Inter-departmental cooperation needs education

SUNIL PANDYA

Neurosurgeon, Jaslok Hospital and Research Centre, Dr G D Deshmukh Marg, Mumbai 400 026 INDIA e-mail: shunil3@gmail.com

The authors (1) deserve applause for bringing up a practical and important deficiency in current medical practice. The incidents narrated by Aggarwal et al appear to follow poor inter-personal relationships between the various clinicians, the need for one or more of them to dominate over others, and sheer cussedness. They may also be the consequence of overwork with little opportunity to relax and shed exhaustion. Whatever the reasons, the patient suffers as a consequence and may worsen or even die, as doctors war over turf or massage their egos.

I'm afraid one of the solutions offered by the authors - the creation of guidelines - may not work. How many guidelines are administrators expected to formulate? Can they ever cover every possible situation that can arise in day-to-day work with patients? Besides, there already exists an over-arching guideline that must serve all doctors: "First of all, do no harm." Enunciated by Charaka and Susruta in our country and Hippocrates in Greece, it embraces all possible situations, is simple and keeps the patient's best interests in mind.

The administration has an important role to play. Every infraction of this guideline should invite action to ensure that there is no repetition. The judicious use of punishment - not by the administration but by a body of peers from among the respected staff members in the clinical fields - will help. Habitual troublemakers need special attention and if recalcitrant, dismissal. Punishment, alone, however, may prove counterproductive. Cussedness views punishment with disfavour and will only prompt more subtle forms of dispute or the use of subterfuge and diversionary tactics.

Far better would be the welding of the entire clinical team into a harmonious unit through the use of education and judicious rewards. Education in the principles of medical ethics and the humanities may prove especially effective in the long run. It is equally important to get to the root causes for the display of anger and frustration and address them. If overwork and exhaustion are noted, the administration should modify work schedules to ensure that no resident doctor is denied the hours of rest and recreation that are his due.

Reference

1. Aggarwal S, Sharma A, Sharma R. Seeking better inter-departmental cooperation in healthcare settings. *Indian J Med Ethics* 2010 Jul-Sep; 7(3): 180.

Conflict resolution in the healthcare environment

NOBHOJIT ROY

Department of Surgery, BARC Hospital, Anushaktinagar, Mumbai 400 094 INDIA e-mail: nobsroy@yahoo.com

How would you like to be a passenger in an aircraft, where the senior pilot and the co-pilot were having a loud altercation, just a few minutes before landing? This would be rather upsetting. You don't really care about "their" issue, you just expect them to get their act together and be "professional". After all, your life is in their hands, and nothing else is really more important. Sourabh Aggarwal and his co-authors have described a similar situation in the hospital setting (1). A faceoff between the surgeons and anaesthetists over an operation theatre scheduling issue paralyses work and there seems no way to resolve the stalemate. Never mind the patient on the table, he does not matter. The situation described is lamentable with each department stubbornly adhering to its position. On behalf of the fraternity of senior clinicians, I do apologise to all medical students for setting such a bad example. Ego-wars, doctors fighting in the corridors and even throwing surgical instruments in the operation theatres are everyday life occurrences in the hospital setting. Yet most medical students and practitioners seem to have happily internalised these conflicts, over the years, aided by our famous Indian laissez-faire "chalta hain" attitude. We would, however, be less forgiving if this were done by the pilot.

Two key issues of teamwork and patient safety have been highlighted by the authors. The difficulty is in operationalising these concepts in the practice environment. These issues are complex and multifactorial. Also, at the core of these issues is respect for the patient and co-workers.

Understanding the barriers

First, we are human. We deal with other humans and, unlike pilots, we do not deal with machines. So we have a second set of behaviours to deal with, besides our own. Ideally, we need to be happy and content ourselves, to deal with the misery of others. In the real world, physicians often dehumanise themselves as a coping mechanism. Perhaps cynicism is an occupational hazard. To this we can add yet another layer, of inadequate knowledge, unpredictable outcomes, inappropriate technology, stress,