

Editorial

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It is often said that we learn from our complications, and we talk about 'learning curves' for operations, thereby admitting that we knowingly expose some patients to more harm than others. However, we are moving towards a society where any adverse outcome following a medical intervention can result in a compensation claim, even though there is not a single operation in existence that does not come without risk. What we must remember as surgeons is that it is the patient who is taking the risks when we operate. For them to make a properly informed decision they must be given accurate and honest information. That can't be obtained from a Google search or a patient information leaflet. True, these sources may give an overview of what is generally seen when a particular procedure is performed, but this does not account for important variables. What about the procedure itself – will it be performed in exactly the same way as described in the literature you refer to? Will you use the same

approach, retractors, anaesthetic technique or implants? What about the patient: their comorbidities, their attitude to risk and their psychological make up. What about you: are you at the start of your learning curve or the end? Are you planning to add in a new closure method or are you working with a new team? Did you sleep well last night, etc? This volume of *Orthopaedics and Trauma* cannot answer all of these questions but we have asked the authors to consider their specialist field and highlight the important areas where misfortune can blight the outcome for all concerned, and it isn't always the obvious sources that cause complications. These areas are not only important in clinical practice but to society: the cost of healthcare is now significantly expanded by the cost of associated litigation. For the trainee preparing for examinations, questions may be focused more and more on issues that have medicolegal implications for the practising surgeon. The reader should come away better informed but will still need to tailor their own consent discussions to the individual patient concerned on each and every occasion that an intervention is proposed. ◆
