To The BORM members:

I am writing to support this regulation, specifically sections 3,10 (1) (f) and (1) (g). As a former anesthesiologist at a hospital which abuses the practice of concurrent surgery it is unacceptable that surgeons are the only people in the OR whose presence is not time stamped and the reporting of their presence is entirely self-reported. I am the one rendering the patient unconscious and therefore am being asked to be complicit in a practice that most patients would never tolerate. I now work at a hospital which would never allow the practice of concurrent surgery- unless it was an absolute emergency- and already documents attending surgeon presence. In fact, the attending surgeon must be present for the time out and incision.

I trained at a teaching hospital and am well aware of the arguments for letting residents learn; however, the patient must be given full disclosure in the informed consent process. I know first hand that this is not routinely done  by some surgeons; the anesthesiologists and OR nurses are quite regularly asked by patients, "will my surgeon be in the room with me and will he/she be the one doing my surgery? We are often put in the situation of lying to patients or  likely raising their anxiety by being truthful at the most crucial time when they need to trust their surgeons- as they are being wheeled into surgery.

Most surgeons are honest and committed to being in the OR with their patients and trainees. However, as was reported in the Globe Spotlight article, there are regular abuses of  select surgeon whereabouts at MGH and likely other MA hospitals. Despite the exposure in the press, the practice continues to this day. Patients are entitled to know the facts. Most ORs have electronic records so this is not a burdensome task to require of a circulating RN. Everything else which occurs in the OR is timed and  documented clearly.

Voting this down is participating in the cover-up.

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