



We welcome all views on *SRM* editorials and articles. Here are some letters I've received. Do you have a comment to share? Send us an e-mail at srm@qhc.com.

Sandra Carson, MD, Editor

"Are all those pins really necessary?"

(Carson, SA. [Editorial] Sexuality, Reproduction & Menopause. 2010;8:4)

Dear Dr Carson,

I enjoyed the comment and your conclusions and agree wholeheartedly....Multiple layers of bureaucracy and the need to support large organized healthcare increase cost and contribute to the dehumanized delivery of healthcare.

This is similar to what we experienced in the days when patients with no hope of recovery were maintained on life support indefinitely, because every day of hospitalization and every visit by a clinician contributed to income, not to patient well-being.

In the hospital and in large clinics—both extremely effective in billing at a high rate for services available in small offices at a fraction of the cost—institutions are paid based on their costs and their economic and political muscle.

These reimbursements are multiples of small, independent, efficient physicians.

Oh, well...I was encouraged by your thoughtful evaluation...was anyone else listening?

Peter W. Brown, MD
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Dear Dr Carson,

We read your editorial in the February 2010 edition of *SRM* and felt compelled to respond to your commentary.

We are concerned that your remarks may cause some to question the value of the "surgical pause" procedure and the pre-op surgical checklists. Wrong-site and wrong-patient surgery are events that should never occur. We feel that these outcomes are so horrific that policies should be

implemented to prevent them. Thankfully, these outcomes are extremely rare. Since it is difficult to design quality research that can detect differences for such rare occurrences, simple, safe, and inexpensive procedures such as the surgical pause and surgical checklists are certainly reasonable approaches to attempt to further reduce these occurrences.

You mentioned that you would be willing to wager that the healthcare budget could be cut by removing from the system those who track these checklists.

In addition, you mentioned that these processes are unproven. We are willing to accept your wager. There is in fact clear evidence that surgical safety checklists reduce surgery-related morbidity and mortality. A paper published by Haynes et al¹ showed that utilizing a surgical safety checklist reduced overall surgical complications, reduced surgical site infections, and reduced unplanned returns to the operating room. There was also a statistically significant reduction in the in-hospital death rate when utilizing the checklists.

We suggest that anyone working in an operating room setting read the above-cited paper and do everything that they can to ensure the safest outcomes for their surgical patients.

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Reference

1. Haynes AB, Weiser TG, Berry WR, et al; Safe Surgery Saves Lives Study Group. A surgical safety checklist to reduce morbidity and mortality in a global population. *N Engl J Med.* 2009;360:491-499.

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