“Trust me: I’m a doctor”.

Less than a generation ago, these words would inspire confidence. A medical doctor was the consummate professional: someone who could be relied upon to meld encyclopaedic knowledge about human disease with objective scientific judgement – within the wrappings of warm compassion – to give the best possible care to patients.

However, medicine has rapidly expanded far beyond the limits of this ideal. The sheer volumes of modern knowledge about human anatomy, physiology and pathology far exceed the capacity of any one doctor to master – necessitating the rise of not only specialists, but super-specialists. Long gone are the days when a surgeon, for example, could operate on an esophagus in the morning, a spleen in the afternoon, and maybe a kidney before going home. Instead, we have ‘cardiothoracic’ surgeons who focus only on the heart or the lungs, or otorhinolaryngologists who concentrate on only the auditory system or pharyngeal neoplasms, and so on. While undeniably ensuring that the ultimate in skill and understanding can be provided for patients through these experts, there is also another side to the coin. Super-specialization can potentially mean that each expert is no longer capable (or incentivized) to keep abreast of developments in other fields of medicine. A balanced approach to patient management may be lost if a comprehensive perspective on all options cannot be maintained. In cruder terms, if you are an expert with a hammer, every problem looks like a nail.

This problem became evident through the latter part of the 20th Century. Famously, a review of cancer outcomes in the UK in the 1990s identified very disappointing patient outcomes, with one of the key factors being poor coordination between clinical specialties (1). One of the key consequences was the establishment of the Multi-Disciplinary Team (MDT) as the central vehicle for enhanced collaborative, comprehensive patient care (2).

Today, the MDT meeting is regarded as the standard of care for patients with malignancy all over the world, encompassing neoplastic disease in almost every organ (3-5). The scope has also extended beyond oncology to include MDT management of benign disease, emergency and ICU cases, primary care, psychological and social well-being, and many other aspects of modern healthcare (6-8). Experiences around the world have shown how good use of the MDT can impact on clinical decisions and potentially lead to improved patient outcomes (3-7).

The modern MDT system is not perfect. It has been criticized as being costly, time-consuming, inconsistent in quality, and beset with other potential problems (8-10). There have been many calls to reform the system. However, tellingly, there are no voices for it to be scrapped. Clearly, the importance of the MDT today is well established. Conducted well, it promotes patients safety, ensures that they received a balanced consideration of all available management options without prejudice, and provides clinicians with education and support so that they are not left to deal with difficult, stressful cases alone.

With the MDT so central to modern clinical practice, this book is timely and important. Instead of just discussing the possible advantages and disadvantages of an MDT approach to disease management, it vividly displays a range of real-life examples of MDTs in action. The reader can see for him- or herself what the value of an MDT collaboration is, and how the inter-specialty interaction can enhance decision making and patient outcomes. The book should not be read as a standard textbook: the reader should not be looking only at those cases pertaining to his/her own specialty in order to gain ‘knowledge’ about a particular disease. Instead, the reader is encouraged to read all of the cases and appreciate the method of the MDT approach, and the role of each member within the MDT. The reader should picture him/herself being in each case discussion, and ponder how he/she could have contributed in the MDT.

If this book has done its job, future patients will be reassured by the words: “Trust us: WE are doctors”.

References