

Eduardo Bruera, MD tells a story of Leadership Challenges

Medical Oncologist, Eduardo Bruera, MD, has served as Chair of MD Anderson's Department of Palliative, Rehabilitation, and Integrative Medicine since 1999. Here he talks about the philosophy of teamwork that underlies his approach to service delivery.



A Symphony, Not Soloists

We try to operate with a joint team approach, meaning by that, we operate like a symphonic orchestra, that's because we sound better as a team than any soloist.... because if you decide to play your own way, you are not only not going to sound well, but you're going to hurt the sound of everybody else. So we do understand that we need to modify our clinical practices in consensus so that you're identifying those important gaps and you're identifying the importance of referring people Nobody comes from the street, to MD Anderson, saying, I want to get supportive care, I want to get palliative care.... So we depend on other clinicians saying 'this team is wonderful, we need them.' We do not have an ownership of a body of knowledge that makes us unique. If you have a melanoma, you go to melanoma, if you have breast cancer, you go to breast.... We are an elective option, so we need to make ourselves highly desired by all those colleagues, as someone who can make their patients' lives better and their own lives better. The way we do it is by making sure that each time they call a member of our team, they get a product that is of similar quality. So we need to internalize in ourselves: that we need to change together by incorporating new treatments, by dropping other treatments. We need to operate as one symphonic orchestra.... That is done with the safety of being able to say, 'I found a new medicine, why don't we start using that one,' or 'I believe that the way we're measuring the symptoms so far is not that good, let's change it.' And then bring the evidence and discuss it, and then adopt it, and then change things.... About eight or ten times a year, we change the way we operate, but we do it in such a way that we all meet, we all discuss it, we all have the possibility to vet things, and whenever we change things, we change them for a period of two to three months.... during which we observe how it's working. For example, we adopt sometimes, a new way of giving medications that we believe is going to shorten the time for pain control. But sometimes those medications are either not always available, or they take too long to come from the pharmacy, or the patients don't like them, and then we say, well that system is not effective, let's go back to the way we were doing it. If it's not working, nobody lost face, it was worthwhile, let's go back to the way we were doing it before. We've done it many times.

About This Content

This interview clip was taken from an in-depth interview conducted for the Making Cancer History Voices Oral History Project. This ongoing project currently contains almost 500 interview hours with MD Anderson institution builders.

The transcript has been edited from the original.

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Photos and archival material: Javier Garza, MSIS, jjgarza@mdanderson.org