EDITORIALE

# Quality in Surgery. A change of attitude

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Risk Management, Quality in Surgery and Evidence Based Surgery are buzzwords in today's surgical literature, given the current vogue for discussing all those methods that are supposed to lead to an optimisation of work and greater patient satisfaction.
The whole world is striving to meet the guidelines that the more advanced and experienced western countries, like the United States, are accrediting on a scientific level.
However, I believe that there are two points that need to be highlighted and discussed in order to develop and properly understand certain ways of thinking and to obtain a clear vision of the issue in question.

To my way of thinking, the word 'quality' and the term 'Risk Management' are widely misused.

The measurement of quality indicates a measurement of the characteristics or properties of an entity (a person, product, process or project) compared to what is expected of that entity for a given use. The intended use is therefore important since the evaluation of quality varies according to the use made. A person can be an excellent writer, but have a very poor evaluation as an athlete and likewise, a set of data can have a high quality when used as generic information for the general public, but a low quality for high precision use. The concept of quality can be applied to almost all fields of knowledge, every time an object, individual or another element is compared with what is expected of it.

We therefore need to understand that quality is the ability of a set of characteristics relating to a product, system or process to satisfy the needs of clients or other subjects.
One term frequently associated with quality is "Risk Management", consisting of the process by which risk is measured or calculated in order to develop strategies to manage it.
When talking of quality, mention is often made of Risk Management. This is all very well, however, Quality in surgery is not only Risk Management, it is *also* Risk management, but it is so much more.
True as it may be that in our profession Risk Management is of paramount importance, in the patient's best interests, we must take into account that, rather than Risk Management alone, Quality in Surgery must be considered in its entirety, i.e. with regard to 1) organisational aspects, 2) patient relations, 3) teaching our students in the operating theatre and in the ward and not just in the classroom, 4) establishing and maintaining a spirit of cooperation between surgeons working in the same Division, different divisions, hospitals or universities or within professional organisations, 5) the cost-effectiveness of treatment, 6) the appropriateness of treatments and 7) the satisfaction of the patient or work group.

The term Quality therefore goes far beyond trying to avoid medical errors and trying to understand or report one's own medical errors; it is a term on which we must represent concretely everything that is taken on in the medical and, in our case, surgical, field.

Many surgeons have come to these conclusions and a multitude of papers and books have been published on the subject, however, what most of them have overlooked is the *change of attitude* needed to achieve excellent quality.

Having worked in Europe for almost twenty years, I often come across views and positions that are extremely small-minded and reserved rather than being recep-

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tive to other experiences, be they positive or negative. Many good and bad things can be said of Switzerland, just as they can be said about healthcare in the rest of Europe and the United States, but allow me to say that we should follow the example of these countries as regards their precise, clear and uncompromising approach to the management of all surgery-related aspects.
It is precisely the lack of discipline, the lack of real trainee surgeon management, the lack of a true spirit of cooperation and the lack of commitment to patient satisfaction that we need to do away with, that we need to optimise by changing our attitude and assuming an important and prudent discipline that is strongly focuses on improving the quality of the service.

These words will doubtlessly irritate many colleagues, who find themselves guilty of these faults, however, each of us must have a clear conscience that he is able to manage situations effectively and achieve quality in his work, because by performing our work with quality, we provide a service to the patient, to our department and to our Institute and therefore, ultimately, to the country.

As anachronistic, trivial, or maybe even pointless as this may seem, unless we give importance to this very simple attitude, we will not achieve the change of direction needed to give the right meaning to the Quality of one's work.

It is a system of discipline, of extreme discipline; it is a system of great conviction in practising our science.
We need to avoid shutting ourselves up in our own little world, we need to be flexible and prepared to change our minds, ready to challenge our own convictions, opening up to others and different experiences, but at the same time bearing in mind the discipline that must characterise our minds.

So all advice on real Quality in Surgery should be heeded and we must be prepared for a change of creed, however, this must be based on the discipline and attitude needed to manage it.