The term “Captain of the Ship” was first created in *McConnell v. Williams*, 361 Pa. 355, 65 A.2d 243, 246 (1949) wherein the Pennsylvania Supreme Court stated that:

“It can readily be understood that in the course of an operation in the operating room of a hospital, and until the surgeon leaves that room at the conclusion of the operation . . . he is in the same complete charge of those who are present and assisting him as is the captain of a ship over all on board, and that such supreme control is indeed essential in view of the high degree of protection to which an anesthetized, unconscious patient is entitled. . . .”

In our jurisdiction the Supreme Court stated that as the head of the surgical team or the so-called “Captain of the Ship”, it is the surgeon’s responsibility to see to it that those under him perform their task in the proper manner. Under this doctrine, the surgeon is likened to a ship captain who must not only be responsible for the safety of the crew but also of the passengers of the vessel. The head surgeon is made responsible for everything that goes wrong within the four corners of the operating room. It enunciates the liability of the surgeon not only for the wrongful acts of those who are under his physical control but also those wherein he has extension of control. Under the “Captain of the Ship” rule, the operating surgeon is the person in complete charge of the surgery room and all personnel connected with the operation. Their duty is to obey his orders.

Given the multi-disciplinary approach needed to treat a patient nowadays, is the Captain of the Ship doctrine applicable to a primary physician, even if he is not a surgeon? A primary physician or lead physician is the one who admits a patient in the hospital and the one who decides whether or not a consultation with other medical specialists is needed. In fact, an attending physician when treating a patient warrants that he will provide “good specialist” as needed by the patient’s medical condition. A primary physician has responsibilities in all phases of his patient’s treatment whether the treatment is rendered by him or by other consultants. His duty to be the lead physician endures. He orchestrates the treatment plan.

A primary physician or lead physician simply cannot act passively when other medical specialists step into the picture and “do their thing.” It is not uncommon for a primary physician to lose sight of his responsibility when referring his patient to specialist or consultants. The most common assumption of the primary physician is that “the specialist has a better knowledge of the problem and knows what is best for the patient.” The worst that could happen is to believe that “I’m no longer in charge.” However, the Supreme Court stated that the responsibility of different consultants cannot be placed in separate watertight compartments because their duties intersect with each other. In fact, the Supreme Court even went to the extent of saying that a “Captain” is negligent for his failure to exercise the proper authority in determining if his anesthesiologist observed proper anesthesia protocols. Take note of the two different specializations of the “Captain” and a “crew”.

In other words, the primary physician should exercise control and supervision over the conduct of his “crew”. Supervision means overseeing or the power or authority to see that subordinate perform their duties. If the latter fail or neglect to fulfill them, the former may take such action or step to make them perform such duties. Control, on the other hand, means the power to alter or modify or nullify or set aside what a subordinate had done in the performance of his duties and to substitute the judgment of the former for that of the latter.

However, it must be emphasize that the exercise of supervision and control of a primary or lead physician is not absolute and must not be directed to a purely independent professional judgment or skill of another fellow medical specialist. The exercise of supervision and control must obviously yield to the independent and competent skills of a fellow medical specialist (acquired through years of training and practice in his field of specialization.)
The choice of an anesthetic agent by an anesthesiologist is a case in point. Simply put, the primary physician’s responsibility is to see that all members of the health care team “perform their task in the proper manner”\(^9\) and not to replace or change an independent professional judgment of a medical specialist. “Proper manner” means what a reasonable attending physician should do under the circumstances.

Interestingly, the Supreme Court even declared that a hospital “assumed a duty to “tread on” the “captain of the ship” role of any doctor rendering services within its premises for the purpose of ensuring the safety of the patients availing themselves of its services and facilities.”\(^10\)

References
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