



European Society for Trauma and Emergency Surgery (ESTES)

Association sans but lucratif (ASBL)

www.estesonline.org

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Message from the Vice-President

Be the future you want to see

When Li Wenliang raised concerns about the emergence of a SARS-like virus in his hospital he was arrested, intimidated and made to sign a public retraction. Within 6 weeks the Covid-19 coronavirus had infected over 35,000 people and claimed the lives of more than 800 including that of Dr. Li. It had also required the injection of \$173 billion to support the Chinese economy. Five thousand miles away, in the week that Dr. Li died, the report of an independent inquiry into the activities of a UK surgeon was published. He had been jailed in 2017 for performing unnecessary operations on patients by exaggerating, and in some cases fabricating, the risk of cancer. The point of the inquiry was to identify how he had been able to do this for so long without being stopped despite a well-resourced system of regulation and guidelines. The problem, it concluded, was poor behaviour and a culture of avoidance and denial. Many senior clinicians who were aware of the problem were intimidated into silence. In all, 11,000 patients are now being recalled and it has cost millions in compensation payments alone.

In February, under the headline “Harrowing stories of NHS doctors bullied and broken...” the *Daily Mirror* newspaper reported an appalling catalogue of mistreatment based on evidence from 602 doctors. “Many said the events took place in their first year after completing medical school at the hands of ward or department managers – usually senior nurses. Being reduced to tears is a common theme.”

There should be no place for intimidation and bullying in healthcare, but unfortunately it appears to be common throughout the world. Perhaps not always as apparent as in these extreme examples, but even at a lower level, intimidation and bullying have significant effects not just on the recipient, but on their colleagues and patients. The ‘Civility Saves Lives’ campaign (www.civilitysaveslives.com) has highlighted the effect this has on clinical practice. It can result in a 61% reduction in the cognitive ability of the person to whom it is directed and a 20% reduction in bystanders. They in turn are 50% less likely to help others. This will have an obvious effect on the entire team and has been shown to have a negative impact on team performance with an overall reduction in cognitive capacity and creativity and worse outcomes on all clinically relevant criteria. A 2018 report into the cardiothoracic unit at a major London teaching hospital concluded that the toxic relationships between surgeons had resulted in a doubling of the operative mortality rate.

In addition to civility, the foundation of a good team is having a shared mental model of what is required. As organisations become more complex it becomes increasingly difficult to maintain that shared mental model. The patient should always be at the centre of the process of healthcare, but that can be interpreted in a variety of ways at different levels within a complex organisation. If not managed effectively these differences in interpretation can lead to conflict and paradoxically shift the target of care far away from the patient. Wuhan police do not want lethal pandemics, bullying managers do not want worse clinical outcomes and squabbling surgeons do not want dead patients. By focusing on the whole patient pathway, ESTES is dedicated to redressing the balance for the trauma and emergency surgery patient.

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Despite a tradition of working in teams, team-working is not something that surgeons do well instinctively. It is not about a rigid hierarchy of obedience in which the leader leads and the others unquestioningly follow. It is about valuing and respecting every member of the team; nurturing and developing them so that they each achieve their full potential. Every member of the team should not only be valued and respected, but should know that they are. A team that feels good about itself is likely to perform better than one that does not.

It is easy to adopt a 'them and us' mentality, but to blame the problem on others is no solution. It will only exacerbate it. What we should really do is ask ourselves "What can I do to help eradicate bullying within my organisation?" It is often useful to take a step back from divisions and try to understand the common ground that we have with others. It is usually surprisingly easy. After all we share over 40% of our DNA with bananas and significantly more with our colleagues.

Jonathan Tilsed
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Announcements

Upcoming related congresses & courses

Emergency Surgery Course

April 24–25, 2020
Oslo, Norway

MUSEC Course

April 24–25, 2020
Oslo, Norway

Polytrauma Course

April 25, 2020
Oslo, Norway

International Students' Championships in Trauma Management Simulation

July 3–5, 2020
Wroclaw, Poland

56. Jahrestagung der ÖGU "Wirbelsäule"

October 1–3, 2020
Salzburg, Austria

More congresses and courses to be found in the **ESTES events calendar** at
www.estesonline.org

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