EDITORIAL

ISSUES WITH CONTEMPORARY SURGICAL PRACTICES

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Medical errors and negligence have been subject of intense debate in print and electronic media for couple of years.[1-3] This has affected doctor – patient relationship significantly. In-hospital violence is also reported frequently. Another example is media hype on the issue of retained abdominal sponges following surgery.[1] These complications are not limited to the poor healthcare systems of developing countries like our, but also reported from the sophisticated healthcare systems of the developed world. In over 234 million surgeries performed annually worldwide, major complications occur in 3–17%, of which over 50% are avoidable.[4] But this fact should not be taken as justification or excuse for such happenings.

There is also mushroom growth of secondary care private hospitals in all cities of Pakistan, majority being maternity homes. There are supposedly no regulations to run such facilities though government has been planning to make legislation in this regard. The nursing and paramedical staffs of these set ups are mostly unqualified. Operation theatres are not built according to established protocols. Most of these theatres are ill-equipped. In many such set ups even anaesthesia machine is not available. Surgical safety checklist developed by world health organization in 2008 is hardly practiced in any of these hospitals. [5]

There is always a room for improvement. The medical and surgical errors can be prevented or their effects mitigated if hospitals develop, maintain and practice recommended safety system. Surgical safety checklist is one such mechanism. It aims to make operations safe. It addresses safety issues at three critical points in the perioperative period. The first before induction of anaesthesia called the “sign in”, then the “time out” before the skin incision and finally the “sign out” after the procedure but before the patient leaves the operation theatre.[5] However, this checklist is no substitute for personal vigilance. It should not lead to complacency, as errors have been known to occur in spite of checklists. In 88% cases of retained sponges the sponge count at the end of the operation was reported as correct.[6]

The surgeons have to bear the major responsibility in terms of skills, ethics and leadership. Trust between surgeon and his patient should not be broken. Human beings are liable to make errors, but it should not happen at the cost of a patient. However, death or complication is not always due to failure of medicine as it is an inevitable outcome in many situations. At times the complications are inevitable due to ongoing pathologic processes, but application of correct surgical principles and proper counseling with the patient and attendants shall serve as informed decision making.

Regular morbidity and mortality meetings can highlight the weakness in individual system, thereby decreasing future chances of repeating same errors. For negligence there must be an accountability procedure which should be transparent and open. Professional societies and governing bodies like Pakistan Medical & Dental Council should play their roles in monitoring of its members and check unethical practices. Ministry of health should regularize and license hospitals and monitor their services as well.

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