

# Nostalgia -

## The enemy of progress in the new era of surgery

**V**oltaire is credited with saying “Le mieux est l’ennemi du bien,” which is translated, “The best is the enemy of the good.”\* In surgery, this sentiment has been incorporated into our training. Kenneth Rifkind, MD, FACS, an extraordinary surgeon and the vice-chair at the New York Hospital Queens, is well known for asking, “What is the enemy of good?” when he sees residents (and attendings) paralyzed by inefficient attempts at perfection. When he answers his own question—with just one word: “Better!”—he is not discouraging excellence. He wants each of us to recognize the cost associated with our inefficiency: time, good outcomes, and money.

In the context of contemporary surgery, I ask a similar question: “What is the enemy of progress?” My answer is: “Nostalgia!” Asking this question is not meant to discourage reflection. Nostalgia is the source of our inefficiency in a setting of relentless change driven by politics, industry, and the public. Characterized by a view that is often idealized and unrealistic, nostalgia is a longing for the past.

\**Dictionnaire Philosophique*, 1764.

*An introduction to special contributions from  
the Resident and Associate Society  
of the American College of Surgeons*

**by C. Suzanne Cutter, MD, Long Island City, NY**

---

There seems to be a conflict between cherishing our rich history and progressing toward our bright future. Nostalgia can be a great deceiver, since it somehow biases our memories. For example, we may be nostalgic about our high school days and the good times we shared with our friends. Somehow, we have since forgotten the strife caused by being bullied, terrible in athletics, without a date at a dance, or in competition for grades. Likewise, surgeons become nostalgic about their residency training by focusing on the high level of camaraderie, responsibility, and continuity of care they enjoyed. Unfortunately, some of these surgeons have forgotten how difficult it was to be the target of wrath on morning rounds, to deal with a neglected spouse, to only have fleeting moments with their children, to feel abandoned by attendings who never appeared for cases at outside hospitals, and to live with gnawing feelings of fatigue and hunger.

Nevertheless, most surgeons agree that the system was effective in preparing residents to be solid attending surgeons. What many surgeons fail to accept is that the environment for practicing medicine has changed too dramatically to continue to support that system. The public has forced surgeons into that realization, and their demands have caused sweeping changes in the field. I am confident that, had surgeons as a whole recognized these changes, we would have applied our great ingenuity and resourcefulness to the problem. Looking forward, we cannot allow nostalgia to lull us into the complacency that comes from lament for the changes thrust upon us. Change is not bad, it is just different.

What we can do is recognize that a new era has dawned and surgeons still have opportunities to help engineer its path. In this issue of the *Bulletin*, members of the Resident and Associate Society (RAS) contribute special content that provides young surgeons' perspectives on contemporary surgical training. Through these contributions, the RAS is signaling that not only do we recognize the dawn of a new era, but as heirs to a rich legacy, we also intend to participate in engineering the future of our field.

RAS members have been slowly receiving increasing opportunities to learn leadership, statesmanship, and administrative skills under the tutelage of College leaders. The experience

has been enriching and developmental for all who invested the time to participate. RAS members who have had these experiences have been chronicling them to share with the resident and young surgeon membership at large. All are grateful for the very positive feedback on their contributions to College oversight, planning national meetings, the *Bulletin*—both annually in July and occasionally during other months—and the bimonthly eNewsletter (see the Resident section on the Web portal at [www.e-facs.org](http://www.e-facs.org)). The College has offered the RAS another forum through a new column in the *Bulletin*: “The call room.” Just as the call room in the hospital is the inner sanctum of the resident's experience, the RAS will attempt to provide an insider's view of the resident's and young surgeon's perspective on the surgical experience. This is quite an opportunity to broaden the understanding between young surgeons and more experienced surgeons. RAS continues to speak...we hope you are listening. □

---

**Dr. Cutter** is a general surgery resident at New York Hospital Queens, Chair of the RAS-ACS Communications Committee, and Representative to the ACS Advisory Council for General Surgery.

