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#### Letter to the Editor

## Reply to Dr. Gutiérrez: Taurine surgery in the 21st century from glory to contempt\*



### Respuesta al Dr. Gutiérrez. «Cirugía taurina en el siglo xx. De la gloria al desprecio»

To the Editor:

I would like to thank Dr Gutiérrez for his comments on the article I recently published on taurina surgery<sup>1</sup>. His Letter to the Editor demonstrates how the socio-cultural antipathies or sympathies of each geographical area can influence our media culture and, ultimately, the acceptance or not by certain social groups.

As indicated by Dr. Gutiérrez, most current legislation requires the Public Administration to refrain from promoting shows with animals and does not authorize new facilities, in such a way that little by little these events will disappear spontaneously. In addition, this situation is favored by prohibiting access to minors under the age of 16, with the aim of preventing these interests from being passed on to new generations<sup>2,3</sup>. The intention of this concept is that fans of popular festivals with animals can continue attending them, while their development and promotion are hindered so that they disappear spontaneously in the medium-long term.

This situation involves an important social problem: the confrontation between the fans of these traditions and animal rights associations or individuals. In addition, this problem usually has political implications, and politicians use these arguments to campaign in areas with high percentages of proanimal welfare voters, as it entails electoral benefits. Thus, in most regions where regulations have been issued to prohibit or limit bullfighting, there has been greater animal rights activity, and the number of bullfights and bull-related events had already dropped in years prior. In other words, bullfighting has been prohibited in regions where it had only enjoyed minor support. These prohibitions having great media impact and are lauded among the pro-animal population, but their

actual effect on bullfighting is minimal. Moreover, in similar geographical areas where there is a progressive decrease in bullfighting events, these practically disappear without the need for any regulations.

If we review the bullfights held in professional bullrings in the last 20 years in Spain, especially first- and second-category bullrings, we observe how there has been an increase in festivities in some, while others have experienced a decrease and near disappearance. It is not appropriate to give names, but there are many constructed bullrings where there are practically no events due to the decrease in the fans in that area; bullfights therefore lose money, so bullfighting event managers do not organize them. As indicated above, in these towns there is no real impact of making a municipal or regional regulation to prohibit bullfighting. Such a decision would only have political/media impact.

Regardless of this sociological factor and how certain spectacles can sometimes be favored socially or politically, another issue is deontological and professional ethics, as well as the need for surgical training, to adequately treat people who suffer injuries or trauma at such events. This is what occurs in bullfighting, especially at popular bull-related festivities, where the potential population that may be injured and require medical attention is high; meanwhile, these emergencies can lead to high morbidity and even mortality among the injured participants<sup>1,3</sup>.

Therefore, while these festivities continue to take place, proper medical attention is necessary to ensure quality therapeutic management of individuals injured by fighting bulls. However, the organization of these festivities represents a significant economic cost for the promoters, socially there is a 'loss of prestige' that discourages the participation of medical teams, these events are usually held on holidays,

DOI of original article: http://dx.doi.org/10.1016/j.cireng.2021.09.012

<sup>\*</sup> Please cite this article as: Ríos A. Respuesta al Dr. Gutiérrez. «Cirugía taurina en el siglo xxı. De la gloria al desprecio». Cir Esp. 2021. https://doi.org/10.1016/j.ciresp.2021.09.008

and economically they are not profitable for healthcare professionals<sup>1,3</sup>. These conditions lead to an increasingly more limited and lower-quality medical attention, which ultimately affects the individuals who are injured.

This peculiar situation of events involving wild cattle or bulls does not occur in other animal-related events (cockfights, etc), where there are usually no human injuries caused by the animals.

In closing, I would like to thank Professor Gutiérrez for his comments, as he raises very interesting sociocultural issues that we surgeons should become used to dealing with in order to understand our society and the reality that surrounds certain actions of our medical profession.

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#### http://dx.doi.org/10.1016/j.cireng.2021.09.016

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# Reply to Dra. Montejo: Taurine surgery in the 21st century from glory to contempt\*



## Réplica a la Dra. Montejo. Cirugía taurina en el siglo xx. De la gloria al desprecio

To the Editor:

I would like to thank Dr Montejo for her comments on the article<sup>1</sup> in a letter where she provides her personal and professional experience on several of the aspects that the article tries to expose about the current problem of taurine surgery. In light of Dr Montejo's comments, I would like to add some reflections of my own.

When she mentions the medical importance of bullfighting surgery, Dr Montejo addresses a very interesting factor: the surgical management of patients injured by animals with horns or antlers outside of bullfighting festivities. Taurine surgery presents some very specific peculiarities, both in surgical demands and in the management of complex

patients, generally in non-hospital settings. This experience is very useful in the management of patients injured by animals outside the bullfighting environment, such as farmhands injured by cattle or individuals injured by animals with antlers (deer, etc).<sup>2</sup> In this context, some authors report high mortality rates in patients with goring injuries outside of bull-related festivities, and the preparation of the surgical teams that treat these patients is an important prognostic factor,<sup>2</sup> without forgetting that immediate care is also key. Thus, in an organized bullfighting event the surgical team is in situ, and the patient is treated immediately. Contrarily, in wounds caused by goring outside of bullfighting festivities, the patient must be transferred for treatment, which implies delayed care and, therefore, higher risk of morbidity and mortality. Early medical care is a key factor, in addition to adequate training.3

In terms of the type of patient treated, this can be very varied and is influenced by the nature of the event.<sup>4</sup> As a general rule, while at bullfights held in bullrings the typical

<sup>\*</sup> Please cite this article as: Ríos A. Réplica a la Dra. Montejo. Cirugía taurina en el siglo xxi. De la gloria al desprecio. Cir Esp. 2021. https://doi.org/10.1016/j.ciresp.2021.09.007