



Arrogance in Neurosurgery and Neurocritical Care: A Barrier to Effective Teamwork

Luis Rafael Moscote-Salazar¹ William A. Florez-Perdomo¹ Alfonso I. Pacheco-Hernandez¹
Sara Carolina Granados-Mendoza^{1,2} Tariq Janjua³

¹Department of Critical Care Medicine, Physician Regional Medical Center, Naples, Florida, United States

²Department of Medicine, Universidad del Norte, Barranquilla, Colombia

³Department of Research, Colombian Clinical Research Group in Neurocritical Care, Bogota, Colombia

Address for correspondence Luis Rafael Moscote-Salazar, MD, Research department, Colombian Clinical Research Group in Neurocritical Care, Bogota, Colombia (e-mail: rafaelmoscote21@gmail.com).

Indian J Neurotrauma 2023;20:60.

Teamwork in all facets of life requires collaborative and collegial relationships among the team members. A team is defined as several persons associated together in work or activity. The original concept is the middle age English word *teme*—a group of draft animals.¹ A group of animals used to pull the cart is called a team. The actual focus of the task is the cart which needs to go from point A to point B. This cart contains all the valuables. The same holds for the team taking care of neurological impair patients.

Arrogance has been described as an obstacle to the performance of members of the team.² This can include an element of condescension due to differences in experience, knowledge, exposure, and relationship with the task at hand. Arrogance is present among physicians and this impacts the practice of medicine. Physicians are an instrument for healing and comfort for the sick among humans.³

In neurosurgery and neurocritical care, teamwork and arrogance inside the teamwork is an unexplored topic. Just like any other teamwork, the element of arrogance is present in this team. Going on with the business and accepting this factor in this teamwork neurological practice might not be the correct approach. Recognition of presence is the first step toward a list of steps to overcome and make this teamwork to take the patient from an extremely unstable stage to discharging home.

Once it is accepted that arrogance can be present, the next step is humility among the team members, the key players are neurosurgeons and neurointensivist. Humility includes selecting the treatment, daily conduct, listening to clinical information, manner of intervention, and professional length of work.⁴ A neurointensivist plays the role of a hinged door

between surgical intervention with anesthesia component and postoperative care to dealing with complications and devices. Humility for the neurosurgeons in the team is to accept this hinged door concept, while neurointensivist humility is to accept the surgical expertise of the neurosurgeon.

Roberto C. Heros proposed six⁵ competencies for young neurosurgery trainees which were intellectual honesty, scholarship, practicing in a hyperlegalistic society, time and cost-efficient practices, dignity for the patients, and pride in being a neurosurgeon, which carries a *sense of elitism without arrogance*. There is a need for a similar overarching statement for neurointensivists who are part of this teamwork and can feel elite due to their unique training and fall victim to arrogance.

In conclusion, education and recognition of arrogance in an elite group of physicians is part of this process. Neurological impaired patients are unique and require teamwork for the best outcome. Further research will open up this aspect of medicine and the human relationship.

Conflict of Interest

None declared.

References

- 1 Merriam Webster. Accessed September 28, 2022 at: <https://www.merriam-webster.com/dictionary/team>
- 2 Hoffenberg SR. Medical arrogance. *Clin Med (Lond)* 2001;1(05):339–340
- 3 Berger AS. Arrogance among physicians. *Acad Med* 2002;77(02):145–147
- 4 Akhtar S. Humility. *Am J Psychoanal* 2018;78(01):1–27
- 5 Heros RC. Neurosurgical education: the “other” competencies. The 2003 presidential address. *J Neurosurg* 2003;99(04):623–629

article published online
February 1, 2023

DOI <https://doi.org/10.1055/s-0043-1760722>.
ISSN 0973-0508.

© 2023. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (<https://creativecommons.org/licenses/by/4.0/>)

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India