

From Good to Great

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Disclosure:

**I am not a great surgeon,
maybe not even a good one.
But I aspire, one day,
to be good or great,
before my number is called**



How do you make a surgeon?

- **A “gazetted” surgeon**
- **William A Nolen has the answer**
- **Or so, he thinks**



“By the 5, 6, or 7 years that a doctor spends after medical school, learning the surgical trade”



“Exactly what happens in this apprenticeship period that transforms him from a helpless, frightened, medical school graduate into, hopefully, a capable confident surgeon is determined by the training, supervision and liscensing bodies”



Liscensing bodies

- **Royal colleges**
- **Academies**
- **National Medical Councils**



“This is not an easy process. The transformation is a slow process marked by a little more dexterity on one case, a slight improvement in judgement on another, a bit more confidence on a third. Not big jumps; just small steps forward”



“But when it’s all over and the new surgeon is turned loose to practise his art, somehow he is ready

- **He has to be**
- **But is he really ready?**



Some have acquired the technical skills to perform procedures but do not know why one patient should have Procedure A while another is best managed with Procedure B



Some are more academic – they know all about hyponatraemia but can't for the life of Adam, cut themselves out of a paper bag!



The road ahead to be a good or great surgeon is long, narrow and arduous

- **Many stray by the wayside**



Chaucer, Canterbury tales

“He knew the cause of every malady were it hot or cold, of moist or dry. And where engendered, and of what humour. He was a very great practitioner”

- **But not quite a surgeon!**



Many stray from the straight and narrow path

- **Money chase**
- **Conflicts of interest**



“When you graduate, you have ample opportunities to prostitute yourself”

- Prof TJ Danaraj -

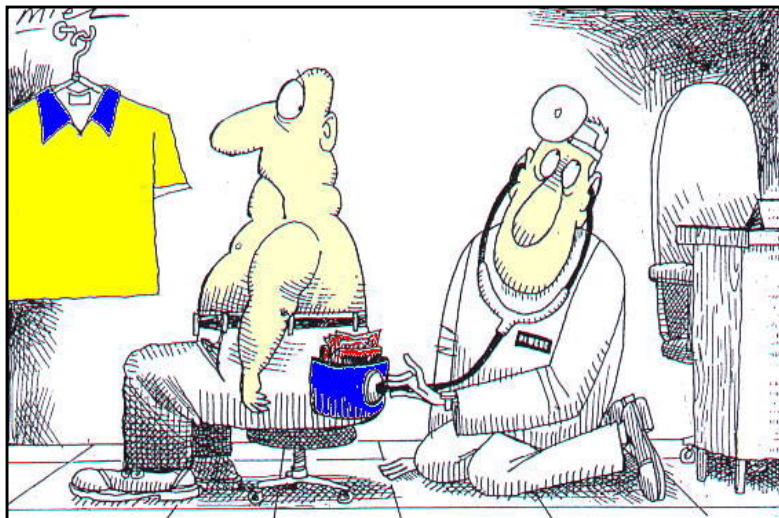


Money Chase

It is not a recent discovery that money can be an aphrodisiac, a destroyer of common sense and a dismissive of intelligence and compassion as any form of power

- Barbara Toffler

Arthur Anderson -



Conflicts of interest

- **Conflicts of interest leads to too much being done or unnecessary things being done. Often, these are either useless or harmful**
- **Friendly fire is harming too many patients**
- **Whatever they do, they drive up health care costs to the patients and deprive many of appropriate treatment**



- **All conflicts of interest place the surgeon in jeopardy of violating a trust**
- **Financial incentives undermine professionalism**



- **The straying surgeon becomes heavily involved in helping industry and helps market its products**
- **Some surgeons exploit their professional standing to promote their own financial wellbeing over the best interests of their patients**



Conflict of Interest



**Doctors owning shares in medical facilities
are akin to judges owning shares in jails**

- Dr Andrew Chew
DMS Singapore 1980 -



A cascade of ill-advised activities ensues

- **more consultations**
- **inappropriate testing**
- **over prescribing**
- **un-called for procedures**
- **needless prolonged hospitalizations**





Surgical advances have complicated rather than simplified the making of a good surgeon

Social demands add to the problem

- **No one is expected to work beyond a 48 hour week or God forbid the boss**



How then can a gazetted surgeon progress to become a good surgeon?



- **There are no giant steps**
- **The process is tedious, painstaking, laborious and time-consuming**

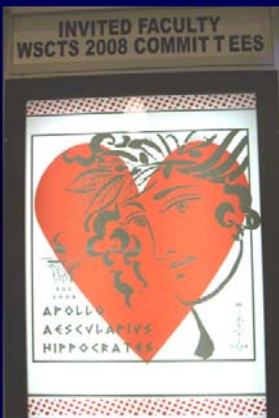
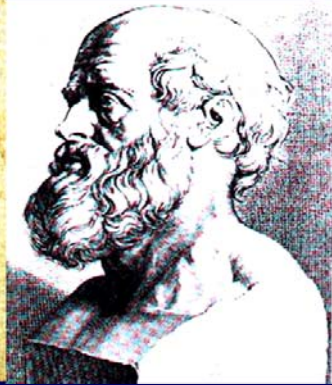
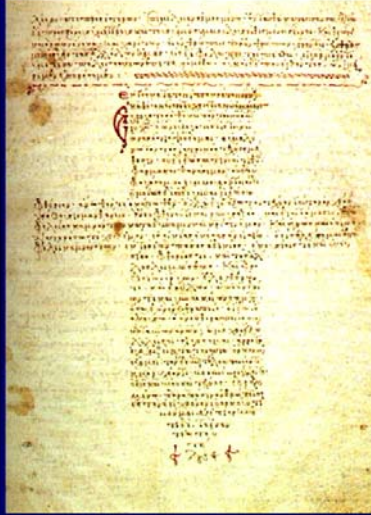


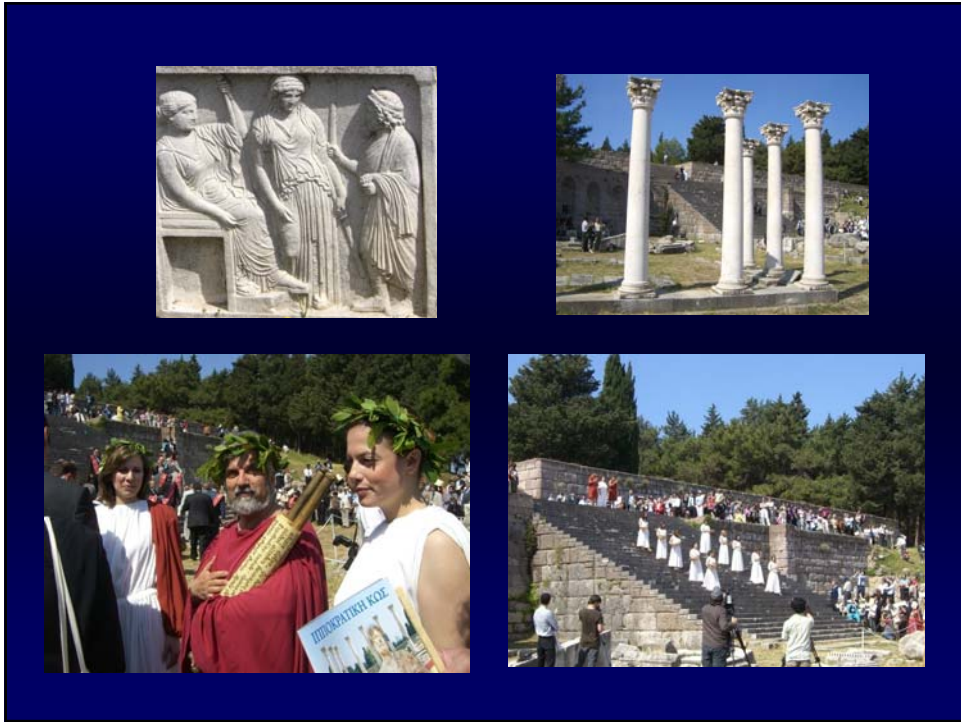
But
the man who suffers through it, will never forget it

- **So keep to the narrow, noble path**



**Be constantly reminded
of Hippocrates and his
Oath**





**From gazetted surgeon
to good surgeon:
? Repeated reading
of pledge**

**“I pledge to always act in the best interests of my
patients, respecting their autonomy and rights”**

- Extract from RACS Pledge -

RACS College Pledge - 1

I pledge to always act in the best interests of my patients, respecting their autonomy and rights



RACS College Pledge - 2

- I undertake to improve my knowledge and skills, evaluate, and reflect on my performance.**
- I agree to continue learning and teaching for the benefit of my patients, my trainees and my community**



RACS College Pledge - 3

I will be respectful of my colleagues, and readily offer them my assistance and support



RACS College Pledge - 4

I will abide by the Code of Conduct of this college, and will never allow considerations of financial reward, career advancement, or reputation to compromise my judgement or the care I provide



RACS College Pledge - 5

I accept the responsibility and challenge of being a surgeon and a Fellow of the Royal Australasian College of Surgeons



For those who stray, you may want to retake your Hippocratic Oath

- **The Corporate Version**



Corporation version Hippocratic Oath

**I swear by all the medical insurance companies,
and HMOs, and Preferred provider organizations
and all prepayment systems and joint ventures
(including Mt E and NTUC Managed care) that I
will fulfill, according to my ability and judgement
this oath and this covenant**



Cont'd

**To hold the one who has taught me this business as
my role model and to live my life in partnership
with him**



Cont'd

To regard his children as my own and to teach them this business – if they desire to learn it – but for a fee and contract, and to students who have signed a contract and taken a oath, but to no one else



Cont'd

I will neither give a deadly drug to anybody who openly asks for it, nor make a suggestion to that effect unless it is a Medical Directive

- **But I will certainly consider giving it if it is under P & C cover**



Cont'd

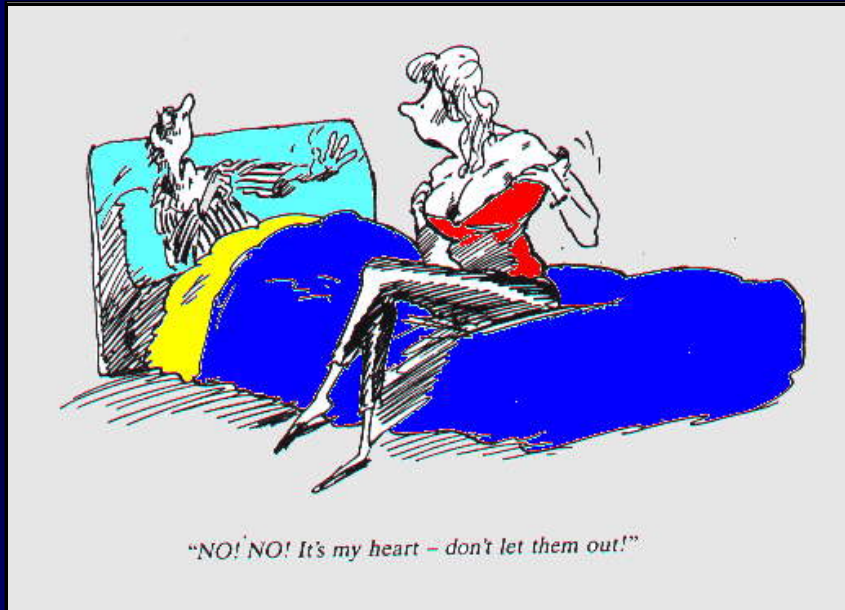
I will use the knife but I will also try to learn some form of endoscopy, laser therapy, interventional procedure or minimally invasive surgery



Cont'd

Things that I may see or hear in the course of treatment or even outside treatment regarding the lives of certain human beings – things that one should never divulge outside – I will report to Government commissions or hospital administrators to win favours – (“you owe me one”) or will use in my book which I will write when I retire





Cont'd

If I fulfill this oath, and do not violate it, may it be granted to me to enjoy life and business and to be able to retire at 50 in the COVE, Sentosa



Cont'd

If I transgress it and swear falsely, may my tongue be slit and all the other bad boys have a little bit

- **Or may Government service be my lot**



For the good surgeon

- **Learning does not stop with convocation**
- **Continuing professional development**
- **Outcome audit**
- **Personal acquisition of competency & proficiency**



Continuous Professional Development

- **Honing existing knowledge and skills**
- **Refinement of CME**



Competency & Paper Qualifications

It is one thing to put in effort to digest textbooks and excel in exams, but another to have sense



Competency & Proficiency

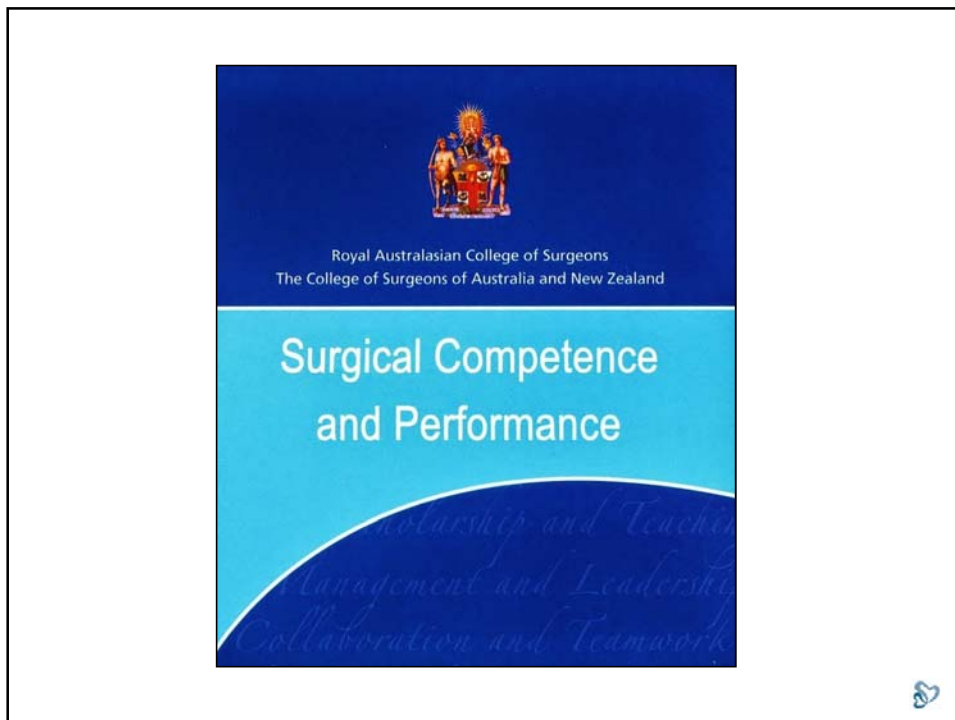
- **New approaches & technology**
- **Personal responsibility**
- **Boot camps, Workshops, Retreats, Simulators**



Competency & Proficiency

- **How am I performing as a surgeon?**
- **How to assess my performance?**
- **What existing tools can I use to stimulate my performance development?**





**Outcome audit:
Frank Spencer M&M Review
4 Questions:**

- 1. Was diagnosis correct?**
- 2. Was concept correct?**
- 3. Was technique correct?**
- 4. What approach for a future similar patient?**

The Good surgeon delivers what the patient expects



What do our patients expect of us?

Patients expect their surgeons to be competent technicians, well-grounded in the knowledge-base in their specialty or subspecialty, with sound judgment and an active commitment to keeping up to date

- Royal College of Surgeons, England -



A good surgeon

- Prof Earl Owen -



Surgeons that we should be:

- Professor Earl Owen

Give me a man with good hands

Who can answer General Surgery's demands

He's a Surgeon; the scalpel his sword

He works hard without thought of reward

Using methods he has been well taught

With better instruments, that he's brought,

And experience that he has gained

In the many tough years since he trained.

**But your patient's demands are persuasive
Now they ask for it minimally invasive!
"Cannot it be done with a scope?
As with hospitals I just cannot cope!
Do my pancraniomectomy in your rooms without
you touching me!"
But if new Laparoscopies get clever
Will there be a place for us good surgeons ever?**

**Please beware don't adopt all that's new
It may not yet be suitable, or true
It may well be too costly to buy
And it may take much longer to do.
Visualise a time when things all Robotic
Do both cuts and joins anastomotic
Ever better and faster than me
With my 30 years practice, for free!**

**We'll show you the new and the bright
You must decide what can be right
For your patients - they matter, - you care,
So the old and the new you must share
Combine new and old technology
Joined in our Surgical synergy
Share your knowledge, and camaraderie
In our quest to be a good surgeon
And do the right surgery**

**Progression from
Good to Great**



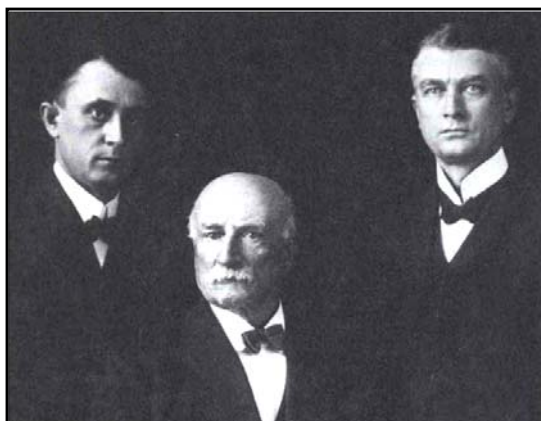
**The doctor/surgeon
cannot and must not
be just a pair of
hands**



The great surgeon thinks patient first

**“First, the patient, second the patient,
third the patient, fourth the patient, fifth
the patient, and then maybe comes science.
We first do everything for the patient;
science can wait, research can wait.”**

- Béla Schick (1877 - 1967) -



**“The best interest
of the patient is
the only interest
to be considered.”**

William J. Mayo

William J. Mayo, M.D.



**Cure sometimes,
Relieve often,
Comfort always**



**The great surgeon is beyond making
pledges and taking oaths**

- **He now concentrates on Charters**



Charter on Professionalism - 1

3 Fundamental Principles:

- **Primacy of patient welfare**
- **Patient autonomy**
- **Social justice**



Charter on Professionalism - 2

10 Professional Commitments:

Commitment to

- **Professional competence**
- **Honesty with patients**
- **Patient confidentiality**
- **Maintaining appropriate relations with patients**
- **Improving quality of care**
- **Improving access to care**
- **A just distribution of finite resources**
- **Scientific knowledge**
- **Maintaining trust by managing conflicts of interest**
- **Professional responsibilities**

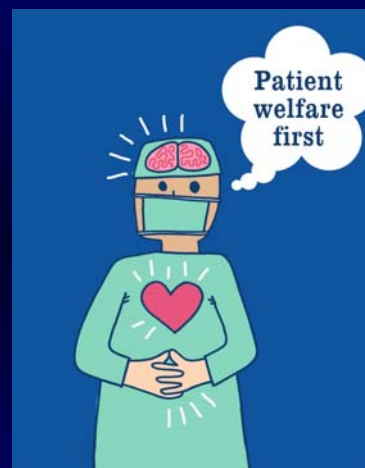


The great surgeon is beyond technical skills

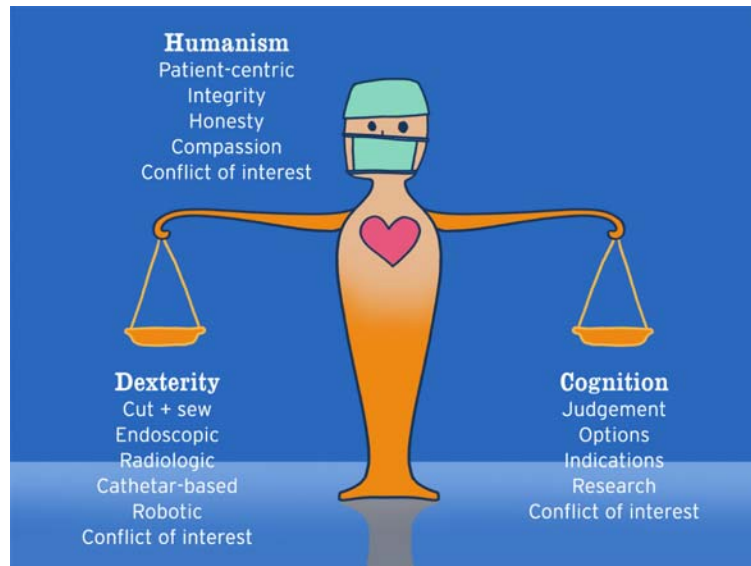


The Great Surgeon targets

- **Dexterity**
- **Cognition**
- **Humanism**



Focal Points of Great Surgeons



The great surgeon is beyond IQ

- He is a lot of EQ
- EQ is vital to the success of the doctor-patient relationship

Chee Yam Cheng says

“EQ includes self-awareness and impulse control, persistence, zeal and motivation, empathy, ethics and social deftness”

“Surgeons with high EQ are socially poised, outgoing and cheerful, not prone to fearfulness or worried rumination.”

“They have a notable capacity for commitment to people or causes, for taking responsibility and for having an ethical outlook.”

“They are sympathetic and caring in their relationships. Their emotional life is rich and appropriate. They are comfortable with themselves, others and the social universe they live in.”

Therein lives a great surgeon

Let us pray!



A Surgeon's Prayer

**From inability to let alone,
From too much zeal for the new
and contempt for the old;
And cleverness before common sense;
And for making the cure more grievous
than the endurance of the disease;
Good Lord, deliver us**

- Sir Robert Hutchison -



**Or
God, Help Me!**

