







BMJ - Decision  
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BMJ.2018.04512  
5

**Body:**

02-Aug-2018

Dear Prof. Myers

# BMJ.2018.045125 entitled "Excising the "Surgeon Ego": Progress Made and Paths Forward for Enhancing the Culture of Surgery"

Thank you for sending us this paper and giving us the chance to consider your work.

We sent it out for external peer review and discussed it at the Aug 1, 2018 Analysis manuscript committee meeting (present: Peter Doshi, Prashant Jha, Robert Redelmeier, Navjoyt Ladher, Paul Simpson).

Unfortunately we do not consider it suitable for publication in its present form. However if you are able to amend it in the light of our and reviewers' comments, we would be happy to consider it again.

The reviewers' comments are at the end of this letter.

The editors' comments are listed below:

1) Editors thought your paper covered an important and interesting clinical topic. The comments here are intended to strengthen your argument and broaden the appeal to our international readership.

2) An overarching concern with the framing of the manuscript is that we did not understand whether it is reasonable to single out surgeons from all other healthcare specialties. Isn't ego everywhere? To support a focusing in on surgery, you need to make a far stronger case that this is a problem specifically for this specialty. We would like to see reference to credible studies that support the point. (Moreover, surgery itself is very broad - urological surgeons, obstetric surgeons, etc., some of which have very different gender compositions - and it is not clear to us that the various stereotypes apply to all surgery specialties.)

3) Another overarching concern was that the link between what you write and the data/studies you cite does not always feel particularly tight - something that needs addressing.

— For example, you write "For instance, in one study of the "dark triad" personality traits - narcissism (of which arrogance is considered a key component[10]), Machiavellianism, and psychopathy - among health care professionals, surgeons were found to have significantly higher levels of narcissism than their non-surgeon colleagues." If the only place surgeons stood out was on narcissism, then you should just discuss narcissism. The current way of writing suggests to readers that Machiavellianism and psychopathy might also apply to surgeons. If non-surgeons had higher Machiavellianism in this study, doesn't this undercut your argument?

— Another example: you write "Other research has found greater numbers of disruptive behaviors and patient complaints among surgeons than non-surgeons" However can't there be many non-ego explanations for

this? If the studies indicate a clear ego-link, then change the framing, otherwise either soften the language or find more evidence.

4) As you revise, please do so aware of how you might lose readers (and thus the potential for your article to have impact) if your characterizations seem too sweeping or broad.

5) We would like the piece should to also discuss - and with reference to studies/data - gender, macho culture, ethnic diversity, etc. which it would seem very relevant to this topic. For example, see this research paper on outcomes related to surgeon gender from 2017:  
<https://www.bmj.com/content/359/bmj.j4366>

We hope that you will be willing to revise your manuscript and submit it within 4-6 weeks. When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 1800-2000 words.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your resubmission may be sent again for review.

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I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely

Peter Doshi  
[pdoshi@bmj.com](mailto:pdoshi@bmj.com)

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**Reviewer(s)' Comments to Author:**

Reviewer: 1

**Recommendation:**

**Comments:**

This is a really exciting and interesting article to read. It is appealing as it is written from a medical experience and reflection rather than from an external observational perspective. Often times patients and their families find the lack of "normal" interaction with surgeons and them and their families very distressing. This article is useful in identifying reasons why the communication skills are poor and the distinction between arrogance and confidence is well defined.

The issues addressed in this paper are important and relevant to patients and the public for a number of reasons. In the first instance it addresses perceptions that ordinary people hold- surgeons are arrogant and have big egos. It also clarifies that not all surgeons are not like this and it identifies an existing culture in the medical space which contributes to this type of behaviour. Most significantly it addresses what is being done to change the culture.

It would be useful to have in addition to the high profile cases included in the article any research that shows the effect of patients recovery time, engagement with after care, etc. if they have had a positive or negative experience with a surgeon. Some more depth into how these changes in behaviour are being embedded- is it sufficient to make changes in the curriculum in regard to communication skills and professionalism or do the changes have to take place in the workplace. Whilst similarities are drawn

from different industry sectors it would be useful to evaluate the level of enforcement and change.

If a patient has a poor experience with an arrogant surgeon will this prevent the patient from being "honest" about their recovery experience? Post-operative pain or discomfort may be minimised due to a reluctance to engage with the surgeon or the medical community again. When people are sick they are vulnerable, when people need surgery they are really vulnerable and usually terrified. Being exposed to an arrogant surgeon and the team they are bullying can add to the trauma and impact on recovery. If it were possible to include this type of research it would be helpful.

This paper discusses problems associated with provision care and identifies areas that need to be changed but it does not identify which policies or public guidelines should be developed or influenced to do this. .

This paper is useful in many ways, in order to make it more useful for health professionals perhaps guidance on how to better communicate, or how to address surgeons who are unprofessional and what areas are available to redress this.

Additional Questions:

Please enter your name: Jane Burns

Job Title: Manager of Information, Library & Web Services

Institution: Irish Hospice Foundation

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

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Reviewer: 2

Recommendation:

Comments:

This manuscript describes an analysis of the literature from surgical and organizational sciences describing recent efforts to promote professional behavior in the surgical community and the context in which these efforts are being developed and promulgated. The manuscript addresses an important topic that is likely to be of interest. The manuscript is generally well-written and describes an important topic. The authors do a nice job of considering the pertinent issues from multiple perspectives and provide a good description of current broad-based efforts to promote positive culture. My only concern is the narrow focus on surgeons--while the "What is the Problem?" section provides a reasonable defense for the focus on surgeons, the manuscript might be strengthened by bringing that point out earlier so that the reader can understand the reason for this particular focus. One additional area of focus that might strengthen the manuscript's message would be to address the role that health care systems and leaders have in creating the necessary infrastructure to support professionalism and accountability.

Additional Questions:

Please enter your name: WILLIAM O COOPER

Job Title: Professor of Pediatrics

Institution: Vanderbilt University Medical Center

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

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Reviewer: 3

Recommendation:

Comments:

This topic is extremely important, and the authors have done a good job in arguing for why that is so. While many studies have shown that disruptive behavior on the part of healthcare team members poses a patient safety risk, there has been less attention paid specifically to disruptive behaviors on the part of surgeons.

My concern with the paper is that it refers to multiple types of behaviors and underlying motivations without defining and making clear distinctions or connections between these various concepts. The following are some of the many concepts mentioned:

arrogant behavior, ego-driven disruptive behavior, overconfidence, ego-oriented behaviors, disruptive behaviors, disruptive ego, captain's ego, unprofessional behavior, ego-oriented surgical culture, bad behavior, problematically arrogant, narcissism and counterproductive behaviors, (lack of) humility, disrespectful surgeon.

Some of this is likely due to what my writing professor termed "elegant variation" where the author keeps substituting different words for the same concept; she warned us against this because it is distracting. For example, is arrogance the same as narcissistic or egotistical? But in this paper, I believe there is also something else at play that is important and needs to be more clearly sorted out: what is the relationship between disruptive behaviors and arrogance? Is arrogance the cause of disruptive behaviors or does it result in specific types of disruptive behaviors?

With regard to interventions, the paper would be improved by some discussion or reference to established interventions directed to physicians. I think the authors should be given the opportunity to rewrite this important paper in order to improve its clarity and impact.

Additional Questions:

Please enter your name: Jo Shapiro

Job Title: Director, Center for Professionalism and Peer Support

Institution: Brigham and Women's Hospital (Harvard)

Reimbursement for attending a symposium?: No

A fee for speaking?: Yes

A fee for organising education?: Yes

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: Yes

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I also occasionally consult for Safe and Reliable Healthcare, LLC. They are patient safety consultants.  
No to anyone otherwise profiting.

**Date Sent:** 02-Aug-2018