

## From my perspective

**F**or the past few decades, many surgeons and other physicians have found the financial and lifestyle rewards associated with subspecialization quite enticing. However, this movement away from providing a broad range of specialty services may have the tragic consequence of placing the nation on the verge of an access-to-care crisis.

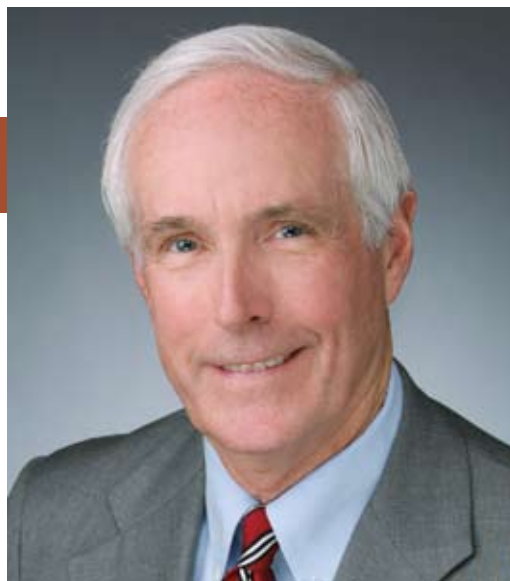
For example, many surgical residents have trained under the tutelage of surgeons who confine their expertise to the performance of specific procedures, and, thus, young surgeons are often leaning toward centering their own practices on those operations. As a result, many surgeons who recently have entered practice no longer feel comfortable providing the broad range of services that they are expected to deliver in emergency care settings. Even more unsettling is the probability that these physicians will be unable to treat the multiple chronic conditions likely to beset America's aging population.

Furthermore, our nation is in the process of developing a reformed health care delivery system with an emphasis on patient-centered care. Under this system, the physicians and surgeons who understand how to treat a broad range of disease processes and who can help patients to navigate systems of care are the ones who will thrive.

To ensure that all patients have adequate access to the level of care they will need in the coming years, the medical and surgical professions must start encouraging young people to pursue more generalized careers. That is to say, we need to redirect medical students and residents to the broad specialties of general surgery, orthopedics, neurosurgery, and other surgical disciplines—and, yes, primary care.

### ***Subspecialization stimuli***

A number of factors have contributed to the despondency seen in some generalists' offices today. First, the ongoing threat of reimbursement cuts combined with increasing overhead expenses, especially liability costs, is straining the economic fabric of many practices. As mentioned multiple times in this column and elsewhere in the *Bulletin*, the College and numerous specialty societies have been working together to promote long-term legislative solutions to this situation before it drives a disproportionate number of



**“ I maintain that broad-based specialty care provided by the generalist surgeon will be alive and well throughout the coming decades. ”**

surgeons and physicians into subspecialization or early retirement.

In addition, some nonsurgeons have sought to encroach upon territory that has traditionally been within surgery's domain. These health care professionals claim that their treatments are less invasive, have shorter recovery times, and are more effective than conventional operations. The reality is that the scope of practice for nonsurgical professionals has been expanding largely because of advances in devices and drug therapies, and, in turn, subtracting not only from the total number of procedures surgeons perform but also from their job satisfaction.

Advances in technology not only present growth opportunities for nonsurgeons, they have also made subspecialization more clinically challenging and fiscally rewarding. Subspecialists who become highly skilled at using specific diagnostic and operative devices can focus largely on providing a narrow range of high-end, low-risk procedures. Hence, the idea of being a “generalist surgeon” is less appealing than it perhaps once was.

---

### ***What's ahead?***

Although it may be cathartic to bemoan the debasement of generalist surgical and medical practice, doing so helps little in addressing where the profession is now and, more importantly, where it is headed. A more effective strategy would be to build on the disciplines' strengths and to think about how they fit into the future of patient care.

The fact of the matter is that generalists have the broad knowledge of chronic illnesses that will likely afflict the nation's aging patient population. Indeed, what the next-generation health care system will need most are professionals who have a working knowledge of all types of medical and surgical problems and their effective treatment. Training programs will need to adapt to these new demands by promoting the multidimensional competencies that generalist surgeons possess and the satisfactions of treating a range of conditions.

Surgeons also need to think about how surgical procedures and practice patterns are evolving. For example, surgeons in all specialties are supplanting open operations with minimally invasive and noninvasive procedures. Furthermore, as the nation seeks to make coordinated care delivered in multidisciplinary clinical settings a key feature of a reformed health care delivery system, surgeons will be expected to have a broad knowledge of disease processes and how they can be best managed or cured. They also will need to be adept at communicating with patients about the benefits and risks of specialized care. In short, they will need to take a more holistic approach to patient care—helping patients to understand the indications for certain procedures, as well as the effectiveness and appropriateness of certain courses of nonsurgical treatment modalities.

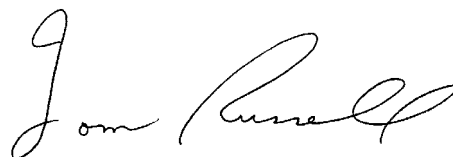
In the future, generalist surgeons who possess more expansive portfolios will have the most successful practices. Generalist surgeons in both urban and rural settings will have a deeper understanding of surgical patients and will be more skilled in helping patients to choose and pursue high-quality, cost-effective surgical interventions. They will be in the best position to refer patients to other specialists within the highly organized, multidisciplinary systems of care, or what some physicians describe as “medical homes.”

Of course, 21st century generalist surgeons will

still spend considerable time in the operating room and maintain a surgical practice and clinic; however, they will also play a key role in ensuring that patients receive value-based care. That is to say, they will be responsible for ensuring that patients receive the right services at the right time from the right specialists.

### ***It's in your hands***

I maintain that broad-based specialty care provided by the generalist surgeon will be alive and well throughout the coming decades. In fact, it may well be a key component of a reformed and revitalized health care system, with generalists directing and consulting with a wide range of patients and a multifaceted team of health care professionals. Now is the time for surgeons in all specialties to immerse themselves in attaining the skills and knowledge they will need to be the trusted source of information for patients who require operative care as a part of their treatment plan.



*Thomas R. Russell, MD, FACS*

---

If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).