

EDITORIAL

Ethics in Surgery: A Personal Note and A Call for Developing Nations

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Medical ethics is becoming a very large discipline. I would like to discuss this with regard to the discipline of surgery. Surgery is a hands-on profession. Medical graduates train from six to nine years after medical school before they are given a license to practice surgery. It is not unusual for the surgical resident to learn new tricks within weeks of completing the surgical training. During these many years of training, residents learn pre-operative as well as post-operative care. They learn surgical skills and gain medical knowledge via the multiple avenues of the surgical training program. When it comes to medical ethics, most often they learn by example, and mimic behavior styles of their professors. If they train under a surgeon with an inflated ego, they often graduate with similar behavioral habits. If they spend several years training with a morally weak surgeon, they may graduate thinking of their actions as the ultimate ethical behavior. This effect is minimized in the American training system due to several factors. Medical ethics is a mandatory and important subject in American medical schools. It is also a topic of discussion on daily basis. Hospital ethics committees and clinical ethics consultations are a common practice. My experience in the developing countries is different. I understand that Americans cannot impose their views on our colleagues overseas. They have their own separate medical culture and ethical interactions.

However, there are few basic rules that should be the core of any surgical training program. I am concerned about some observations that go unnoticed and often are not recognized even as ethical issues. In a questionnaire by Dr. Mary Klingensmith (1), 100% of physicians who responded admitted that they faced ethical issues in situations with their surgical patients. However, only 25% admitted that they discussed this with faculty. Unfortunately such basic ethical data is lacking from developing countries. The group consensus was that the surgical residents needed a structured training program in clinical surgical ethics. I am bringing this issue forward in this forum to illustrate the need to focus on medical ethics in surgical training abroad. I understand that in the developing countries we need to start somewhere with an awareness of medical ethics. I want to focus on the need for clinical ethics in surgery. The surgical specialty has become so sophisticated and complex that even senior surgeons need to be reminded of ethical issues in their care. The profession occupies the surgeon's entire life. In a recent study by Troppmann, et al (2), 40% of surgeons who participated in the study would not recommend a surgical career for their children. It is really the duty of academic surgeons to introduce and develop a core curriculum for medical ethics in their training programs. This is an even more vital concern in developing countries. I think with

an increased focus on ethics in clinical surgery, we will see improved patient's satisfaction scores, and decreased legal issues in our practice. In developing countries, the first step is to recognize the need for general medical ethics as the starting point. Medical, professional societies should play a role in educating their members about ethics and developing a code of ethics that guides their members' professional behavior. It is worth every penny to send surgeon abroad for workshops in medical ethics. It is also important to invite experts to run such seminars and workshops locally.

References

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