unnecessary. For most people making a living in our complex society demands narrowness not breadth. We are job-specific. Major league pitchers would fail a high school physics test on mass, velocity, friction and wind currents, yet they could easily strike out every professor at the Massachusetts Institute of Technology. So also can a doctor do considerable good for a patient with more know-how than knowledge?”

We usually demand more knowledge from others than from ourselves. Furthermore, within the medical sphere, if we are honest, we would admit that many errors arise not from lack of knowledge but from absence of ‘character’. Robert M. Goldwyn was a lifelong crusader against this generation of so called specialists with a crisis of ‘character’ and he admonished his readers to steer clear of that steep and downhill path. He was undoubtedly the editor who kept us honest.

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