Letter to Editor

Dear Editor,

I was interested to read your editorial- *Interventional Neuroradiology* Vol 9 No 4 December 2003 p335 "From Operative Morbidity to Risk Management". Discussions about risk, patient management and morbidity were some of the issues that have most concerned me in my career.

Since resignation from an interventional neurovascular position in September 2001 in the UK, I have been shocked and bothered by prodigious response from the users of my service for continuing contact and advice.

The unit that was created achieved as high a standard as the best of any specialist unit for children in the world. Cautious and fearful of causing harm to patients in my charge, upon appointment, my concern was to equip myself with the judgement and skill to assess patients correctly for the best treatment alternatives. I trained with the editor, to whom I was grateful for a concordant philosophy.

Yet, despite affiliation to this pure view, I failed- because no one around me was interested in the issues that preoccupied me. Was it ethical to treat a patient when the disease is not understood or will not effect a cure? What was the evidence that any treatment offered is in the best interest of the patient? How does one approach 'sacred cows of knowledge' that are emerging as a dogma or spell of convention?

Interventional Neuroradiology became recognisable (to me) as a surrogate specialty aligned with the "macho values" of Neurosurgery. Despite any rigorous academic assessment, the future of treatment and true patient management – with the best possible outcome for a patient – (which appears to have nothing to do with medicine) seemed to be outlawed for political solutions that may have been local, national or international.

To do 'stuff' could be viewed as sexy. To hide complications would have been easy and fatalistic. However, I could not live with harming

someone else's life through my own arrogance and complicity.

To buy shares in technology products (there could be some guilty individuals here), to be wine and dined and sponsored by keen marketers for an eye to future profit margins and their own ultimate promotion to the 'great and good' was an experience with which I personally could not live.

Rigorous data analysis is difficult and boring and, more importantly, also political. Yet answers can still be found in this silt and sand- although it may not be impressive for interventional neuroradiologists.

After my resignation, patients wishing for more information inundated me, anxious and concerned parents of children with serious and life-threatening disease. In the UK, as I suspect in most countries on the planet, there is little interest in children, after all there is no money to be earned from carotid stenting or endovascular occlusion of pathologies in this age group and to deal with emotional and confused parents and small much more technically challenging patients, costs time and emotional energy.

Parents, suddenly catapulted from youthful adult life into a nightmare of risk, danger and death of a child are one of the most vulnerable groups. Marriages are destroyed. These parents encountered arrogance, patriarchy and incomprehension from the medical profession as well as frank misinformation. There was no real framework and no interest from a profession portrayed as caring. They were and still are left to fight for their own children.

A service that does not examine competence, and compassion, difficult social and emotional issues is intolerable. A service that still relies upon the energy of the parent to fight for the rights of their child is not acceptable. Standards have to include competence on all levels- not just academic, anatomic or technical, and I am certain that in the UK there is still a very long way to go.

Wendy Taylor