
suspension and job insecurity may lead to active concealment.

In some cases, professional jealousy is involved; this may be due to the pressures of private practice or the desire to develop a subspecialty reputation. It is a matter which should be managed under the umbrella of clinical governance but one to which all surgeons need to be sensitive.

11 How doctors explain risks to patients

There is no substitute for a personal relationship between the consultant responsible for the operation and the patient and his family. In the NHS, there is often insufficient time to develop an effective process of informed consent when operation is recommended but that is when it should be done. Explanations should include not only the known facts but the areas of uncertainty and significant risk. This explanation is best undertaken by those competent to do the operation.

The process is made more effective by information leaflets and tapes but the responsibility for the production, funding and distribution of these materials has not been nationally agreed. The local implementation of national standards and guidelines would suggest there is a need to examine this opportunity further. Using such material, patients may be assisted by further discussions with experienced nurse practitioners and other health care professionals. The Colleges and specialist associations have an important role in the production of suitable information on a national basis but the surgeon must know and divulge local and personal figures. This information is not available at present for many procedures.

12 The ways in which people concerned about patient safety can make their concerns known

It is of great concern that, even when events in Bristol were brought to the attention of the Department of Health, effective action was delayed.¹

A variety of mechanisms is required and they should be both local and national, formal and informal. Each hospital should administer a critical incident reporting process and use should be encouraged by appropriate confidentiality. Informal professional mechanisms, such as the special professional panel ('three wise men') are often effective in the early stages but need to be backed up by formal processes if there is no resolution. All staff should know the machinery and the identity of panel members.

It may be wise for Colleges and associations to explore the establishment of confidential reporting facilities.

The response of the Academy of Medical Royal Colleges to the requirements of clinical governance¹² has defined a further process by which concerns can be expressed and appropriate action taken.