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NEWS

Five Minutes with … Atul Gawande

The professor of surgery at Harvard Medical School, founder of the Safe Surgery Checklist, and chair of the Lifebox Foundation, talks about the new programme aimed at cutting surgical site infections that currently cause complications in 30% of surgery in low income countries

"Why do some medical innovations spread like wild fire while others are resisted? In 1846, anaesthesia spread to every capital in Europe within weeks of the first public demonstration in a Boston hospital in 1846 that a gas could render patients insensible to pain. But it took decades for antisepsis to combat surgical site infection, the other great scourge of surgery, to become mandatory in operating theatres in Europe and the United States. And today infection remains a major threat for postoperative patients, causing unnecessary morbidity and mortality, and straining systems and budgets in hospitals that see the worst road traffic incidents, the most delayed patient presentations, and the widest margins between wealth and health access.

Both innovations save patients' lives and improve the efficacy of surgery. Both are difficult to provide, and both require effort by the practitioners. But while anaesthesia results in an immediate and visible benefit, antiseptic surgery has a delayed and invisible benefit—infections don't appear until a few days after surgery. So the link between action and benefit is less clear. Plus while both are good for the patient, only anaesthesia was good for the doctor—it was a relief to operate without patients thrashing with pain. But Lister's antiseptic solution—dilute carbolic acid— was literally painful for the doctor.

Fortunately, that's no longer the case. But the discipline of antiseptic surgery, wearing sterile gloves and gowns, using sterile equipment, and the timely use of antibiotics remains a low priority in many countries. In the absence of consistent local and national guidelines, surgical units may still use a single set of instruments, often old, and simply washed or inadequately sterilised between cases.

Clean Cut (checklist expansion for antisepsis and infection control—customisation, use, and training) is a new programme building on the success of the WHO Safer Surgery Checklist introduced in 2009 and the Lifebox safe anaesthesia programme launched in 2011. As with these other initiatives, it will take time and effort to bring about cultural change to encourage genuine collaboration between members of teams who are willing to take responsibility to eliminate the gap between practice and optimal practice.

Sometimes this kind of change can seem impossible: it's thorny, it's messy, it feels like you can't do it. But then you break it down to simple parts—to a checklist. And by supporting people who champion the implementation of a checklist, the idea slowly spreads—until eventually everyone owns it."

This is an extract of Atul Gawande's address at the launch of Lifebox Clean Cut programme in London on 19 April.