By Dr Hsu Li Yang, Editorial Board Member

Interview with Dr Atul Gawande

Dr Atul Gawande is a General and Endocrine Surgeon working at Brigham and Women's Hospital (BWH), where he is Associate Director for the BWH Center for Surgery and Public Health. He is concurrently Associate Professor of Surgery at Harvard Medical School and Assistant Professor in the Department of Health Policy and Management at the Harvard School of Public Health. He is also the director for the World Health Organisation's Global Challenge for Safer Surgical Care. His research focuses on the intersection between surgery and public health, dealing with both observational and interventional studies on error in surgery in both the United States (US) and developing countries.

As a student, he had taken time off medical school to serve as health policy advisor to the Clinton presidential campaign in 1992 and subsequently in the White House in 1993.

But he is perhaps better known for his writing. He has been a staff writer for *The New Yorker* magazine since 1998, with a column on medicine and public health. His nonfiction writing had been selected to appear in the "Best American Essays" and "Best American Science Writing" collections. His first book *Complications: A Surgeon's Notes on an Imperfect Science* was a National Book Award finalist in 2002, and his second book *Better: A Surgeon's Notes on Performance* was published in April 2007.

For his research and writing, he received the MacArthur Fellowship award in 2006. This award (nicknamed the "genius grant") is given each year by the MacArthur Foundation to 20 to 40 citizens or residents of the US who "show exceptional merit and promise for continued and enhanced creative work".

Dr Hsu Li Yang: Dr Gawande, thank you for granting this interview. May I ask what made you interested in writing?

Dr Atul Gawande: I have always been interested in writing but never had the opportunity until I was in medical school. But I was a bad writer then.

HLY: You must be kidding!

AG: No, it is true – I got "C" for my writing class in university! But what happened was that a friend of mine set up an online magazine in 1996, and could not get many people to contribute articles initially – that was a time when most people did not have internet browsers on their computers! So he had to ask his friends, and I agreed to do a column on medicine.

Now he is a very good editor, so he would point out how I could improve on my articles and my writing in general. So I learned from his editing. And the magazine readership went from like 20,000 to 300,000 over the years. I found out that one of the regular readers of my column was an editor for *The New Yorker*, so one day I seized the opportunity to ask him if I could write for his magazine and he agreed.

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Dr Hsu Li Yang is currently based at the older medical school in Singapore, where his preoccupation with drug-proof bugs prevents a closer acquaintance with worms and other fields of interest.

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HLY: Where do you find inspiration for the articles that you write? They are medical articles, so is it from the patients that you see?

AG: No, it is not like I see an interesting patient and go "Aha! I have to tell this story!" But when I come across interesting ideas or puzzles, I wonder whether they are correct and think back on the patients I have seen to resolve this question.

HLY: You are a surgeon with a busy practice and you have a family. How do you find the time to write?

AG: That has been a major challenge but you just have to set aside the time for this. So I write at night and on some weekends, at work between clinics and other appointments. If we were not having this interview, I would be writing now *[Smiles]*. Sometimes I take leave to write, or block a clinic. For example, I am running behind schedule for my third book, so I have blocked the week before Christmas eve for writing.

HLY: That takes real passion – it sounds like writing is the job and surgery is the hobby! I notice that you also have a degree from the Harvard School of Public Health. How does it mesh with your specialty? You know, as a surgeon, you are looking intensely at individual patient care, but in public health, it is about numbers.

AG: Yes, public health is about populations. When I said I wanted the name for this center to be the BWH Center for Surgery and Public Health, I was asked if that was an oxymoron! But I think how the two meshes for me are when it comes down to safety and complications in surgery. In the US, there are about 70 million surgical procedures performed each year, and if you take a complication rate of approximately 3%, that is a lot of patients who suffer unwanted consequences from surgery just in the US alone.

My work is about understanding and reducing injuries from error in surgery. On an international level, I work with the World Health Organisation on a programme for surgical safety as well. But the surgical safety problems in developing countries are not quite the problems of the developed countries, of course. In developing countries, three major trouble areas in surgery are: procedures where there is major blood loss – this is also a problem in developed countries of course – anesthesiology, and infections. With resource and technological limitations, these problems are compounded.

HLY: I trained in infectious diseases, so one of the earlier stories in your book *Better* had special resonance for me. Did this idea of positive deviance – building on capabilities people already had rather than telling them how to change – really help with infection control (MRSA) in the wards?

AG: In two hospitals in Pittsburgh, yes. The Robert Wood Johnson Foundation is funding a study now in multiple US centers, but we do not have the results of that study yet. It is impressive that small group meetings, where everyone was given a chance to share their experiences and ideas for dealing with hospital infections, could lead to dramatic results in Pittsburgh. But part of the success was also because they instituted active surveillance for all hospital admissions – so they identify the MRSA carriers quickly. I think this is critical, as the Dutch have also shown, for controlling these infections.

HLY: Do you have any pearls of wisdom for doctors that you would like to share? Other than to "always fight" as you proposed in your book?

AG: In the US, each hospital employs around 3,500 persons. Is that the same in Singapore?

HLY: I am not sure our hospitals employ that many healthcare staff.

AG: No, include also the janitors, cleaners, food caterers. Not just doctors and nurses.

HLY: Then yes.

AG: The question is, how do you make so many persons care?

As doctors, we are used to laboratories functioning effectively, operating theater schedules planned efficiently, clinics run on time. But we doctors do not really spend too much thought on how this system works, and what will happen if it breaks down. We do not consciously realise that everyone in the hospital, even doctors, is part of a system in which each person is just one link.

We focus all our efforts on clinical expertise and technical skills, but I feel that we should also spend time and effort on management – learning how to manage the different links and understanding the people around us because that will make the system run better for our patients in the long run.

HLY: Thank you very much for your time and thoughts! ■