

Pakistan Journal of Cardiovascular & Thoracic Surgery

Quarterly - Apr - Jun, 2007

Volume: VI

No. 2

GUEST EDITORIAL

Whenever we all meet, one is pleasantly surprised at both the quantity and quality of work being done at various centres. However most of this work is not documented, and most surgeon would not be able to give you their exact facts and figures. On the contrary there are some who hardly do anything and would therefore rather not present their data. Accountability is the buzzword these days and it is about time that the medical profession is also made accountable, and the way to do that is clinical audit.

Clinical audit can be defined as a clinically led initiative which seeks to improve the quality and outcome of patient care whereby clinicians examine their practices and results against standards and modify their practice where indicated. It is a means to ensure professional accountability. In the last few meetings there has been a lot of talk about a national database or registry and Dr. Anjum Jalal and Dr. Shahid Sami have already done the basic ground work for establishing a National Cardiothoracic and Vascular Registry.

The departmental clinical audit of Lady Reading Hospital published in this issue is part of this effort to stimulate members to work towards a national registry.

There are islands of excellence in the sea of mediocrity of the public health care facilities, but the excellence needs to spread through accountability. With medical universities coming up throughout the country, and the tenure tracking system of the higher education commission, accountability will held.

Our society instead of being held accountable by others should take the lead and start an in house accountability system, by establishing a National Registry. Initially there would be a fair bit of resistance and at this point in time the task might seem formidable but as my school motto said "NE ARDUA DE TERREANT" meaning "No task is too difficult".

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