Dear Ms. Prebensen,

I am writing to support Regulation 243 CMR 3.0, particularly sections 3.10 (1)(f) and (1)(g), which promote tighter accountability of physicians in the Operating Room. To my knowledge, all other personnel are required to clock in and out during surgery, with the exception of surgeons. In the case of Tony Meng, the "standard of care" allowed the surgeon to move between rooms without accountability or documentation of where he was at a specific time. Due to the surgeon's exemption from clocking in and out, we have no reliable way to know if his absence coincided with the injury sustained in this case, other than the surgeon's own notes. This appears to be a conflict of interest, particularly in a situation where the surgeon's "presence" in the OR is self-reported.

Over the course of the last year, the discussions around concurrent surgery have left the impression that the hospital's point of view is that they control the patient's body completely during surgery. We have seen cases where the patient was either not informed that his/her surgeon would not be present during the entire surgery, or have requested that the surgeon be present during the entire surgery and been told "it doesn't work like that." Would this occur if this was a procedure that the patient was fully conscious for? As a patient myself and a loved one of patients, this is unacceptable to me; the patient must be fully informed and fully participate in the decision-making around his/her own care. In fact, in the February issue of the Journal of the American College of Surgeons, a recent study looking at this very issue found that "The majority of respondents felt that the attending surgeon should inform them in advance of overlapping surgery (94.7%), should define what the critical components of the operation are (95.6%) and document what portion of the operation he or she was present for (91.5%)" ([https://www.ncbi.nlm.nih.gov/pubmed/28196693](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.ncbi.nlm.nih.gov_pubmed_28196693&d=DwMFaQ&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=q1_HkX5ElR_92QuX6x1ynP4mwUfEZuA2jwW8_ghG66A&m=TM5T38IAhzIhql4DwPw95mOohqE4SXIKf0NDjaPQr08&s=hHA23oGBZtvgk1hAa3RcBWH1BEJhvHFR3zntIRWnKC4&e=)). It is morally imperative to respect the patient; this is his or her body, not the hospital's.

Of course we need to train the future physicians, nurses and other healthcare providers with hands on experience; this is not an argument against training in the OR. However, how does training occur without an experienced surgeon or instructor present? Even near the completion of a surgical resident's training, the attending surgeon is ultimately responsible for the patient's care and the outcomes of the surgery. I refuse to accept that being absent equates to being responsible.

Respectfully,

Martha Burke

Milton, MA