

Letters to the Editor

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International award

Dear Editor,

In August the 16th World Congress of the World Society of Cardio-Thoracic Surgeons took place in Ottawa, Canada. Sixty-five countries were represented with a total of 1100 abstracts and 736 works presented. Brazilian heart surgery was represented by several surgeons who presented a total of 20 articles. Among them two works received awards; one was a work by the engineer, Fabiano Valias Carvalho.

The cardiovascular surgeon Eduardo Augusto Rocha from the Vera Cruz Hospital, São José Teaching Hospital and Ibiapaba Hospital, Barbacena, all in Belo Horizonte received the award for the best work in basic sciences with a study entitled "The hemodynamic behavior of arterial anastomoses using fibrin sealant – An experimental study in swine". This research was performed in the Surgery Department of the Federal University of Minas Gerais. This shows that it is still possible to produce high-quality scientific studies in Brazil even with the little investment available for research.

All cardiovascular surgeons throughout Brazil should be very proud of these achievements as, even in this period of crisis in our field, quality work is still being accomplished with sincerity and professionalism in favor of the sick and the community.

Cordially,

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Letter to physicians and patients

On the eve of another election, it is common to remember similar experiences in the recent past. I remember, for example, that in the vote of 2004, when representations of city offices and municipal councils were renewed, the state of the healthcare system was the focus of debates. In some cities, such as São Paulo, the question of healthcare for citizens had a preponderant role on the results of the elections.

Due to occurrences over the last few months, it is quite probable that more heated discussions will be about other

matters. There is no doubt that the 'monthly payment' given to corrupt statesmen will be a talking point, as will the necessity to recover ethical and democratic principles in politics.

Another issue that will be the grounds for discussions is the question of public safety. Where do the responsibilities of government branches start and end in the current crisis? What can be done to guarantee a more tranquil daily life with less violence for Brazilians?

In spite of the interest that ethics, democracy or safety deserve, health must have a privileged position in the electoral process. After all, we have advanced much less than we could have over the last few years. And the problems are the same; they are still critical: people are waiting in lines for treatment in hospitals and government health clinics, medications are scarce, apparatuses are obsolete and there is no policy to valorize human resources, etc.

As is common in this period, many candidates appear on radios and TV to say that they are saviors of Brazil. Magic solutions will also emerge. We cannot, at any moment, be tricked again by false promises and pseudo-saviors.

The way to escape this type of trap is to vote for consolidated work, for historic coherence, for the stance that the candidates had – and maintain – in their lives. In health, for example, we need representatives that always fought, even when they did not have elected positions, to improve the quality of healthcare of patients, to place value on the work of physicians and other healthcare professionals, for a more dignified and fair healthcare system. Finally, the long struggle in favor of citizenship and in the construction of a more just society must be taken into consideration.

If we escape from false prophets and give a vote of confidence to those who really did something for society, we will certainly have, in the near future, reasons to celebrate.

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The physician and the penal code

The Brazilian Penal Code states, "Manslaughter: Punishment – prison from 6 to 20 years (article 121)". Later, the 4th paragraph states: "For murder, the punishment should

be increased by a third if the crime results from lack of following the technical rules of a profession or occupation, or if the offender does not immediately try to help the victim to reduce the consequences of the act or to escape from the crime scene to avoid arrest. Murder is considered grievous and punishment should be increased by one third if the act is committed against an under 14-year-old”.

Thus, in thesis, if you believe that the death of any patient that occurs under circumstances in which death should not happen, it must have arisen because the physician is guilty and the doctor should bear the rigors of the law. We have, due to the profession, to deal with physicians who are suffering from the frustration of being charged with the crime of murder. In fact, this is more than frustrating; it is a true *via crucis* for healthcare professionals live to improve the health and life with an ethical standard of professional conduct.

Thank God there are few physicians who live through this kind of martyrdom. However, an analysis is necessary, as, similar to cases of compensation (medical-civil responsibility), we are experiencing a certain deviation by a few people to interpret medical conduct erroneously, frequently governed by emotions, classifying a medical conduct as a penal norm. It is clear that we are not and we can not be against the law whether it is civil, administrative or criminal, but it is necessary for a deeper analysis to be carried out in order to better examine the facts before arriving at any conclusion.

Death is inevitable. It is the most implacable certainty of man. However, we can say, paradoxically, that human beings are never prepared for it and when they lose someone dear, they try to find a reason for the loss and a perpetrator for this sad event. Gautama Buda said, “Most people never remember that all of us will one day finish here. But people who do remember this resolve their fights peacefully”.

It is true that it is not common to see oncologists or heart surgeons prosecuted for murder, as in some way and for an obvious reason the dead person’s relatives are unable to find a logical circumstance to support this claim. Also the police and prosecuting counsel also have a similar point of view. But, if the death happens after bariatric surgery (reduction of stomach in cases of morbid obesity), for example, a powerful feeling of revenge seems to take hold almost instantly, causing the emergence of facts that create one or more divergences in interpretation as we previously mentioned, specifically if the patient was young. Quoting the writer and philosophy Lou Marinoff, “there are ways to deal with the suffering and one of them is to try to pass it on to another person, as if this is really possible”.

There is much evidence; nobody hopes that a person dear to them, who is submitted to a surgical procedure, dies. Thus, to believe that the surgeon is a murderer is

unthinkable. But the Judaic-Christian culture of blame and sin does not let us rest. We must warn society that, in our point of view, the physician can not - or should not - suffer a criminal process, specifically murder, without a more rigorous, technical and ethical assessment; without a previous meticulous examination of admissibility. And there are many factors to support this idea, among which, the fact that physicians when treating patients are practicing their profession, which they do not practice alone, but with assistants and a structure, similar to many other professions.

The physician is very distant from the figure of “head of the team” (in the case of surgeons) but is still conceived as such. In the case of bariatric surgery, for example, the patient is transferred to an intensive care unit in the immediate postoperative period, rejecting the possibility of negligence or lack of attention. It is necessary to remember that in any surgical procedure the reaction of the organism is variable depending on each person and this is important for recovery.

Investigations sometimes intrinsically create such a great necessity to condemn the physician that, during the process certain actions are developed that are totally unreasonable. They try, by all possible means, to incriminate physicians without limits. In our country, the Police, prosecuting counsels, lawyers and witnesses and even judges belong to a culture of blame and sin and are laypeople in medical sciences. For physicians to be prosecuted for murder, for the death of a patient, is to suffer more than is reasonable. But, to perceive that an attempt to condemn is more passionate than objective, trying to link all supposed illegal acts, some of which are not even the physician’s responsibility, is more than just suffering; it is comparable to death.

Brazil needs to evolve in order to understand what bariatric surgeons mean to morbidly obese patients. To treat surgeons as criminals is an absurdity, to condemn all, as deaths unfortunately are reported in the cold and undesirable figures of statistics, as is the degree of risk.

The government needs to stimulate the judicial system by urgently giving technical courses on this matter, aiming at enabling employees to work on civil, administrative and penal processes, with better foundations to better understand surgical procedures, the risks and the patients with their diseases.

This moment in time is very important requiring multidisciplinary knowledge vital for the maintenance of social tranquility.

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