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Letters

Of Surgeons, Salespeople and Operations

To the Editor:

The Times recently reported that salesmen for the United States Surgical Corporation have participated in over 900 operations in New York State during the past five years. Legislation to regulate "who can do what to whom in the operating room" was suggested as a remedy.

We believe that prohibiting salespeople from participating in operations would not address the basic issue involved. Such a law would be directed at the wrong group of people and affect the medical process too late to help patients.

Since it is apparent that salespeople are often more knowledgeable about surgical equipment and its usage than are surgeons, under the circumstances, barring salespeople from the operating room would merely compound the risks to patients of already serious procedures. It will not help patients to keep salespeople out of operating rooms; rather, it is to hospitals and surgeons that legislation must be directed.

It was reported that the president of United States Surgical Corporation

"maintained that surgeons using new equipment for the first few times often needed the technical advice salesmen can give during an operation." We believe such practice sessions should take place in the classroom, not in the operating room. In addition, not every hospital should be permitted to be the site of every operation. Those operations which require sophisticated equipment and highly trained personnel should be restricted to specifically identified qualified institutions.

New York State must develop legislation which prohibits surgeons from performing procedures or using equipment for which they have not been adequately trained. Mandatory education programs should be established by the appropriate agency of the state; state certification of competency in the specific equipment or procedure should be required before a surgeon enters the operating room.

A procedure whereby hospitals are rated according to the type of operations which can safely be performed by their staffs using their facilities and equipment should also be developed.

These programs will help assure pa-

tients higher quality of care; lessen the possibility of suffering due to mistakes of ignorance, and save physicians and hospitals the cost, pain and embarrassment of the malpractice proceedings arising from such situations. By lowering the risk of ignorant surgeons performing incompetent surgery in inappropriate facilities, mandatory education and hospital rating programs might even lower malpractice insurance rates.

Legislation to prohibit salespeople from participating in operations will not guarantee that unsuspecting patients are not used as surgical training material. The continuing capability of surgeons and hospitals and not the role of salespeople is the real issue; neither should be permitted to act outside the sphere of their demonstrated competency. It is to these problems that the state must direct itself.

DONALD RUBIN, SHELLEY FROST
New York, Dec. 20, 1977

The writers are, respectively, president and research director of the Consumer Commission on the Accreditation of Health Services, Inc.