

From my perspective

While traveling around the country to speak at various meetings, I find that one topic continually becomes the focus of conversation—the work environment of both practicing surgeons and surgical residents. This dialogue is occurring not only within the College chapters, but at regional meetings and academic medical centers as well.

I was pleased to recently participate in an excellent symposium sponsored by the department of surgery at the University of Louisville, KY, which examined the various factors that influence surgical training, including financing, politics, and accreditation. Many important and interesting concepts were raised during the symposium, and I anticipate that future articles for the *Bulletin* will emanate from the discussions that took place during that conference.

In this particular piece, I have chosen to give a general overview of the problems that we need to address to secure the future of surgery. I also offer some broad suggestions regarding what surgeons can do to make surgical practice more enjoyable for themselves and more attractive to residents.

Profession's lost luster

One point that has become very apparent to me is that many surgeons are deeply concerned about the future of our profession. Surgeons today truly enjoy the discipline and practice of surgery, particularly patient care, as well as teaching and research. However, they feel the modern health care system's inherent problems and burdens—including the professional liability crisis, reimbursement reductions, and a stifling regulatory system—inhibit their satisfaction with the work they do.

Further, surgeons believe these same hassles prevent bright young people from entering what is otherwise an incredibly fulfilling career in surgery. Adding to residents' disenchantment with a career in surgery is the fact that they frequently find themselves thrust into noneducational activities. The expectation that residents perform the "scut work" is, in part, one of the traditions of surgical training. However, residents are being forced to do more of these menial tasks because of the economic constraints placed on academic medical centers.



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Groups working together

It is a hopeful sign that so many surgeons, other physicians, and the groups that represent them are coming together to clearly identify the issues and to develop creative solutions through ongoing dialogue.

For example, the Accreditation Council for Graduate Medical Education (ACGME) has spent a considerable amount of time discussing resident training issues—specifically the work environment, the educational environment, and work hours—and, at press time, had just made its views and recommendations public. Other groups are collaborating to address surgical training issues in a fresh and innovative way. Included among these groups are the boards of surgery, the residency review committees, professional organizations, regional surgical societies, and academic medical centers.

I anticipate that these discussions will lead to a better understanding of the current situation and

how we have arrived at it. And, hopefully, a consensus as to how we can resolve these issues will be achieved.

What we can do now

Clearly, it will take a long-term, cooperative effort to regain control of our profession, but there are some steps we can take now to make surgical practice less burdensome and surgical training more palatable.

First, we must make our practices more efficient. For example, we must avoid doing unnecessary, time-consuming, and costly tests. We must learn more about billing procedures and practice management. The College offers a variety of workshops to help surgeons understand the business side of practice.

Additionally, we must engage in lifelong learning, so that we remain competent throughout our careers. I have written several columns about this topic in the past, and the College is working hard to develop a broader range of educational programs that will help surgeons achieve this goal.

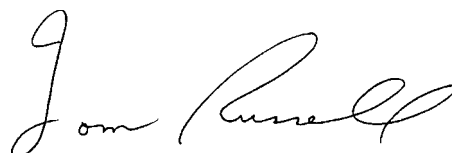
Further, we must emphasize to young surgeons the attractiveness of a surgical career. Some of the joys of a career in surgery include the following:

- We restore health to gravely ill patients. We are able to cure conditions that once seemed hopeless.
- We have the opportunity to have a positive impact on the lives of our patients.
- We are involved in comprehensive, continual patient care.
- Operations are high-tech and high-touch. Ours is not a cold and unfamiliar use of technology. In the process of applying technology, we provide the comfort associated with the “laying on of the hands.”
- We have a variety of options with regard to the intensity and acuity of patient care we provide—from elective to emergency procedures, from inpatient to outpatient services. Also, the various surgical specialties allow surgeons to pursue special interests and to select the specifics and acuity of the type of care they prefer to provide.
- Practicing surgeons become the advisors, role models, and mentors for students and residents.

Certainly, the practice of surgery for individuals at all stages of their career is difficult and de-

manding. However, ours remains a great profession that offers a high level of satisfaction. Repeatedly, surgeons tell me, “I would do it all over again.” We need to continue to concentrate on the positive aspects of surgery and willingly engage in the lengthy discussions and inevitable confrontations that will occur in the process of making our profession and our health care delivery system better in the future.

This is truly a dynamic time for the surgical profession. We must be integral participants in the process of change.



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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.