



Surgery is really a team sport

In their Article (July, 2022),¹ the GlobalSurg Collaborative and NIHR Global Health Research Unit on Global Surgery note that the provision of high-quality surgical care is a critical element of cancer care, and strengthening surgical services can meaningfully improve outcomes, particularly in low-income and middle-income countries. However, an accompanying Comment² by Deo Suryanarayana and Prashant Gupta singles out surgeons, stating that surgical outcomes are reliant on the experience and skills of the surgeon and the availability of ancillary support facilities. Although they acknowledge that timely access to quality multidisciplinary care is a critical factor in determining outcomes, isolating the skills of the surgeon undervalues the essential role and contribution of each member within surgical care teams. Such phrasing, intentional or otherwise, perpetuates the fragmentation of surgical care and relegates non-surgeon members of the surgical team to lesser, ancillary functions, missing a valuable opportunity to promote the transformative power of interdisciplinary leadership in cancer care and beyond.

A surgical team consists of health-care professionals from various disciplines, all with different priorities, roles, expertise, and experience. This interdisciplinary team relies on the skills of all members and conducts interdependent tasks in a highly dynamic work environment, with a shared goal of delivering safe surgical care.³ The requirement for effective teamwork and communication within and across health-care teams and organisations to deliver safe, high-quality surgical care is well established.⁴ Therefore, we champion the importance of enhancing leadership capabilities for all surgical team members as a way

to strengthen surgical ecosystems in the countries in which we work. We recognise that leadership is a crucial factor in team performance, and that particular challenges are inherent in the perioperative setting. However, within the hierarchical structure of a perioperative environment, team members can be reluctant to communicate across disciplines. For example, factors related to gender—globally, women are under-represented in surgery yet comprise 90% of the global nursing workforce—further compound the challenges of rigid surgical hierarchies.⁵ Workplace discrimination, bullying behaviour, fear of disciplinary action, and lack of feedback are additional known barriers to effective teamwork and communication.^{6,7}

We hope that the diverse disciplines that come together in the provision of surgical care—surgery, anaesthesia, nursing, health technology, safety, pharmacology, and others—can truly realise a shared vision of improved access to high-quality surgery for all. However, if our discourse remains limited by outdated power dynamics, the future becomes more of the past, in which we talk of individual personalities and take pride in caring for the few who can afford it. The billions of people around the world without access to safe, affordable, and high-quality surgical care, and who stand to benefit from a different mindset, deserve better.

We declare no competing interests.

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