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EDITOR'S CHOICE

A Big Sister society?

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When you imagine a surgeon, is that person white and male? The online campaign #ILookLikeASurgeon aims to tackle this stereotype, which campaigners say discourages women and ethnic minorities from entering and flourishing in surgery. The campaign has gained traction, but change of this sort takes time.

Research published in this week's journal might help. Wallis and colleagues look at whether surgeons' sex affected how patients fared after surgery (doi:10.1136/bmj.j4366). They found that, in a wide range of common procedures, patients treated by female surgeons had considerably lower 30 day mortality, length of stay, complications, and readmissions than patients treated by men.

This is an observational study with the usual limitations. But the authors went to some lengths to correct for surgeons' age and experience and for patient case mix. At the very least, their study shows that female surgeons are as good as men. Writing in a linked editorial, the current and recent past presidents of the Royal College of Surgeons cautiously conclude that improving surgical outcomes is complex and that what this study shows is that a surgeon's sex is unlikely to be relevant (doi:10.1136/bmj.j4580).

The #ILookLikeASurgeon campaigners are more bullish (doi:10.1136/bmj.j4653). Yes, the ultimate aim is to improve patient outcomes. But they emphasise that female surgeons are particularly good at communication, collaboration, and patient centredness, skills that may improve team morale and perioperative care. They write, "Perhaps male surgeons should attempt to be more like their colleagues who have better outcomes, to reclaim parts of themselves that their training and societal expectations may have suppressed."

All doctors need to be good at being patient centred, so it's worth asking whether and how such behaviour can be encouraged. Foskett-Tharby and colleagues reflect on the chequered history of using financial incentives to change what doctors do (doi:10.1136/bmj.j4532). All too often, modest benefits are lost when clinicians and administrators game the system or allow incentives to distort priorities in patient care. If we want to use patient reported outcomes to improve care we need better ways to measure and report them, they say.

And, as Stephen Armstrong reports, we must release doctors from the wasteful and energy sapping work of data entry (doi:10.1136/bmj.j4546). Surveys of US doctors find that the electronic patient record serves mainly to separate them from their patients and is one of the most commonly cited causes of burnout. Patients' trust has been damaged, too, by high profile security breaches. Perhaps, rather than Big Brother, we can find our way towards a Big Sister society.

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