



7. The obligation of a surgeon to the surgical patient: monitoring and follow-up after surgery

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The question of the obligation of a surgeon to follow-up after surgery, specifically the duration and frequency required, arose following an inquiry from a surgeon, who described a situation in which a patient is discharged after surgery with a letter sending him for follow-up a week later with a community doctor. The problem that bothered the doctor was this: if there is an obligation to see the patient within a limited period of time, the patient enters as an emergency in a clinic that is already overcrowded. When a doctor is not aware in advance of the number of surgical patients who will come to him for follow-up and doesn't know exactly what happened in the patient's surgery, the quality of his care is affected.

Since the medical education that I received as a surgeon stated that "the right given to you by the patient to operate on his body while he is anesthetized binds you to him forever" - I was amazed by the above story.

I began to consult with my fellow surgeons, and more stories arose. For example, a patient who suffered a complication after surgery and was told over the phone to go to a hospital in her area of residence; the surgeon did not inform his colleagues that the patient was coming to them for treatment, and did not relay to them the entire medical history and summary of the operation in order that they could provide optimal treatment of the complication that occurred.

In the discussion at the Bureau of Ethics, the members believed that the surgeon's responsibility towards the patient is the same as every other doctor's. Medical ethics and commitment to the patient apply to every doctor in every work setting. When there is a need for a checkup after surgery, it is the duty of the surgeon to meet with the patient until the end of the treatment. If for some reason the checkup cannot be done by the surgeon, he must coordinate it with one of his staff doctors (something that happens in public departments), or a doctor in the community who is in regular contact with the surgeon or available for a single, irregular examination.

If, according to professional knowledge, there is no need for further checks, then the patient should not be sent for unexplained follow-up in the community.

This position paper complements the rules of ethics concerning doctor-doctor relations, as well as the following points in doctor-patient relations:

- Cooperation between the doctor and the patient - the doctor and the patient will work together to establish a system of mutual trust between them and for the success of the medical treatment.
- The right to continued adequate medical care.
- Beginning and ending of the doctor-patient relationship at the doctor's initiative



- the doctor is committed to the continuity of the patient's medical care, even if the professional relationship with him is severed, and will cooperate with any other doctor who also takes part in the patient's medical care.

In the discussion at the Ethics Bureau, the following rules were established:

1. These rules were written about surgery, but they are relevant and valid for any medical treatment that requires follow-up afterwards.
2. The post-operative review is an integral part of the main medical treatment.
3. The responsibility for the continued follow-up and treatment of the patient is first and foremost that of the surgeon.
4. The surgeon must build an orderly system of checkups after surgery, in accordance with his work schedule, and befitting the professional elements of his field.
5. The surgeon must coordinate the follow-up procedure before the surgery.
6. In the event of a development, an unwanted side effect, a complication in surgery or the need for hospitalization or repeat surgery, the surgeon must be involved.
7. In exceptional cases, in which the surgeon cannot take part in the continuation of the treatment or in a repeat operation for a complication that occurred in the first operation, he will update the new surgeons with all the information regarding the first operation. (Extraordinary cases may include: a patient who is very far from the surgeon, and the complication requires rapid intervention; the surgeon has no connection with the hospital that allows urgent hospitalization and surgery).
8. Limitations, as mentioned in section 7, which are known to the surgeon in advance, shall be presented to the patient before the first surgery so that he can make an informed decision on the matter.