

Reference

- Davidson M, Brennan PA. Leading article: What has an Airbus A380 Captain got to do with OMFS? Lessons from aviation to improve patient safety. *Br J Oral Maxillofac Surg* 2019;57:407–11.

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Re: why do airline cockpits differ from operating theatres? Re: lead article: what has an Airbus A380 Captain got to do with OMFS? Lessons from aviation to improve patient safety

Sir,

We thank Uppal and Shikha for their complimentary letter about our recent article on applying important safety lessons learned from aviation to our specialty,¹ and for allowing us to respond. Anything that helps to raise awareness about human factors (HF) for colleagues has to be good for both patient safety as well as improving team work.

Their excellent letter is a reminder of the 40-year journey made by one of us (MD) through crew resource management (CRM) in aviation to the current evidence based training (EBT) adopted by most major airlines. There was a good deal of resistance to the concept of CRM, particularly as the airline captain was seen as the master of the ship, and their authority by others had not been challenged historically. Some airline pilots thought that CRM was all about being “nice” to colleagues. It took a long time (several decades), for the CRM culture to bed in and as might be expected, not everyone understood its value or benefit. In the late 1990s, when CRM was expanded to include not just the pilots on the flight deck, but the cabin crew too, MD witnessed at first hand (as a CRM trainer) both resistance to the concept and the desire to become a valuable part of the bigger team. With any change in culture, it is often about individuals grasping the concepts at the beginning rather than a “one size fits all” approach. CRM was led and championed by the more informed and able airline captains and also helped by the some enlightened and safety-focused crew. As the letter by Uppal and Shikha confirms, there are a number of areas in surgery that could benefit from automation although it is unlikely to ever become as automated as modern jet airlines! However, in aviation even after all the processes of automation and technical enhancements have been introduced (which, for example, help pilots to avoid terrain and other aircraft flying close nearby), it is still

the lack of HF skills and procedures that make up most airline accident reports. As we mentioned in our article,¹ about 70% of air accidents are a result of human error. Hierarchy has been flattened on the flight deck such that first officers can speak up and challenge any decision or action of the captain, without fear of retribution. Many tragic accidents could have been prevented if this had been adopted sooner. Similarly, we think that our junior doctors and other team members should be actively empowered to speak up if they have any patient safety or other concerns, and this cannot come soon enough.² OMFS and other specialties across medicine and surgery are on a HF journey and as with aviation it will take many years to become accepted practice by all. Many HF principles are simply applying common sense at work, but sadly this often gets left at the hospital door. A recent large study found that one in 20 patients suffer some form of harm during their hospital admission, with the operating theatre being one of the most dangerous places in the hospital.³ Don't we owe it to our patients and other team members to do everything we can to adopt, practice, and champion basic HF principles to help minimise medical error and these frightening statistics?

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patients' permission

Not applicable.

Reference

- Davidson M, Brennan PA. Leading article: What has an Airbus A380 Captain got to do with OMFS? Lessons from aviation to improve patient safety. *Br J Oral Maxillofac Surg* 2019;57:407–11.
- Brennan PA, Davidson M. Improving patient safety: we need to reduce hierarchy and empower junior doctors to speak up. *BMJ* 2019;366:14461.
- Panagioti M, Khan K, Keers RN, et al. Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis. *BMJ* 2019;366:14185.

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