EDITOR'S CHOICE

A commitment to protect health and save lives

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At what age are surgeons safest? In France, according to Antoine Duclos and colleagues, it's between 35 and 50 years old (doi:10.1136/bmj.d8041). The authors looked prospectively at thyroid operations performed in five high volume centres and found an increased risk of permanent complications when operations were done by less experienced surgeons and those in practice for more than 20 years. This finding has a certain face validity, but the authors recommend caution in interpreting their results. They looked at only one type of operation and used a cross sectional study design. Future research might follow a cohort of surgeons to see how performance changes during a surgeon's career, they say. Supervision in the early years is an obvious response, but what should surgeons do when they reach 50?

Surgical skill comes up elsewhere this week. Ruth Doherty and Zaki Almallah ask how urinary function after prostatectomy could be improved (doi:10.1136/bmj.d6298). As many as one in five men who have radical prostatectomy will need to use absorbent pads in the long term, which can be especially devastating for younger patients. The advice patients receive before and after their operation is often inadequate, say the authors.

From their editorial it seems that options are improving. For severe incontinence the UK's National Institute for Health and Clinical Excellence recommends artificial sphincters. These can be inserted in men with the mental and manual dexterity to operate them, although the insertion procedure is delicate and

outcomes are therefore particularly dependent on surgical skill. Suburethral slings are less invasive, but as with many new surgical devices we don't yet know enough about long term outcomes. In the absence of consensus about who should be offered which procedure, the authors recommend early referral to centres capable of both.

Skill of a different sort is needed when negotiating with patients over whether their non-serious illness requires antibiotics. Christopher Butler and colleagues have designed an educational programme for clinicians aimed at reducing antibiotic prescribing. Their randomised controlled trial found that the programme reduced prescriptions and did not increase hospital admissions or consultations (doi:10.1136/bmj.d8173). But as James McCormack and G Michael Allan caution, the study was too small to show whether the intervention affected patient outcomes (doi:10.1136/bmj.d7955).

The news from Syria is hard to bear. President Assad was once a doctor, and did some of his training in the UK as an ophthalmologist at Moorfields Hospital in London. Futile though such a gesture may be, should not all UK and international medical bodies publicly condemn the behaviour of this man who once committed himself to protect health and save life.

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