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## Surgical perspectives

## Are surgeons the worst part of surgery?

## ¿Son los cirujanos la peor parte de la cirugía?



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Regardless of whether General Surgery is contemplated as a single specialty or divided into subspecialties, surgeons are often viewed as being capable and decisive bearers of knowledge who save lives and restore health. However, behind this image, one can find human particularities that may compromise both the effectiveness of surgical therapies and the integrity of the work environment, which is essential in any profession, especially in high pressure, competitive environments with “constant personal exposure”, such as surgery.

The intention of this text is not to uncover or highlight something that many would consider obvious and present in our profession “since the beginning of time...”, or that others could identify with the so-called “non-surgical skills” discussed of late<sup>1</sup> (although certain parts may be connected). In the era of patient-centered medicine,<sup>2</sup> we find it necessary to also consider the individual qualities of the surgeon who treats the patient. Human qualities are presented as an essential characteristic of a good surgical professional.<sup>3</sup> Therefore, the only intention of this text is to reflect and have a perspective of how defects in some of these qualities such as interpersonal relationships, cognitive factors, collaborations and ethical responsibilities can influence the performance of our specialty and the healthcare system.

Relationships are essential in our work, and we believe that you cannot and should not “walk alone.” We also believe that the hierarchical structure in our occupation is essential for order and efficiency, although it sometimes becomes an obstacle if it is too rigid. This rigidity can either consciously or unconsciously silence voices that could offer valuable perspectives or critical warnings. This rigidity can foster unhealthy

competition between peers, where the desire to stand out can override the common goal of the organization and/or patient care, undermining cooperation and fostering a toxic work environment. Poor communication, exacerbated by pressure and stress, is a particularly dangerous defect, where failures to transmit crucial information (organizational, health-related, or even of a personal nature that influences collective work) can lead to avoidable errors, directly affecting the overall results of the organization and patient care.

When surgeons judge situations, make decisions and/or solve problems, they mainly use their intuition as a mental shortcut, like any other human being.<sup>4</sup> These brain shortcuts are essential for daily practice, as they allow you to process a large amount of information in a short time and in situations under pressure. Obviously, surgeons must make frequent use of their intuition, although this implies a relevant number of cognitive biases that probably affect us all. A high level of integrity, self-awareness and personal discipline are required to try to avoid them, or at least control them. One very important bias is the conflict of interest, which arises when personal judgment about a condition (patient well-being, a surgical technique, efficacy of another professional) can be influenced by an external secondary interest (economic, personal projection, desire to mislead or divide, etc).<sup>4</sup>

Collaboration with our colleagues from the same or different specialty is essential. Lack of interdisciplinarity limits the integration of knowledge and skills from other areas, which we believe is essential for holistic patient treatment. Furthermore, role conflict with anomalous distribution of roles can result in imbalances in workloads, which in

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turn can establish non-existent differences between professionals with the same hierarchical status. The association of poor management of people and their time can lead to operational and personal inefficiencies, which reduces the quality of care and function of the group. This increases the associated costs, not only economic but also psychological, not to mention the wear and tear of the healthcare model and the individual or even collective loss of confidence in its ability to function fairly and efficiently.

Individuals are the most important element within an organization. It is necessary to understand individual behaviors as deeply as possible, as well as those variables that lead to certain behaviors. Excessive ego, disdain for meritocracy, and professional envy are characteristics that can corrode team morale and effectiveness in patient care. These traits can alienate other colleagues within the system, obstruct effective supervision of other surgeons in training, and perpetuate inequity within the surgical environment.

In the previous context, the obligations of surgeons seem clear. Although the influence of an individual's cognitive construct and values before reaching the specialty is something that is beyond the scope of this document, these are also crucial factors. Thus, access to the surgical specialty should be controlled by psychotechnical evaluations to guarantee, to whatever extent possible, that a person can maintain a level of competence that lives up to certain expectations, ensuring that their skills and knowledge are always up to date and applied according to evidence-based best practices. Furthermore, empathy, respect for others, integrity and fairness should be endorsed before "entering" the system, as these are not mere courtesies, but instead the essential foundation for ethical medical practice that prioritizes the well-being of patients and the professional environment over personal and/or professional interests, while likewise avoiding the perpetuation of toxicity and mediocrity within the group. More than just desirable skills, cooperation and teamwork are necessary for safe and effective care. Confidentiality and the concept of shared decision making with the patient<sup>5</sup> are not only good practices, but legal and moral imperatives. It would be desirable and perhaps essential for there to be periodic auditing mechanisms to detect "distorting elements" at all

levels of the hierarchical organization in order to repair any dysfunction or distorting element.

In short, asking whether surgeons are the worst part of surgery might seem offensive, but it underscores the importance of recognizing and addressing human and professional imperfections for improvement. This is not to discredit the skill or dedication of surgeons, but to remember that continuous improvement, ethical considerations, and personal and collective responsibility are crucial for the advancement of surgery and the health of patients and surgeons. Having a perspective of the circumstances mentioned herein (which are rarely revealed in the surgical field and rarely contemplated in the training of surgeons) and embracing the challenges they pose is what can transform a good surgeon into a great surgeon, capable not only of performing technical interventions, but of leading and elevating the profession in a compassionate, balanced, equitable and ethical manner.

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