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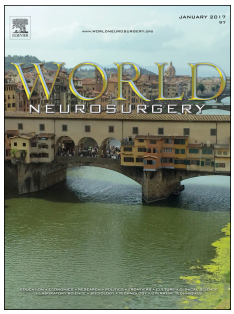

Surgeon adherence to medical ethics as contingent on their leadership in the changing economics of healthcare

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EDITORIAL:
Surgeon adherence to medical ethics as contingent on their leadership in the changing economics of healthcare

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In this issue of World Neurosurgery, Castlen *et al.* examined the emerging tensions between hospital administrators and physicians in increasingly complicated healthcare systems in their article "The changing healthcare landscape and implications of organizational ethics on modern medical practice".[1] With costs, quality, and accessibility increasingly being scrutinized, healthcare has understandably been subjected to increased regulation. Consequently, Castlen *et al.*[1] highlighted how unbiased medical care achieved by physician autonomy—a principle tenet of medical ethics and professionalism is at risk by resource-minded administrative control. Thus, the authors called upon physicians to lead interdisciplinary teams that will bridge the gap between them and hospital administrators and produce a unified healthcare agenda for patients.

If we focus on the United States (US) and the United Kingdom (UK) and their contrasting styles of operations, both healthcare systems are seen gravitating towards more clinician-leaders. On the one hand, US healthcare is predominantly run by private funds in a prominent market-driven landscape, and is the most expensive in the world. Meanwhile, UK healthcare is prominently guaranteed by the single-payer, centrally run National Health Service (NHS).[2,3] Unfortunately, professional development is still hesitant with fewer than 5% of hospital CEOs being physician trained, although there is likely greater physician involvement throughout other levels of hospital administration than before.[3,4] In order for physicians to take on more administrative responsibilities to help implement patient-centered quality improvements, the initial investment in human capital needs to be prioritized.

Enough studies in the US have demonstrated that overall engagement of physicians in quality-improvement initiatives, team building, and managerial roles are empirically associated with better patient outcomes.[3,5] Unfortunately there is limited quantitative data to characterize the impact that surgeon-leaders have on patient outcomes. Of notable relevance to the surgical domain, Goodall *et al*. reported that the 37 physician-led hospitals in the Top 100 for cardiology and cardiac surgical care performed 0.8 standard deviations better than their non-physician-led counterparts. A look at their validated scoring rubric to measure outcomes (Index of Hospital Quality) highlights what elements hospital care can be uniquely promoted by the physician-trained leaders: technologies, volume, mortality, patient safety, and resource-utilization.[3,5] Future work should emphasize more of such empirical, quasi-experimental reporting so that surgeon-leadership outside their direct operative-roles is appropriately valued by hospital administration.