

# STANDARDS OF EXCELLENCE

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To optimise success in protecting life and health to an acceptable standard, surgeons must only offer specialised treatment in which they have been properly trained. To do so will entail sustained further education throughout a surgeon's career in the wake of new surgical procedures. While training, surgery should be practised only under appropriate supervision by someone who has appropriate levels of skill. Such skill can be demonstrated only through appropriate clinical audit, to which all surgeons should regularly submit their results. When these reveal unacceptable levels of success, no further surgical work of that kind should continue unless further training is undergone under the supervision of someone whose success rates are satisfactory. To do otherwise would be to place the interest of the surgeon above that of their patient, an imbalance that is never morally or professionally appropriate. Surgeons also have a duty to monitor the performance of their colleagues. To know that a fellow surgeon is exposing patients to unacceptable levels of potential harm and to do nothing about it is to incur some responsibility for such harm when it occurs. Surgical teams and the institutions in which they function should have clear protocols for exposing unacceptable professional performance and helping colleagues to understand the danger to which they may expose patients. If necessary, offending surgeons must be stopped from practising until they can undergo further appropriate training and counselling. Too often, such danger has had to be reported by individuals whose anxieties have not been properly heeded and who have then been professionally pilloried rather than acknowledged for their contribution to patient safety. Those who participate in closing ranks, and ostracism, share the moral responsibility for any resulting harm to patients. If something goes wrong with surgical treatment, the UK health regulators unanimously insist that the patient should be told what has happened; in many senses, a similar disclosure to that which occurred during the consent process, but now with the benefit of hindsight. Again, this candid disclosure is designed to put the patient in the same position as the surgeon, with respect to information about their health.

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