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GUEST EDITORIAL

Training of new surgical procedures involves many scientific, ethical and logistic considerations. Residents in cardiac surgery are required to achieve a very high level of competence to be recognized as safe surgeons. They have to perform off-pump as well as on-pump CABG, be conversant with simple congenitals and be an above average performer for valve repairs.

The old expression "Do not worry I am your surgeon and I know the best" is no more valid to provide the best of benefits to the patient.

In our country, so far we have been unable to create a system to identify the areas or episodes of under performance by a trainee or even a qualified surgeon. In recent years, there has been an increasing awareness among general public in Pakistan with resultant 4 to 5% increase in Law suits, against various consultants or institutions. The natural course of these events, perhaps will lead to an evaluation or monitoring system proposed by various N.G.O's, humanitarian aid organizations and non-medical representatives of lay public. This system would not only be unable to take into account, the limitations faced by the surgeons, but will be potentially hostile towards them. There is already an increasing pressure on our Western counter parts to collect and notify the morbidity and mortality data of every surgeon/ Institution.

Perhaps this is the time that we also devise our own morbidity, mortality risk evaluation system and implement a single system at the national level.

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