

DRAG

Generally speaking:

Is the role of the general surgeon obsolete?

by JaBaris D. Swain, MD

Surgeons must be very careful when they take the knife! Underneath their fine incisions stirs the culprit—Life!

*Emily Dickinson*¹

While the general surgeon is still in the sterile bay preparing to scrub for the next case, specialty residents and fellows race to the bedside at the urgent prompting of their generalist colleagues, scouring the patient to evaluate a particular organ or body part of interest. Inherently, one would assume that this compartmentalized care has a justifiable advantage for the patient, as each part of his or her anatomy can command the attention of a skillfully trained specialist. Yet, among this era of surgical territorialism, the obvious question comes to mind: Wherein exists the role of the general surgeon?

Dating back as early as the thirteenth century in western Europe, when personal grooming barbers were recognized as practicing surgical clinicians,² it appears that the role of the general surgeon has always been broad-based and

encompassing a spectrum of surgical interventions, from hepatic lobe resections to tubal ligations and mastectomies. Historically, any measure of incision made on the human body has been well within the general surgeon's professional jurisdiction. Specialized training, subspecialty fellowships, and subsidiaries of the art, however, have now taken claim to much of the case load that was formally relegated as sole proprietorship of the general surgeon. Furthermore, academic surgery centers are now more actively recruiting subspecialists, as data has demonstrated that these fields have an overall favorable impact on general surgery training, specifically for enhancing both operative exposure and the management skills of residents and medical students alike.³ Consequently, this sudden spurt in the sexiness of the subspecialty experience, its flexible lifestyle, and its unique, organ-specific mentality debuts with the threatened demise of the general surgeon and his or her craft.

So, what is left for the general surgeon to do? Opponents would suggest that the role is passé and that the days of the general surgeon have expired.⁴ Arguably, other medical professionals would sup-

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port that the general surgeon still has his or her place in patient care, and while the role has lost the luster of its former glory, general surgery continues to be a competitive, rewarding, and highly demanding specialty in its own right. Additionally, in many settings, general surgery remains as the cornerstone of fundamental surgical patient care. Medical professionals working in community-based facilities and rural health care venues, for example, can attest to the continued need for skilled surgical generalists to address basic abdominal and glandular pathologies,⁵ and some centers admit it would be challenging to adequately meet the basic surgical needs of the health care population if it were not for the resiliency of its general surgery staff. Critical cases notwithstanding, these facilities often reserve the expertise of subspecialists for more complex, esoteric surgical cases for which their specialty skill is most relevant.

Even amid the contention between subspecialty surgery and the less-than-glamorous cousin—general surgery—the fact remains that the latter still hosts the broadest armamentarium of clinical proficiency, fashioning the discipline as an endur-

ing mainstay of modern medicine. Ironically, recent studies report that there is, indeed, a shortage of general surgeons and recommend a re-evaluation of the responsibilities of both the system and the individual general surgeon in dealing with this important crisis.⁶

In essence, general surgery as a trade can never go out of vogue, even in light of the intimate courtship of basic general surgery mechanics with advanced techniques, which have merged to create fusion subspecialties, such as onco-plastics. Inevitably, it is important to preserve the role of the general surgeon as the field of surgery—generally speaking—will rely on the longevity of this stem profession in perpetuity. Ω

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