

Episode: *Author Interview: “How Should Risk Be Communicated to Patients When Developing Resident Surgeon Robotic Skills?”*

Guest: Matthew C. Bobel, MD

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. Joining me on this episode is Dr Matthew Bobel, a colorectal surgery resident at Trinity Health-Ann Arbor in Michigan. He’s here to discuss his article, coauthored with Dr Robert Cleary, “*How Should Risk Be Communicated to Patients When Developing Resident Surgeon Robotic Skills?*,” in the August 2023 issue of the Journal, [Robotic Surgery Ethics](#). Dr Bobel, thank you so much for being on the podcast. [music fades]

DR MATTHEW BOBEL: Thank you so much for inviting me. It’s my pleasure to be here.

HOFF: So, what’s the main ethics point of your article?

BOBEL: So, I think it’s really important to balance patient autonomy with surgeon judgment. We obviously want to give patients as much information as possible when we’re discussing surgery and provide it in a way that they can digest it, so they can make an informed decision based on their goals and preferences. At the same time, patients are processing a lot of information around the time of surgery, and it’s a surgeon’s duty to perform the operation safely. In the case from our article, the trainee Dr B worries about her role in surgery and what the patient was told preoperatively. I would argue that it is probably unreasonable to expect an attending surgeon to explain and to expect a patient to understand each individual step of a surgery and who’s going to perform that step. I think surgeons should be permitted to use their judgment on how to safely incorporate trainees in the operation based on the trainees and their prior experience. And so, for this reason, I think ultimately, we need to balance giving the patient the ability to choose and make informed choices, but also, allow surgeons some latitude to assist in allowing patients to make those choices.

HOFF: And what do you see as the most important thing for health professions students and trainees to take from your article?

BOBEL: I think it’s really important for them to disclose their role to patients and to also communicate with attendings regarding their expected interoperative roles. Surgery is a team sport that can only be performed safely with multiple members of the operating room. So, when considering it in this context, students can use phrasing such as, “I will be doing the operation with Dr A today,” or “we always work together as a team in the operating room to safely complete this operation.” It can be a little bit easier to have those conversations with patients. Additionally, it’s always best to talk with the attending before the surgery so you can have a better expectation of what you might do in the surgery, so you don’t find yourself in the position Dr B was in when she wasn’t sure whether she should be doing a part of the surgery or not.

HOFF: And finally, if you could add a point that you didn’t have the time or space to fully explore in this article, what would it be?

BOBEL: I think considering the role of industry in surgical education is a really fascinating topic, specifically as in the context here of robotic surgery, when you are thinking about a new technology in surgery. Oftentimes the industry that is creating and developing this technology is the expert in how to complete some of the technical skills, and so involving them in developing curriculum and simulation for the surgical education side of things is really important. It can speed up the learning curve and adoption of that technology. But obviously, industry is going to have a commercial interest in promoting and getting their technology used as much as possible, so you have to balance the potential conflicts of interest of working with industry. [theme music returns] I think it's really helpful when attendings work with industry and can teach trainees how to balance those conflicts of interests so that when they're attendings in the future they can do the same.

HOFF: Dr Bobel, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal of this month.

BOBEL: Thank you so much.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.