Published death rates may distort work of Scottish surgical "heroes"

Bryan Christie *Edinburgh*

Mortality data have been published for every surgeon in Scotland for the first time, leading to concern about how the public might interpret the information.

The health service in Scotland has been forced to publish the data under freedom of information legislation. Two newspapers had successfully appealed a decision by the Scottish health service to refuse to make the information public (*BMJ* 2005;331:1424).

The information, which was made available on a website earlier this week, relates to around 1000 surgeons. It lists their name, specialty, the type of admission (elective or emergency), and the number of deaths of patients and calculates an overall death rate. Data are

provided for three years up to March 2005. Unsurprisingly, the highest rates are for emergency cases, with very few deaths occurring in elective procedures.

Strong warnings about inappropriate use of the information have accompanied its publication. The website says that such data are routinely provided to health professionals to assess treatment outcomes. They can use their knowledge of the cases and the local healthcare system to help improve the safety and quality of surgical care. "Taken out of context and without this background information, these figures do not provide reliable information about surgical performance," it adds.

Scotland's chief medical officer, Harry Burns, a former sur-

geon, said he was concerned about how the data might be interpreted. He said, "The figures are pretty meaningless unless you know much more about the individual cases taken on by each surgeon. Many of those surgeons with the highest mortality rates are the heroes of the health service. They are the last hope of very sick patients. Some of our best, most experienced surgeons take on the very hardest cases."

Graham Teasdale, chairman of the Scottish Audit of Surgical Mortality and president of the Royal College of Physicians and Surgeons of Glasgow, said there was a difference between information and knowledge. The crude data published this week provide information, but the lack of context means they add nothing to our knowledge, he said.

Under the Scottish audit scheme, deaths of patients occurring during surgery or anaesthesia are investigated. As a result, mortality in elective surgery has

halved and that in emergency cases has fallen by a third in Scotland in the past 10 years.

Professor Teasdale said, "Surgeons have no quarrel with information being made available, but this is pretty incomprehensible. It may be that it could be developed further, but is that the best way to use the time and effort? The real way to improve outcomes after surgery is to give governance, safety, and quality a much higher place than things like waiting lists targets in the priorities set for managers."

The chairman of the BMA's Scottish Consultants Committee, Clive Davis, said it was wrong to single out doctors when publishing mortality data. "The majority of a consultant's work is carried out as part of a multidisciplinary team, therefore information on outcomes should also be available by team." □

Mortality Data for Surgeons in Scotland is available at www.isdscotland.org.

Rebuilding of Afghanistan is hampered by the Taliban

Peter Moszynski *London*

A five year plan to restore security, combat opium cultivation, and help development in Afghanistan was launched at a conference on reconstruction in the country in London last week.

The World Food Programme told the conference that "over 50% of children are malnourished," and it reminded donors "that humanitarian assistance to poor and hungry Afghans—often living in troubled areas—is an important part of achieving peace."

The World Bank warned that reconstruction "will be severely affected unless pervasive gender gaps are addressed." It pointed out: "Afghanistan's health indicators are among the worst in the world, particularly in the areas of child health and women's reproductive health. As recently as 2002 the country had an under 5 mortality rate of 257, infant mortality rate of 165, and a maternal mortality rate of 16 [per

1000 live births]. Life expectancy was 44.5 years."

The bank blames this on "lack of access to basic health facilities." Only 40% of the population have even rudimentary care. The problems are compounded by a "lack of female staff at the existing facilities, particularly in rural areas; marked rural-urban disparities in availability of health facilities; and lack of infrastructure (roads and transport) and security that reduce mobility and access."

Last month the United Nations Fund for Population Activities opened the first police unit dealing with domestic violence, because "violence against women and children is so common that it has become a serious public health problem."

David Saunders, the fund's representative, said: "Traditional thinking dictates that most women, children, and other vul-

A teacher inspects a burnt out classroom at a girls' school in Logar province, 95 km south of Kabul

nerable groups within the family accept physical and emotional violence as a normal part of life."

Pro-Taliban forces in southern Afghanistan are increasingly tar-

geting schools, teachers, and parents for encouraging girls' education. Three newly built schools were burnt down in a single day last month, and more than 30 have been attacked in the past three months.

Humanitarian agencies are nervous that the new British led NATO military mission will be mounting campaigns against opium cultivation and counterinsurgency operations alongside civil reconstruction projects. They fear that they themselves will be increasingly targeted as the distinction between humanitarian and security action is eroded by a military led "hearts and minds" campaign.

Dominic Nutt, a journalist who works for Christian Aid, said: "Humanitarian work needs to be seen as neutral. When troops are involved it's often perceived as war by

other means." □

Details of the conference proceedings are available at www.afghanistanconference.gov.uk.