

Preface



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Guest Editor

With the advent of improved anesthetic techniques, better instrumentation, and the introduction of minimally invasive procedures, the technical profile of thoracic surgery has radically changed in the past few decades. As a consequence, several different ways of interpreting the clinical thoracic surgical practice has led to a diversification of the “surgical product”. Meanwhile, the evolution of medical information, ignited by the financial thrust of third party payers and developed by the Internet as a virtually infinite source of knowledge for the patients, has refined the demands for evidence-based surgery. Nowadays, the patient reserves the right to select the most experienced surgeon in that particular procedure, the best nursing team, the most convenient hospital, and even the kind of operation. But, most of all, the patient’s choice is based on a personal assessment of the risk of an adverse outcome to occur—be it death or long-term disability. Hence, with the patient–surgeon relationship resembling a business contract, the release of medical information becomes a crucial medico-legal matter.

This issue of the *Thoracic Surgery Clinics* describes the process of risk assessment and management in a thoracic surgical unit. New scoring systems are generated from the identification of possible new and more comprehensive prognosticators after pulmonary surgery. Many investigators are looking at

mathematical models to quantify postoperative risk, despite heterogeneous epidemiologic and socioeconomic settings across the thoracic surgical community. Special focus is dedicated to the implementation of rigorous quality control measures, the comparison of performances between surgeons and units, and the accreditation and revalidation processes both in Europe and in the United States.

Competitive surgical “packages” are based on cost-containment policies, which, in turn, are devised with the input of the surgeons, who have become increasingly aware of the administrative aspects of their practice and play a leading role within the institutional trustee boards. In the future, health management, more than representing a career change, will be included as a mandatory field of interest within the domain of thoracic surgical expertise.

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