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Letters to the Editor

Reply to the special article “Taurine surgery in the 21st century from glory to contempt”[☆]



Respuesta al artículo especial “Cirugía Taurina en el siglo XXI. De la gloria al desprecio”

I would like to thank Dr. Ríos for raising awareness about the reality of bullfighting surgery in Spain. I would also like to provide some further reflections to his excellent article, whose publication is already a success.

1. Medical importance of bullfighting surgery. Due to the large number of bullfighting festivities in Spain¹ and in Castilla y León², in 2018 more polytrauma patients were treated by the Surgery Service of the Zamora Hospital with bull-related etiology than for other causes. This includes farm hands injured by *bravo* bulls and other types of cattle (*morucho*, *limusín*, etc.) as well as by other ‘horned’ animals (deer). To clarify, the Spanish term “bull antler” is semantically incorrect: cervids have antlers, which come from the bone, while bovids have horns, which originate in the epidermis³.
2. The type of injuries. Double training is essential: on the one hand, we need to understand the specifics of bull-related trauma^{4–7}, while on the other hand adapting these to the treatment protocols for trauma patients to improve prognosis and survival^{8–13}. Remember that in professional bullfights, healthcare professionals have the advantage of being able to witness how the injury occurs (kinematic analysis)^{4,6,7} and predict potential injuries. In addition, a qualified medical team and a well-equipped infirmary allow surgeons to perform damage control surgery¹¹ at the bullring^{4–7}, increasing guarantees for success.
3. Medical teams and volume of activity. It should be noted that for many bullfighting event promoters, hiring a medical team is a legal requirement and an added expense, so the professional expertise of the team is an afterthought. For this reason, it is common for these teams to consist of young inexperienced doctors or even untrained doctors due to lack of activity, as they have the availability that practicing doctors lack.
4. Poorly paid activity. There are hardly any unemployed surgeons. The poor remuneration, added to the fact that it requires great responsibility and dedication, often far from a hospital, are dissuasive. Interest in bullfighting and polytrauma are the only attractions for the generational change. It is a miracle when a vascular surgeon agrees to be part of a bullring medical team.
5. The abandonment by institutions and lack of a body of doctrine. In our hospital, despite the numerous final degree projects published about bull-related polytrauma^{14–16}, in 2017 our public university decided not to offer an optional subject on this subject (at no additional cost), thereby depriving students of the freedom to decide whether they wanted to partake in this training opportunity. Commitment to providing the best possible care for these patients through specific and regulated teaching is reduced to the personal effort made by certain surgeons¹⁷, while academic^{18–21} and institutional²² support is residual.

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Read to understand[☆]

Leer para entender

"Taurine surgery in the 21st century: From glory to contempt" (Antonio Ríos).¹ In our media-influenced culture, this title might be understood as justification for bullfighting traditions and festivities, along the same journalistic bias as: "Bullfighting is prohibited in the Canary Islands, while cockfights are allowed".² However, if one reads the entire article, it neither defends the former nor prohibits the latter.

Let's begin with the latter. Spanish Law 8/1991 (30th April) regarding the protection of animals refers to its application in the context of 'domestic' animals. Paragraph 4, in reference to

cockfights, says: "this Law promotes their natural disappearance, through regulatory mechanisms that prevent their expansion, prohibiting the promotion of these events by the Public Administrations, not authorizing new facilities, and, especially, not favoring the transmission of the interest in these events to the younger generations by requiring that they take place in closed premises and prohibiting access to minors under the age of sixteen."³ Thus, such events, although permitted, are not encouraged; on the contrary, their spontaneous disappearance is sought. Article V states: "(1)

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