

On professionalism in the management of thyroid tumors and multidisciplinary working groups (reply letter)☆



Sobre la profesionalidad en el manejo de los tumores del tiroides y los grupos de trabajo multidisciplinares (réplica)

Dear Sir,

We appreciate the comments of García-Mayor¹ regarding our recently published article on multidisciplinary teams in thyroid cancer,² and are glad this matter is of interest to professionals.

To begin with, García-Mayor¹ states that hospital organization is multidisciplinary and raises the question as to whether professional regrouping is necessary. In our opinion, the fact that there are a number of departments in a hospital does not imply that they work in a coordinated manner. We feel that the transversal structure of multidisciplinary teams affords advantages that cannot be provided by a department standing alone, and that consideration of the opinion of other specialists is always of value for improving decision-making, especially in complex patients, where the difficulties inherent to the disease condition cannot be addressed by a single specialist.³

Moreover, multidisciplinary care is not incompatible with patient-focused care, nor does it obviate responsibilities.⁴ Joint decision-making does not imply that patients must visit all the specialists involved in the decision, but that their regular physician — usually the one initially presenting the case to the team — transmits and adapts the decision of the group to the needs of the patient in an individual and responsible manner. Clinician decisions are always proprietary, and the individualization of decisions is a responsibility which clinicians should not seek to elude.

Another advantage of multidisciplinary teams is that they allow us to adapt protocols and guidelines made by "others" to the resources and peculiarities of "our" hospital and "our" environment, and thus to the needs of "our" patients. This way of proceeding may result in raising the quality of the care provided, in the sense that each patient is not treated through the rigid application of previously established protocols, but that the best available scientific evidence is adapted to the available resources and to the particular needs of the patient, thereby bringing us closer to personalised medicine.⁵ Undoubtedly, the intervention of several specialists in the resolution of a given case effectively contributes to reducing the incidence of medical errors.⁶

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Our article indeed contemplates the opinion expressed by specialists from different disciplines regarding the requirements to be met by professionals and the advantages offered by multidisciplinary teams. Unfortunately, we have not been able to compare our results with those of other publications that reflect the opinion of the users, i.e., the patients, since such data have not been made available, though we do consider this issue to be extremely important for the continuous improvement of the quality of the care we offer our patients.

References

1. García-Mayor RV. Sobre la profesionalidad en el manejo de los tumores de la tiroides y los grupos de trabajo multidisciplinarios. *Endocrinol Diabetes Nutr.* 2019. En prensa.
2. Diez JJ, Galofré JC, Oleaga A, Grande E, Mitjavila M, Moreno P. Características de profesionalidad de los especialistas y ventajas de los equipos multidisciplinares en cáncer de tiroides: resultados de una encuesta de opinión nacional. *Endocrinol Diabetes Nutr.* 2019;66:74–82.
3. Díez JJ, Grande E, Alonso T, Iglesias P. Abordaje multidisciplinar en el diagnóstico y tratamiento de pacientes con tumores endocrinos. *Med Clín (Barc).* 2015;145:36–41.
4. Lamb BW, Taylor C, Lamb JN, Strickland SL, Vicent C, Green JSA, et al. Facilitators and barriers to team working and patient centeredness in multidisciplinary cancer teams: findings of a national study. *Ann Surg Oncol.* 2013;20:1408–16.
5. Zafón C, Díez JJ, Galofré JC, Cooper DS. Nodular thyroid disease and thyroid cáncer in the era of precision medicine. *Eur Thyroid J.* 2017;6:65–74.
6. Levinson W, Yeung J, Ginsburg S. Disclosure of medical error. *JAMA.* 2016;316:764–5.

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