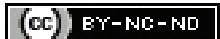


Introspection in Surgery

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ABSTRACT

It is well known that a surgeon needs knowledge and skill to perform good surgeries. A well-executed surgery leads to high patient satisfaction and is a matter of pride for the surgeon. However, in spite of knowledge and good skill, certain practices can compromise the outcome. These practices are built gradually and subtly and sometimes are not realised. This article is written with the aim of giving insight to the surgeons to introspect, reflect on their attitudes and correct them if required.

Keywords: Patient satisfaction, Skill, Surgeon

It is well known that a surgeon needs knowledge and skill to perform good surgeries. A well-executed surgery leads to high patient satisfaction and is a matter of pride for the surgeon. However, in spite of knowledge and good skill, certain practices can compromise the outcome. These practices are built gradually and subtly and sometimes are not realised. This paper is written with the aim of giving insight to the surgeons to introspect, reflect on their attitudes and correct them if required. This is a qualitative research based on the author's observations in hospital settings with 25 years of experience. This data cannot be obtained by the questionnaire-based survey as no surgeon would be willing to actually reveal those practices that are counter-productive but are compelled to act in accordance with them.

Excessive Love for Surgery

Surgeons often love and enjoy doing surgeries for money, fame, or simply for the love of the art of operating. This obsession can lead them to the wrong patient selection for surgery in a patient in whom non operative modality may have been a better option. Recently, the way surgeons come to a decision about 'whether to operate or not' was discussed in the Annals of Surgery and the perception concerning a risk/benefit balance varied considerably between surgeons and the perceptions predicted the decision to operate [1]. A study highlighted that surgeons with <5 years of experience opted to perform significantly more operations (40+4%) than surgeons with ≥5 years of experience (18±2%) [2]. Similar observation was found in other studies also [3,4]. It has been studied that changes that are occurring in surgery indicate a need to place greater emphasis on cognitive processes that underpin the practice of surgery. It is important that surgeons do not become victims of their cult image [3].

Overreliance on Junior Staff/Residents

In a study, it was found that surgeons with over 25 years of experience had lower complication rates [5]. Irrespective of years of experience, the non technical skills required for surgeons are communication, team work, leadership, and decision-making [6]. Sometimes, senior and experienced surgeons rely completely on

residents for examining the patients and interpreting the clinical and laboratory information. The overworked and inexperienced resident may make an error that may have been avoided if the chief surgeon had seen the patient. This casual approach by senior surgeons, who may be preoccupied with other administrative responsibilities, may cause disastrous consequences to the patient.

Hesitation to Seek Help in Difficult and Complicated Cases

Every case is a new case and challenges and complexities can occur in any case, even if it appears simple and routine preoperatively. Even an experienced and senior surgeon should be willing to ask for intraoperative assistance from colleagues if so required. An attitude to call for help should be an important quality to be imbibed in any surgeon, irrespective of years of experience.

CONCLUSION(S)

Avoidable surgical errors can be committed by trainee surgeons due to inexperience and all their work needs constant supervision and guidance. Similarly, avoidable surgical errors can be committed by experienced surgeons due to overconfidence and over enthusiasm, which should be curtailed. A beautiful surgery with successful patient outcomes is the cause of the greatest happiness to any surgeon.

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