



Letters to the Editor

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RE: STRESS AND THE SURGEON

To the Editor,

The views expressed by a retired surgeon in this Letter to the Editor, responding to Erin Dean's article,¹ are outdated and, we submit, should never have been given such prominence in your journal. Published in the same *Bulletin* issue that is celebrating women in surgery and coming at a time when the College has commissioned a review into diversity within its offices (our use of a gender-neutral salutation is quite deliberate), it is incongruous to give space to such anecdotal and anachronistic opinions. The bland disclaimer published at the end of the Letters section (and repeated on social media)² that 'Letters submitted to the *Bulletin* do not necessarily represent the views of the College' is a dereliction of responsibility.

We acknowledge that diversity of thought and opinion is important, but the College does not have to be impartial in all areas. It is not required to give equal weight to all argument or opinion. It would not be appropriate for the College to represent some views that may be held around the protected characteristics of surgeons (such as gender, sexuality and race) and indeed these would be proscribed in law. It is also unacceptable for the College and the editors of the *Bulletin* to dedicate a whole page of the *Bulletin* to this response, which denigrates whole generations of surgeons. We do not argue that there are valid discussions to be had on the topics of subspecialisation, working hours, team structures and non-clinical management. However, these should be evidence-based – we would ask the author to provide evidence to back up many of

their statements, for example: 'Today's surgical appointees... clock off at 5 every afternoon' '...no one surgeon can actually operate more than about once per week if they are lucky; certainly not enough to maintain any degree of manual dexterity.' We could go on, but well documented and continuing improvements in surgical outcomes are testament enough to the fallacy of the author's arguments.

One of the strategic priorities underpinning the College's vision of Advancing Surgical Care is to 'attract, educate, develop and support high-quality surgeons'. How can the College possibly hope to do so by publishing this letter? We would be very interested to hear the views of the editor of the *Trainees' Bulletin* and of the trainee organisations such as BOTA and ASiT.

Finally, what this letter so spectacularly fails to acknowledge is the real mental, physical and financial cost of burnout, anxiety and depression that evidence shows is prevalent amongst surgeons.³ Instead, the author tries to blame these mental health issues on the poorly selected surgeons themselves, on their lack of surgical experience and on their lack of received respect. These narratives cause actual harm and portray our profession in a poor light. The stark juxtaposition of this letter and the terrible experience described by Lilis in the next article (on the facing page in the print version) could not be more illustrative of the harms caused.⁴ In publishing this response and giving it such prominence, the *Bulletin*, its editors and the College are tacitly promoting and propagating dinosaurian attitudes to work, surgery, status and mental health that should already have been consigned to extinction. Surgeons are not

gods and nor should they aspire to be. We all have a responsibility to train and support those coming after us. We all have a responsibility to ourselves and our colleagues to look after our own and each other's mental health. The College has a responsibility to its members, to the wider surgical community and to patients to hold firm to its values and call out attitudes and behaviours that were as wrong in this retired surgeon's generation as they are now.

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References

1. Dean E. Surgeons and mental health support. *Bull R Coll Surg Engl* 2020; **102**: 240-243.
2. <https://twitter.com/RCSnews/status/1327279221606150145?s=20>
3. R Galaiya R, Kinross J, Arulampalam T. Factors associated

with burnout syndrome in surgeons: a systematic review. *Ann R Coll Surg Engl* 2020; **102**: 401-407

4. Lillis L. Not letting the team down. *Bull R Coll Surg Engl* 2020; **102**: 351.

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Sir,

Thank you for sharing the view of Mr Piper in the November *Bulletin*.¹

Perhaps some sympathy can be given to his views if one reads the penultimate paragraph first. Perhaps then one should read the distressing account on page 351.

I feel no need to engage in the specifics of the points Mr Piper raises, simply to say that times change and I disagree. I am a consultant surgeon, not a 'God'; nor do I aspire to be. I am a family man who does his best in a difficult job for a monolithic system which has good and bad points. This is not unique to surgery, though thankfully my profession is still held in high esteem. I try to celebrate the good and accept/change the bad.

If you are part of a compassionate, supportive unit, then you will cope far better with the ups and downs of life as a consultant surgeon. It can be a lonely place and that is not something to celebrate. There is no kudos to being a hero; there is no defence for one who goes it alone and runs into trouble.

While I have had to accommodate to the change in team structure and sharing of decision making (to include – believe it or not – the informed patient); while I have had to accept reduced operating time; while I have heard *ad nauseum* that we should work in airline-type systems for safety despite the fact that the analogy is grossly simplistic; while I have engaged with all new initiatives, technologies and means of sharing my outcomes with the profession and public; while I have tried to keep up-to-date with best practice; while I have denied quality of life improving treatment to patients because of commissioning guidelines; while I have worked through COVID; while I have spent time dealing with complaints I struggle to credit; while I have experienced surgical

success and failure; I have supported and been supported.

This is what lets me continue. This is what lets me be a husband, father and surgeon. Best of all, when my time comes to retire, there will be plenty to take over from me.

David Birchley

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Reference

1. Piper H. Stress and the surgeon. *Bull R Coll Surg Engl* 2020; **102**: 349-350.