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ETHICS AND MENTORING ON LEADERSHIP

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Leadership and mentorship seem to be essential attributes for the surgical leaders of the present times. One of the roles of a true and thoughtful leader is to mentor young surgeons and potential leaders of the future. Accurate and precise mentorship is requested from all leaders, and being a mentor means you are able to lead others to a successful academic career in the surgical field. [1]

What are the reasons a leader needs to be a mentor?

- An active advocacy role on behalf of the members of his/her department, division, institution, or organization;
- A focus on helping the mentees to grow and develop adequate skills;
- Support the progress of individuals in the academic ladder of surgery;
- Broaden the influence and impact of the leader;
- Promote adequate environmental conditions to nurture young trainees, fellows, medical students, and healthcare staff;
- To provide resources to those under his/her guidance and supervision.

While the pillars at the basement of leadership include integrity, vision, judgment, commitment, and strategic planning, the operational components are communication, philanthropy and altruism, organizational skills, implementation capabilities, and adaptability to changing environments.

Leaders should be the moral fiduciary of each academic or organizational entity (section, division, department, college, health system, or professional organization) and are responsible for ensuring an ethical culture amidst the organization they are leading. Although professional breaches are infrequent, leaders need to address them immediately and also tackle communicational and management issues in response to those breaches.

Ethics is critical for leaders in academic surgery. Ethics is paramount to leadership, since leaders are expected to establish organizational values and ethical standards, which are determined by the leader's character and virtues. Leaders should be aware that they are a warranty of the social contract between their organization and the population they serve, besides fostering trust amongst all the players (organization, institution, staff, faculty, workers, public, and society).

It is of the utmost importance to define the constructs of ethical leadership based on the following five dimensions: [2]

1. Ethics as a representative of moral philosophy;
2. Medical ethics (the utilization of moral reasoning in the setting of patient care and research);
3. Bioethics;
4. Surgical ethics (due to the unique features of surgical practice);
5. Leadership ethics (as a consequence of the first dimension in this particular role).

Ethics is related to the philosophical study of the concepts of moral right and wrong, and moral good and bad, as well as any system or code of moral rules, principles, or values, and represents the disciplined study of morality. The term ethics comes from the Greek *ethos* which means character. Morality comes from the latin *mos/moris*, meaning behavior, custom, or manner. Morality is devoted to the study of good and bad character, while ethics refers to the study of right and wrong behaviors and represents a personal compass. As stated by Pellegrini, surgery is a moral practice and every surgeon should have a moral compass to guide his or her actions. [3]

Ethics deals with some of the following topics: the features and characteristics of individual and social good, the traits of virtues, duties, and moral obligations, the freedom of will, right and wrong actions, the assessment of human behavior, ethical reasoning and decision making, among others.

Medical Ethics started in Ancient Greece with the teachings of Hippocrates of Cos (460 BC/ 370 BC). As such, its history is longer than that of bioethics which started after World War II, with the Nuremberg Code and the Helsinki Declaration of Rights. Bioethics is considered the systematic study of the moral dimensions of medicine and the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting. [4] The Hippocratic Corpus is a collection of about 60 early Ancient Greek medical works associated with Hippocrates but not of his authorship. It includes works from the Cnidian and Coan schools of Ancient Greek medicine and contains detailed information in its different books and sections regarding ethical and moral behavior. It also contains a praise to the master or the teacher: "to hold him who has taught me this art as equal to my parents and to live my life in partnership with him," which emphasized the master-pupil model of training and teaching. However, John Gregory (1724-1773) should be considered as the father and developer of modern Medical Ethics. He was a professor at the University of Edinburgh and a product of Scottish Enlightenment, and the one responsible for transforming Medicine from a trade into a profession. His "lectures upon the duties and qualifications of a physician" introduced the concept of Medicine as a fiduciary profession and the physician as a moral or fiduciary agent. He defined Medicine as "the art of preserving health, prolonging life, treating diseases and making death easier." [5]

The term Medical Ethics was used for the first time by Thomas Percival (1740-1804), when requested to prepare a methodology of professional conduct relative to hospitals and other medical charities, due to the opposition between Tory surgeons and Whigs physicians at the Manchester infirmary. His paper was published in 1803 as "Medical Ethics, or a Code of Institutes and Precepts, Adapted to the Professional Conduct of Physicians and Surgeons." Interestingly, the tentative title of his contribution had been "Medical Jurisprudence," based on Justinian's dictum about the precepts of law: "Live morally, hurt no one and give to each other his due," Medical Ethics is organized in four sections dealing with: duties regarding hospitals; professional behavior in private practice; relations with pharmacists; and duties relative to the legal system. [6]

Sir William Stokes (1838-1900), a past president of the Royal College of Surgeons of Ireland, was the one to first use the term Surgical Ethics, while speaking about unnecessary surgical procedures at the Meath Hospital. [7] This may have been prompted by the introduction of general anesthesia, which represented a substantial advance for the field of surgery in that more procedures could be done, but was associated with a high mortality rate in its early application. The domain of professionalism also has raised the standards and concern for medical ethics, since a good professional is expected not only to excel in the art and knowledge of the profession, but also to fulfill the ethical obligations imposed by codes of conduct and societal norms expected

by patients. Surgical Ethics recognizes the rights of surgical patients, and the fact that the dyadic relationship between surgeon and patient is based on the role of authority of the surgeon due to his or her expertise and competence and the power of the patient to allow that upon the body a surgeon may act. Little underlined the five categories which explain the fact that Surgical Ethics may be considered apart and unique. Those categories are rescue, proximity, ordeal, aftermath, and presence. [8]

The four ethical principles, as collated by Beauchamp and Childress, are: beneficence, nonmaleficence, respect for autonomy, and justice. [9]

Beneficence: it refers to the virtue of acting for the benefit of others. David Hume considered that the duty to benefit others arises from social interactions and is grounded on reciprocity, which consists in the act or practice of making an appropriate and usually proportional return. This principle is undoubtedly linked to the fiduciary duty of the mentor toward the mentee and vice versa. Both sides should behave in an altruistic manner, keeping in high regard the interest, benefit, and welfare of the other counterpart.

Nonmaleficence: it reflects and means the avoidance of harm to the other side. Many mentor-mentee relationships have been characterized by hurting the other participant of the relationship. It is grounded on the "Primum non Nocere" dictum, which should not be attributed to Hippocrates but to Parisian pathologist Auguste Francois Chomel (1788–1858).

Justice: it should be considered as the fair, equitable, and appropriate treatment of what is due or owed to persons, which consists in the moral duty to act on the basis of fairness and equality. In a practical sense, it highlights the right to be treated equally.

Autonomy: the concept of autonomy overviews the decision-making of both mentor and mentee, as participants of this dyadic relationship. The word autonomy derives from the Greek autos (self) and nomos (rule, governance) and originally referred to the self-rule of independent city states in ancient Greece. There are two essential conditions to the autonomy of both parties: liberty, meaning freedom from external coercion and agency, and the capacity to act intentionally.

In general terms, leadership is the exercise of influence and power in a group context in order to achieve common goals. The leader is an agent of change for his or her organization and should be engaged in the fulfilment and achievement of the vision, goals, and culture for the organization. The four ethical principles together with the vision, values, and virtues lie at the core of ethical leadership.

Ethical leadership is the application of ethical principles and guidelines to leadership. It is a guide to manage the role and the activity of a leader. Since Ethics deals with concepts of right and wrong as well as virtue, then ethical leadership is defined as influencing and leading people by virtue and ethical principles through example with a clear knowledge of what is right and what is wrong. In summary, the tenets of ethical leadership are related to virtue ethics and mingled by the following:

- Be the example or role model to follow;
- Focus on the overall importance of Ethics, including ethical standards, behaviors and issues;
- Communicate in an effective and efficient manner.

Within this concept of ethical leadership, the mentoring of young surgical trainees and faculty enables them to nurture, hone and acquire knowledge, experience and judgment so as to progress in the surgical environment. Mentoring should be considered "a must" from the leader.

The noun *mentor* recognizes a Greek origin, *men* stands for the "one who thinks", while *tor* refers to the masculine suffix and *trix* to the femenine one. Usually the meaning of the word mentor dates back to Homer's "The Odyssey," [10] where Mentor was the one who was assigned to educate and take care of Odysseus´s son Telemachus, when the former departed to the Trojan War.

But a careful analysis of the epic poem shows that Mentor did not particularly stand out in his task. While the world has adopted the word mentor as synonymous of "experience and trust," Mentor was not a major figure within the epic poem and failed in the duties he was expected to fulfill. In 1699, Francois Fenelon – French bishop, theologian, writer, educator and tutor to King Louis XIV's grandson – published "The adventures of Telemachus, the son of Ulysses," a book where the main character is that of Mentor, but with the features and traits assigned to the modern concept of a mentor. [11]

The first use of the word mentor in the English language can be traced to 1750 and it means "experienced and trusted advisor" according to the Oxford English Dictionary. Lord Chesterfield (1694-1773) is credited to have introduced the word for the first time in the letter CVII dated March 8th 1750 addressed to his son

when he writes: "these are resolutions which you must form, and steadily execute for yourself, whenever you lose the friendly care and assistance of your *mentor.*" [12] However, the concept was known since earlier times and was related to the guild economy of England's medieval times.

In the surgical field, the traditional method of training was the apprenticeship model of one-to-one (master and pupil). This paradigm was modified when William Halsted introduced the concept of the surgical residency, where trainees spent five or more years in a teaching hospital learning clinical and surgical skills as well as research, under the guidance of tutors (faculty and attendings). This process has become the standard of surgical training not only in the US but also worldwide. Halsted also introduced the idea of mentors within his concept of surgical education, probably influenced by the Socratic methodology of learning: argumentations between two individuals, usually one more experienced than the counterpart. [13]

The modern use of the terms mentor and mentorship can be related to the North American business and the social movements starting in the 1960's. The term mentorship has been traditionally associated with the medical, the law, and the business professions. The focus on the benefits of mentoring seems to have been fostered by Levinson's research and publications. He highlighted the key feature of the mentor was to make easier and provide support to achieve what he defines as "the realization of the dream." [14] One of the first recent references to the mentoring process in the medical field was Barondness' Presidential Address. [15] He refers to the mentor- mentee relationship and puts as an example the link between Bill Dickey and Yogi Berra, both of them New York Yankees' catchers and this statement from the last one: "Bill is learnin' me his experience." This simple phrase entails the core of the mentor´s work. In his American College of Surgeons' Presidential Address Edward M. Copeland III recounted "the role of a mentor in creating a surgical way of life." [16]

Mentoring can be defined as the "the process whereby an experienced, highly regarded, empathic person (*mentor*) guides another individual (*mentee*) in the development and re-examination of their own ideas, learning and professional and personal development…The *mentor*, who often but not necessarily works in the same organization or field as the *mentee*, achieves this by listening and talking in confidence to the mentee." [17] Or in other words, "a mentor is someone who sees more talent and ability within you, than you see in yourself and helps bring it out of you."

The role of the mentor is a fiduciary one, and the relationship should be founded upon trust and loyalty; the mentor is not a synonym of trainer, role model, faculty, or boss. Both mentor and mentee should acknowledge the fact that the mentor- mentee relationship may come to an end and this relationship may be established and developed at different stages of the academic and nonacademic life. The mentor provides knowledge, expertise, and guidance.

According to Steiner, three situations may develop: a) masters who destroy their mentees; b) mentees who have betrayed and destroyed their mentors; and c) a situation of interchange and the accomplishment of the 'eros' of mutual confidence.[18] In order to prevent the first two situations and foster the third one, this dyadic relationship should be grounded upon principles, virtues and values of each side, taking into account these guidelines: place the mentee´s welfare and rights above the mentor's, treat each mentee as you would wish to be treated, value each individual and do unto others as you would have them do unto you.[19] There are 3 main actions for both sides, which can be summarized as follows: [20]

- Advocate for the welfare, benefit, trustworthiness, reliability and loyalty of each other;
- Respect each other's rights and dignity;
- Act honestly, the general fiduciary commitment to protect and promote the interests of the mentees if Surgical Ethics is to guide the clinical judgment and practice of surgeons in leadership positions.

In order to achieve fidelity, both mentor and mentee should commit to reciprocity, mutual respect, clear expectations and personal connection, and shared values.

The benefits of this relationship should be characterized by:

a) Added value, crystallized by greater productivity, more rapid promotion, academic retention, personal profit and a more adequate personal and familiar balance;

b) Avoidance of failure: both mentor and mentee should prevent poor communication, lack of commitment, personality trait differences, competition, conflict of interest and lack of experience;

c) Prevent abuse of power from either side, which includes sexual harassment and academic exploitation.

In conclusion,

- The surgical leader's mission includes the attrib-

ute of mentoring all those under his guidance and supervision trainees.

- The surgical mentor-mentee relationship should be ruled by strict ethical principles.
- The role of the mentor is a fiduciary one, consisting in seeking the benefit of the mentee and not the mentor's own one.
- The following traits should characterize the mentor-mentee relationship: honesty, integrity, fidelity, loyalty and fairness.
- Power inequities and the misuse or abuse of power should be prevented.

REFERENCES

1. Britt LD. Mentorship/ sponsorship and leadership in academic surgery: similarities and differences (Chapter 9). In: Scoggins CR, Polloch RE, Pawlik T (Editors). *Surgical mentorship and leadership*. Cham Switzerland: Springer; 2018.
2. Ellison EC. The ethical challenges of surgical leadership. In: Ferreres AR (Editor). *Surgical Ethics: principles and practice*. Cham, Switzerland: Springer; 2019.
3. Pellegrini CA. Presidential address: The surgeon of the future: anchoring innovation and science with moral values. *Bull Am Coll Surg*. 2013; 98: 14- 18.
4. Baker RB, McCullough LB (Editors). *The Cambridge world history of medical ethics*. Cambridge UK: Cambridge University Press; 2009.
5. McCullough LB (Editor). *John Gregory's writings of medical ethics and the philosophy of medicine*. Dordrech: Kluwer Academic Publishers; 1998.
6. Jonsen AR. *A short history of medical ethics*. New York NY: Oxford University Press; 2000.
7. Stokes W. *The ethics of operative surgery*. Printed for the author by John Falconer. Dublin; 1894.
8. Little M. The fivefold roots of an ethics in surgery. *Bioethics*. 2002; 16: 183- 201.
9. Beauchamp TL, Childress JF. *Principles of biomedical ethics*. 4th Edition. New York NY: Oxford University Press; 1994.
10. Homer. *The Odyssey*. New York: Penguin; 1997.
11. Fenelon F. *The adventures of Telemachus, the son of Ulysses*. Whitefish: Kessinger Legacy Reprints; 2010.
12. Earl of Chesterfield. *Letters to his son on the art of becoming a man of the world and a gentleman*. London: 1774. Available: https://ebooks. Adelaide.edu.au/c/chesterfield/letters/volume4.html. Accessed: 18 August 2020.
13. Ferreres AR. Brief history of mentorship (Chapter 1). In: Scoggins CR, Polloch RE, Pawlik T (Editors). *Surgical mentorship and leadership*. Cham Switzerland: Springer; 2018.
14. Levinson DS, Darrow CN, Klein EB, Levinson M. *Seasons of a man's life*. New York: Random House; 1878.
15. Barondness JA. President's address: a brief history of mentoring. *Trans Am Clin Climatol Assoc*. 1995; 106: 1-24.
16. Copeland EM III. The role of a mentor in creating a surgical way of life. *Bull Am Coll Surg*. 2006; 12: 9-13.
17. Oxley J, ed. *Supporting Doctors and Dentists at Work: An Enquiry into Mentoring*. London, England: Standing Committee on Postgraduate Medical and Dental Education UK; 1998.
18. Steiner G. *Lessons from the masters*. Charles Eliot Norton Lectures 2001- 2002. Open Road, New York; 2005.
19. Souba WW. The 3 essential responsibilities. A leadership story. *Arch Surg*. 2010; 145: 540- 543.
20. Straus SE, Johnson MO, Marquez C et al. Characteristics of successful and failed mentoring relationships: a qualitative study across two academic health centers. *Acad Med*. 2013; 88: 82- 89.