Submission to RCS Commission on the Future of Surgery

Surgery & Emotion (University of Roehampton)

Surgery & Emotion

Surgery & Emotion is a four-year (2016-2020) project exploring the role of emotions in surgical practice from 1800 to the present. It is funded by a Wellcome Trust Investigator Award and is based at the University of Roehampton.

Summary: We believe any consideration of the future of surgery must recognise the impact of technology and innovation on practitioners' emotional wellbeing, and on the quality of surgeon-patient interactions. Many surgeons welcome the opportunities provided by new technology, but some are anxious about the impact it will have on their role, status, and identity.

Research Methods: Since September 2017, the project's Research Fellow (Agnes Arnold-Forster) has interviewed twelve British surgeons. All interviewees reflected on the transformations taking place in surgery and the future of the profession. Emotions and mental health were prominent themes. Our evidence is based on these interviews.

The Role of Future Surgeons

Interviewees reflected on the impact that the internet and new surgical technologies might have on their future role. One surgeon cited 'IT' as 'the biggest challenge for surgery'.

The availability and accessibility of healthcare information online is having a profound effect on the surgeon's role. Many interviewees emphasised **decision making** as an increasingly important part of their job. Patients are now well-informed about their condition and the options available. They seek surgical consultations less because they are looking for expertise, and more because they want support making decisions about their care and treatment. One surgeon reflected, 'We are moving from being the expert and the person who holds the knowledge to being a partner in the patient's decision making'.

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Technology alters the way in which surgeons and patients interact.
Some hospitals now use **virtual fracture clinics**, where orthopaedic teams will review cases that have appeared in A&E or urgent care centres. One advantage of this is that patients do not have to attend hospital for the assessment, making it much more accessible. Instead, they will be telephoned by a trained nurse or physiotherapist to discuss their treatment. However, this more **remote** or **fragmented** way of working affects the relationship between surgeon and patient.

Interviewees were enthusiastic about the potential of technologies like **robot-assisted surgery** to improve **patient outcomes**. Historically, innovations – such as anaesthesia, antisepsis, and blood transfusion – transformed the image of surgery. By making operations cleaner and safer, and enabling more complex procedures to take place, they raised the **status of surgery**. It was no longer seen as a trade but as a gentlemanly profession.

Modern-day surgeons also express anxiety and insecurity over the effect new technologies will have on their role, however. Some are concerned that they might be rendered **obsolete** or redundant, or that their **technical skills** will become less central to their identity.

As technology advances, **patient outcomes** improve and deaths during or after operations become rarer. Surgeons who do lose patients may therefore find it more difficult to deal with feelings of **grief**. We welcome initiatives such as the British Medical Association's Counselling and Doctor Advisor services that focus on practitioners' emotional and mental wellbeing.

- We recommend that the Commission consider how emotional support services can be made more widely available.

The Training of Future Surgeons

Changes in surgical training have impacted trainees' **emotional resilience** and their relationship with trainers. Prior to the introduction of Modernising Medical Careers in 2005 and the extension of the European Working Time Directive to junior doctors in 2004, training functioned more like an apprenticeship. Surgeons describe this 'old style' of training as providing a sense of belonging. Junior doctors developed supportive relationships with their peers and more senior surgeons.

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The new system has the potential to be more meritocratic, at least in terms of selection, and has helped to address the 'crippling' tiredness consultants recall from their own training. However, the fragmentation of training makes developing **professional communities** more difficult. One interviewee suggested that 'the biggest challenge is to maintain good quality trainee-trainer relationships in the face of the way that modern medicine is delivered'.

Providing a strong **support network** is crucial when new technologies are changing the role of the surgeon and the nature of surgical practice. However, digital technology also provides new ways to communicate. One interviewee suggested that, used appropriately, social media and private messaging services can enable surgeons to develop their relationships with colleagues and share best practice.

Supporting Surgeons of the Future

It is evident that technology and innovation have a great capacity to improve surgical practice but also that they bring new challenges to the profession. This comes at a time when the NHS workforce is already under increasing pressure.

The Surgery & Emotion project is pleased to see schemes which support individual surgeons' mental wellbeing, such as the BMA's Doctors for Doctors Unit and the Practitioner Health Programme, and those which help to promote open and compassionate organisational cultures. For example, Schwartz Center Rounds provide monthly sessions for staff from all disciplines to discuss difficult emotional and social issues arising from patient care. Originally piloted by the King's Fund, this important work is being continued by the Point of Care Foundation. However, the provision of these rounds remains patchy.

- We would like to see initiatives such as Schwartz Rounds rolled-out and standardised across hospital trusts. This would enable a greater number of practitioners to benefit.

Background to the Project

Surgery & Emotion explores the role of emotions in surgical practice from 1800-present.

The stereotypical surgical personality is based on a model of clinical detachment in which emotions are seen as obstacles to rational decision-making. Surgeons often feel that they have to repress, contain or minimise emotional experience and expression.

Many believe this is the way surgery has always been. However, our project shows that emotions have played (and continue to play) a much more important role in the development of surgery and in the lives of surgeons than is generally acknowledged.

The project team includes:

- Dr Michael Brown – Principal Investigator
- Dr James Kennaway – Senior Research Fellow
- Dr Agnes Arnold-Forster – Research Fellow
- Alison Moulds – Engagement Fellow

On 1 June 2018 we will be holding a one-day workshop – 'Operating with Feeling' – at the Royal College of Surgeons of England. It will bring together surgeons, historians and policymakers to discuss the place of emotions in surgical care, past and present.

For more information about the project, please visit http://www.surgeryandemotion.com/ or follow us on Twitter @SurgicalEmotion.