

Sir,

Newton *et al.* (JRSM 2010;103:509-10) make it sound like the surgeons have control of the management of operating theatres, that their role is that of “head chef” who has responsibility for everything that happens within the perioperative suite. As a perioperative nurse<sup>1,2</sup> I must point out that this is not the case. While surgeons may have some say on which patents are included on their lists, and when they turn up to operate, they never, in my experience, have, as you say, the “ultimate responsibility for gastronomical governance”.

The “chef” is always the nurse in charge of the unit. He/she controls the allocation of theatres, staffing of the whole multidisciplinary team (including medical staff), support services, ordering, supply and so forth. Importantly, the nurse in charge is responsible for communication between teams, within the unit and the outside world, and deals with complaints. In fact, I have never encountered a surgeon who is even remotely interested in any of the things you list as part of a surgeon’s role.

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1. Shields L, Werder H. *Perioperative nursing*. Greenwich Medical Media: London; 2002
2. Shields L. *Perioperative care of the child: a nursing manual*. Wiley-Blackwell: Oxford; 2010.