Care and Culpability

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One fundamental precept of our surgical craft is that individual patient outcomes have always been closely linked to operating surgeon. For many of us, individual surgeon-specific data is now readily accessible and sits firmly in the public domain. Reporting adverse outcomes and learning from them is essential to improving surgical care. It is an aspect of our surgical careers that we have hitherto always embraced. Whether such candid reporting – let alone more personal reflections – survive recent events remains to be seen. The decision-making and performance of individual surgeons is increasingly being considered within the context of those systems in which they are embedded.

In this edition of the *Annals*, Mushtaq *et al* consider a framework which encompasses cognitive, situational as well as latent organisational factors in a systematic analysis of data acquired from a confidential reporting system for adverse surgical outcomes. They identified specific patterns of failure that frequently prefigured adverse surgical events and their findings support the widespread belief that such episodes are multi-factorial: they can only be resolved by system-wide approaches to bring about desired improvements in surgical outcomes. Their report offers a very real and practical approach to improving results by

targeted interventions. This more contemporary approach to addressing the causes of adverse sequelae unfortunately runs counter to a more malignant trend that advocates the criminalisation of medical failings – a process which thrives on apportioning culpability to an individual in isolation. It is a process which risks suffocating an approach that has the potential to make the most significant improvement to surgical care in a generation.

Identifying factors that predict or highlight potential surgical difficulties allows surgeons to tailor interventions appropriately and ultimately better counsel patients in respect of surgical outcomes. Such predictors allow surgeons to both anticipate and plan for intraoperative difficulties. As laparoscopic and robotic procedures have become more prominent in recent years, many of today's surgeons are frequently left without the established norms that have previously informed and guided us in deciding upon surgical approaches. New procedures pose new challenges, which in turn require a new set of predictors to guide decision-making. Scott *et al*¹ reported last year in the *Annals* on the use of abdominal fat ratios to highlight those patients with significantly greater amounts of intra-abdominal fat. While the proportion of fat extra-abdominally may impact on the ease of access in laparoscopic colorectal surgery, the amount of intra-abdominal fat impacted more significantly on whether or not procedures required intraoperative conversion, which in turn was linked to technical difficulties in defining the root of the mesentery and identifying surgical planes. It represented an impressive piece of clinically based research. I am therefore pleased to announce that Susanne Scott has been awarded the 2017 Sir Cecil Wakeley Medal. The medal is awarded for the outstanding paper, first-authored by a trainee, published in the *Annals* in the preceding 12 months. The award will be made more formally later this year.

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Reference

1. Scott S, Farid S, Mann C *et al*. Abdominal fat ratio – a novel parameter for predicting conversion in laparoscopic colorectal surgery. *Ann R Coll Surg Engl* 2017; **99**: 46–50.