

Royal College of Surgeons

Position Statement



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of Surgeons

ADVANCING SURGICAL CARE

Broadcasting Live Surgery

Introduction

The RCS recognises the risks associated with broadcasting surgery live, particularly issues concerning patient safety and confidentiality. The fundamental duty of care towards a patient should be the overarching principle guiding any surgical intervention. As such, the use of live broadcast should only be justified after careful consideration of patient risks vis-à-vis the benefits. Where possible, pre-recorded broadcasts of procedures should be used by preference.

Live broadcasting to a professional audience

The RCS believes that when broadcast to an audience of clinicians, the educational benefits outweigh the risks of live surgery providing they are carefully managed as outlined below.

This established teaching method is directed towards producing better-trained surgeons and ultimately improvements in patient safety. Other benefits of live broadcasting of surgery for training purposes include encouraging medical students and trainees to undertake surgery as a specialty, illustrating to trainees the decision-making process during surgery, and showing how surgeons deal with complications in real time.

Live broadcasting to the public

Live broadcasting of surgical procedures to the public is more controversial and has already happened on a number of occasions in recent years due to developments in technology and social media. The RCS believes that some of the positive outcomes of public broadcasts have included inspiration for future clinicians,

demystification of surgery and reassurance for prospective patients.

Whilst these are valuable, the RCS remains unconvinced that the benefits of broadcasting live surgery to a wider public audience outweigh the risks to patient safety. Interacting with a much wider audience and the pressure of performing surgery in front of a large public may distract the surgeon from her or his primary duty of care towards a patient. The use of social media for the wider distribution of such live broadcasts may result in breaches to patient confidentiality and issues about the ownership of the material and its use once this has been shared on the internet.

The benefits of public broadcasts can be achieved through other mechanisms that do not involve risk to a patient over and above the normal risk in undergoing surgery. Pre-recorded operations are preferred as they limit risks to patient safety and allow videos to be edited to avoid any breaches of patient confidentiality, especially if there are complications during surgery.

As the College is not a regulator it cannot enforce these views but our strong guidance to our members is to avoid live broadcasting of patients to a non-clinical audience.

Principles and guidelines

Should surgeons be minded to take part in live broadcasting of surgical procedures to either a clinical or a lay audience, the College strongly recommends that four general principles should be adhered to in each and every case, in order to ensure the best patient care.

These are:

1. Professionalism and a fundamental duty of care to a patient must be the sole motivation for all clinical decisions undertaken during live surgery.
2. Assessment, consent, and follow-up of a patient must pay explicit attention to the issues surrounding live transmission of the procedure.
3. The surgeon and surgical team must be willing and prepared to stop interaction with the audience and/or transmission of the operation as necessary. A moderator between surgeon and audience is essential.
4. The arrangements must be entirely compliant with local institutional ethical and governance regulation and permissions.

In addition, following these basic guidelines should be a sine qua non for taking part in any live broadcast of surgery:

1. Consent

- Explicit consent should be sought directly by the surgeon from the patient in written form.
- Separate consent should be sought for the operating procedure and for the live broadcast.
- The surgeon should be satisfied that the patient understands that the procedure and the live broadcast are not connected and that consent to the live broadcast can be withdrawn at any moment until the point of anaesthesia without any prejudice on the operation.
- Patients should be given enough time and information to make a deliberate decision about live broadcasting. It would be inappropriate to involve a patient who lacks capacity. Further explicit consent should be sought if a link to the transmission is to be published following the operation.

- Patients should not be led to believe that giving consent to live broadcasting would in any way advantage or expedite their treatment. It should also be made clear to patients that their treatment will not be disadvantaged if they refuse to give consent to live broadcasting.
- Patient consent should include a complete explanation of the possible additional risks of live surgery. The fact that no additional benefit for the patient would result from live broadcasting should be made clear.
- In the case of broadcasts to the public, consent should be also sought from the ethics committee or appropriate governance committee of the Trust where the operation takes place, and the Trust should take responsibility for the procedure.
- The operating surgeon and the rest of the extended surgical team should also explicitly give consent for the live broadcast, and surgeons should not be pressured to perform a live transmission.

2. Safety in the operating room

- Safety procedures should be followed as normal and the live broadcast should in no way affect the essential safety processes.
- The presence of any unnecessary equipment and personnel in the operating theatre is to be avoided and the recording of the video should not be allowed to interfere in any way with the procedure.

3. Roles and responsibilities

- The roles and responsibilities of the professionals and the organisations involved in the live broadcast should be established in advance, including the operating surgeon, the moderator and the health institution hosting the procedure.
- The surgeon's primary responsibility is towards a patient and not the audience. The surgeon should follow the patient at the pre-operative stage, and where

possible follow up with postoperative care after the operation has taken place. If the surgeon is a visitor, a delegated member of the home team must be responsible for the postoperative care. Information on outcomes must be made available. If the surgeon feels that the live broadcast is having any adverse impact on the operation they should immediately cease the broadcasting and clear the theatre of any unnecessary personnel.

- If there is any live interaction with an audience, a moderator should be present. She or he should guide any interaction, carefully evaluate and minimise any distractions and interrupt the live transmission if any concerns arise.

4. Selecting the surgeon, the operating team, the patient and the procedure

- Careful consideration should be given to the selection of the operating surgeon, the surgical team, the patient and the procedure.
 1. The surgeon should be highly experienced and have great familiarity with the procedure. She or he should have personal and hospital indemnity insurance.
 2. All the members of the extended surgical team should be highly experienced, very familiar with the procedure and, whenever possible, familiar with the operating surgeon.
 3. The patient should usually represent a standard case, with as low a chance as possible to develop complications. Where complex or

unusual cases are being demonstrated the surgeon must have the highest technical skills.

4. Standardised procedures and techniques are to be preferred but we appreciate that more advanced, difficult, or rare procedures provide particular educational value to an informed medical audience.

5. Protecting patient confidentiality and the relationship of trust between a patient and a surgeon

- A patient's personal information should be managed meticulously to avoid any breaches of patient confidentiality.
- The live broadcast should not compromise the relationship of trust between the patient, the surgeon and the operating team.

6. Motivation of the surgeon

- Live broadcasts should never be used primarily as a means to advertisement, whether this is the surgeon's self-promotion or showcasing devices produced by private companies.
- There should be no pecuniary advantages deriving from the broadcast for any of the participants, other than the appropriate honoraria associated with sponsorship. A declaration of any conflicts of interest must be made and any financial transactions should be consistent with NHS England's 2017 guidance on conflict of interest.¹

¹ [Conflict of interest in the NHS](#)