What Should Surgeons Explain to Their Patients?

To the Editor: The concept of the surgeon as someone who considers that “the less the patient knows, the better for all concerned” dates from a time sometimes called “the era of the surgeons,” when it was the surgeon who dominated the patient/doctor relationship, and this situation was generally accepted by patients and family members as well as by society in general. That era came to a close, however, and was replaced by “the era of the patient,” a period during which it was the patients’ opinions that predominated and were respected, principally with the view of avoiding malpractice claims. This gave rise to the practice of “doctor shopping,” and this situation was generally accepted by patients and family members as someone who considers that “the less the patient knows, the better for all concerned.” When a patient rejects a necessary test or procedure, the surgeon’s task is to explain all the reasons why it should be done and insist on the need to perform it for the good of the patient, without, however, concealing any drawbacks the procedure may have. If the patient still refuses, the physician must explain that the operation went and why they have drains or drips or other postoperative aids. This dialogue is, however, often cut short because the patients are being monitored by other doctors, who have not operated on them. The situation becomes more difficult if the surgeon on call, a doctor whom the patient has just met, decides that a second intervention is necessary. The operating surgeon should explain these circumstances to the patient in preoperative sessions. Moreover, it is very important that the surgeon be introduced to the surgical team and understand their different roles in relation to his or her case. Such communication serves the quest for excellence.

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