

## “My First Surgery... Should I Tell Them?”

### CLINICAL CASE

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Andrea, a 9-year-old girl, is brought to the hospital emergency room by her parents. For the last 24 hours she’s had intermittent, moderately intense abdominal pain. Initially, localized to the periumbilical region. The pain was partially relieved with paracetamol however, it has become progressively more intense and constant. She also presents with a low-grade fever and nausea, with a single episode of vomiting. There is no other relevant medical history. Upon physical examination, palpation of the right lower quadrant elicits marked tenderness and a temperature of 38°C. The emergency department physician suspects acute appendicitis and notifies the on-call surgeon.

Dr. Alonso the on-call surgeon completed his residency one month ago and has been hired as an attending physician at a secondary-level hospital. This is his first on-call shift at this hospital in his new role. After evaluating Andrea, he orders an ultrasound which confirms the diagnosis of appendicitis. Andrea is mildly hypotensive and presents with a markedly elevated CRP, all of which is indicative of a severe clinical condition. Dr Alonso 's on-call colleague is managing another urgent case, and he realizes that this will be his first surgical procedure performed independently as an attending physician. He feels competent to manage Andrea’s case; however, he also experiences a sense of apprehension, given that she is a child in serious clinical condition. Nevertheless, he informs the parents of the need for urgent laparoscopic surgery to remove her appendix. He explains the risks and potential complications of the procedure. After obtaining informed consent, while scrubbing in he reflects on whether, in addition to discussing the risks, he should have informed the parents that this would be his first procedure performed independently, without supervision or the presence of another surgeon.

### ETHICAL ANALYSIS OF THE CASE

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If Dr Alonso informs the parents that this is his first appendectomy, he preserves truthfulness and fully respects their autonomy in decision-making. However, providing this information may undermine the parents’ trust in the physician and generate unnecessary uncertainty or insecurity.

The clinical relationship is grounded in effective communication and its defining values include, but are not limited to, providing complete and objective information; adapting that information to the individual receiving it; communicating truthfully, progressively, and with empathy; and allowing patients to clarify any doubts they may have. However, these values are not absolute. When there is an ethical conflict, their application must be weighed on a case-by-case basis, taking into account what is best in the specific circumstance. Truthfulness, is of course, fundamental to a sound clinical relationship. Nonetheless, it should not be upheld “at all costs”, particularly in situations in which full disclosure may prove harmful.

### **POSSIBLE COURSES OF ACTION**

- ❑ Direct Andrea to another center.
- ❑ Prepare the patient (complete the preoperative assessment) and wait until the other surgeon becomes available to assist with the procedure.
- ❑ Do the surgery independently, but include in the informed consent a specific clause outlining the potential risk of complications related to this being his first surgery performed alone as the attending surgeon.
- ❑ Inform Andrea’s parents that this is his first surgery as the attending surgeon, while explaining that he has previously performed this procedure under supervision and is adequately qualified to carry it out.
- ❑ Refrain from informing the parents about his limited experience as an attending surgeon and proceed with the operation.
- ❑ Even if he does the surgery alone, given the urgent nature of the case, notify the other surgeon so that, if he becomes available, he can come to the operating room and assist in the event of complications.
- ❑ Even if he begins the operation alone, notify the other surgeon so that, once available, he can come to the operating room and take over the role as primary surgeon to complete the procedure.

### **RECOMMENDED COURSE OF ACTION**

- ❑ Although this is his first procedure performed independently, Dr Alonso is fully qualified to carry out the surgery alone. Given that this is an emergency, he must proceed without delay in order to prevent potential complications arising from severe appendicitis.
- ❑ It’s not necessary to explicitly inform the parents of his specific level of experience.
- ❑ If the parents were to specifically ask about this matter, he must respond truthfully, explaining that he has recently completed his residency but that after 5 years of speciality

training, he is fully competent to perform the procedure. While remaining truthful he should make the effort to reassure the parents of his ability.

- ☐ He may notify the other attending surgeon so that, if he becomes available he can come to assist in the operating room, should complications arise. However, Dr. Alonso should continue in the role as the primary surgeon, which will undoubtedly contribute to the development of his professional experience.

## **DISCUSSION**

The learning curve is essential in medical training, particularly for those who perform surgical procedures. It develops progressively, as it is experience-dependent. In medicine, the assumption of responsibility must be aligned with the professional 's experience, skills, and technical qualifications. This is why physicians begin their training under complete supervision of their clinical activity and gradually gain autonomy until they are able to perform procedures independently. During their training, all professionals must perform the necessary procedures that will enable them to provide optimal patient care and acquire competence and expertise. In recent decades, simulations have emerged as a fundamental tool for accelerating and improving the learning curve. Through simulation, avoidable harm to patients, resulting from inexperience, can be prevented.

With regard to the information professionals must provide to patients about a given procedure, there is no obligation to disclose their specific level of experience. If the physician considers it appropriate, he or she may do so; and if patients inquire about it, they must be given a truthful response. Avoiding false expectations, or causing unnecessary loss of confidence. The physician should communicate assertively about his or her professional competence while not being arrogant or deceptive. Finally, because physicians are ethically bound to act in their patients' best interests, they must not undertake procedures for which they lack adequate competence. To do so would constitute a violation of the principle of nonmaleficence.

**Sgd.:** ASISA-Lavinia Bioethics and Health Law Committee

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