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## CRITICAL THINKING

### Matt Morgan: Whose leg is it anyway? Ownership and medicine

Matt Morgan *intensive care consultant*

Both surgeons wanted the best for the patient. Unfortunately, they disagreed about what “best” really meant.

The on-call consultant argued that an emergency operation could save the patient’s leg. Meanwhile, the surgeon who had known the patient for years believed that the risks involved in an operation would be greater than any benefit. Sadly, the patient couldn’t decide for themselves as they were unconscious, critically ill, and on a life support machine. All of this made me wonder, “Whose leg is it anyway?”

Shared decision making in medicine is typically shared between the patient and the doctor. But what if sharing is also needed between the competing viewpoints that exist in the healthcare team? It made me think about the ways in which the language of medicine often uses terms of ownership.

“Whose patient is this?” is often asked.

“Mine,” is often the answer.

Although these terms of possession may sound paternalistic, “ownership” also brings responsibility. It encourages healthcare workers to act as advocates for someone they want the best for. The “named consultant” is responsible for holding the sometimes heavy rope that ties them directly to the care and wellbeing of another person, even when they are far apart. Ownership, like sharing, also goes both ways. Patients can often feel as though we belong to them.

“Who did you see?” is often asked.

“My own consultant,” is often the answer.

Who does a patient really belong to? And who does a doctor belong to? As I wrote earlier this year in *The BMJ*,<sup>1</sup> in the complexity of modern healthcare we need an entire village of people to care for us, not one sole trader. Sometimes we need the butcher, sometimes the baker, and sometimes the candlestick maker too. Sometimes we even need help from people whose names we may never know. As a result, patients should belong to the whole healthcare village, the system in which they put their trust.

Is it perhaps time to change the name on the end of the patient’s bed to a team rather than an individual?

We need shared ownership to allow shared decision making, not only between doctors and patients but sometimes between doctors and other doctors. Ultimately, of course, patients don’t belong to anyone other than themselves. As doctors, we simply take them under our care from time to time, hoping to look after them well and return them safely home—just as patients each borrow us for a time, before hopefully returning and recycling us for the next patient.

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Thanks to Mark Hudson for his wonderful village analogy, as well as his poetry.

1 Morgan M. Matt Morgan: The hospital bed is broken. *BMJ* 2021;372:m4920. doi: 10.1136/bmj.m4920 PMID: 33402341