

**W**hen I was an intern, a great vascular surgeon advised me to start using my loupes. He wanted me to get used to operating with them in preparation for the major vascular cases I would perform as a senior resident. Having completed a two-year research fellowship after postgraduate year two, I returned to residency to find that a new vascular/endovascular surgeon had joined our staff. He works without loupes and suggested I remove mine in order to maintain a broader perspective on the surgical field.

### **Operating with loupes**

Traditionally, surgeons have pursued their careers with a loupe-like view: So focused on what they are doing, they get distracted from what

is happening within the field. We have kept our heads down, worked hard, and looked up periodically to find another agency or governmental body has restricted our practice and is trying to tell us how best to care for our patients. There is no shame in focusing on our craft, working hard, and caring for our patients. It has become quite clear, however, that we can no longer afford to trust in the good nature of entities outside our field to make things fair, just, or commensurate with our effort. We need to remove our loupes, take a look around the field, and take action to improve the environment.

Many surgeons have been traversing their careers with the type of focus on operating that is at the expense of everything else. We believe that someone else will take care of the details that do not interest us and, in the end, our patients



## **Removing our loupes:**

*Encouraging surgeons to develop  
a broader perspective  
for the future*

*by*

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will be well and our practices will thrive. It is clear that this type of thinking led to affronts to patient care, including managed care organizations, capitated reimbursements, and exponential increases in medical liability costs.

## What do you see?

*I never see what has been done; I only see what remains to be done.*

—Marie Curie\*

As we face our future in surgery, we are expected to do things differently. First, we must demonstrate skills outside of the operating room such as negotiation, public speaking, coalition-building, and the art of persuasion (not coercion). In the future, we will be expected to be highly skilled in the endoscopy suite, at the interventionalists' table, and perhaps at the robotics console. Second, we must know more about government. For example, pay for performance (P4P) stands to radically change the way we care for patients and the way the public interacts with surgeons. There may be a silver lining to P4P, but according to most authorities, the current trajectory is not favorable. Now is the time to realize that our work extends beyond the operating room.

It was challenging to adjust to working with loupes and it was also difficult to work without them. Loupes provide a view of the field that is dazzling. Fine detail, subtle elements of anatomy, precision...oh, the wonder of it. This view is quite a distraction from the fact that the patient's systolic blood pressure is in the 80s, and the anesthesiologist has started a little vasopressor drip to keep things moving while he catches up with fluids, measures the hematocrit, and orders more packed red blood cells. Likewise, when we focus only on our work, we develop ill-advised tunnel vision. We become enamored with our explanation of a recent misadventure during the morbidity and mortality conference, the invitation we received to be visiting professor, or the next paper we are planning to write on our impressive series of patients. We have not noticed the recent Institute of Medicine (IOM) report, new Leapfrog Group recommendations, or pending legislation.

\*Goldsmith B. *Obsessive Genius: The Inner World of Marie Curie*. London: W.W. Norton & Co.; 2004.

## Training our eyes

*Focus on where you want to go, not on what you fear.*

—Anthony Robbins†

When I removed my loupes, I had to train my eyes to see the fine detail enough to complete the vascular anastomosis while maintaining an awareness of the patient's condition. Likewise, as each of us takes care of our patients, we need to remain abreast of current issues and, I dare say, get involved either on an institutional, local, regional, national, or international level. Although the level of involvement may vary, all of our efforts combine to make us stronger and more effective as a field.

- *Get the training.* When attending conferences, take a course on the new technology, spend some time on the exhibition floor, or visit a local or regional hospital that is already using the technology.

- *Get the facts.* If everyone is talking about IOM reports, pay for performance, or the Commission on Cancer, take a moment to research it while you are waiting for the operating room to turn over.

- *Get involved.* Decide how much time and effort you are willing to devote and be active. If you cannot be active, be supportive. If you cannot be supportive, be constructive. If you cannot be constructive, be reflective.

## Optimism in action

*The pessimist sees difficulty in every opportunity. The optimist sees the opportunity in every difficulty.*

—Winston Churchill‡

It profits none of us to allow the challenges we face to become paralyzing. Contrary to popular belief, it is not too late to effect change. Following are just a few examples of ways you can remove your loupes and take a broader perspective.

†Robbins A. *Awaken the Giant Within*. New York: Simon & Schuster; 1992.

‡Churchill W [Intro by Keegan J]. *The Second World War*. London: Warner Books; 1986.

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### ***On the front line***

To respond to the call to serve on the front lines, you might do the following:

- Testify before Congress
- Join a national committee
- Take a national office in the College
- Attend the ACS Leadership Conference
- Donate at least \$1,000 (\$100 for residents) to the American College of Surgeons Professional Association Political Action Committee (ACSPA-SurgeonsPAC)

### ***Supporting the front line***

If you cannot be on the front line, support those who are by doing the following:

- Donate at least \$1,000 (\$100 for residents) to ACSPA-SurgeonsPAC
  - Attend national meetings
  - Write letters to the Senate, House of Representatives, and your state legislature
  - Respond to College surveys and write in comments
  - Attend local ACS chapter meetings and broach topics of concern to surgeons

### ***The next generation***

If you cannot support the front line, groom the next generation by doing the following:

- Mentor a new faculty member (regardless of gender or ethnicity)
  - Take a resident or young surgeon to a local or regional meeting
  - Maintain currency on health policy and share the information with residents and young surgeons
  - Donate at least \$1,000 (\$100 for residents) to ACSPA-SurgeonsPAC
  - Encourage residents and young surgeons in their writing and presentation skills

### ***Managing yourself***

If you cannot groom the next generation, groom yourself by doing the following:

- Understand and develop an opinion on health policy issues
  - Work with a mentor to expand your skills and knowledge base
  - Treat your patients and colleagues with respect and professionalism
  - Donate at least \$1,000 (\$100 for residents) to ACSPA-SurgeonsPAC

- Participate in surgical volunteerism
- If you cannot do any of these things, be reflective and do the following:

- Temper the expression of your frustrations, especially in the presence of medical students and residents
  - Set a good example through your hard work
  - Be diligent with your duties
  - Maintain good relationships with your patients, colleagues, and administration
  - Donate at least \$1,000 (\$100 for residents) to ACSPA-SurgeonsPAC

For more information, visit the College's Web site at [www.facs.org](http://www.facs.org) or the Web portal at [www.efacs.org](http://www.efacs.org). Then, take the time to identify and contact your state representative. You may also e-mail, call, or visit your congressional representative or senator. Now is a good time to join your local ACS chapter and participate in the meetings. [Q]

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