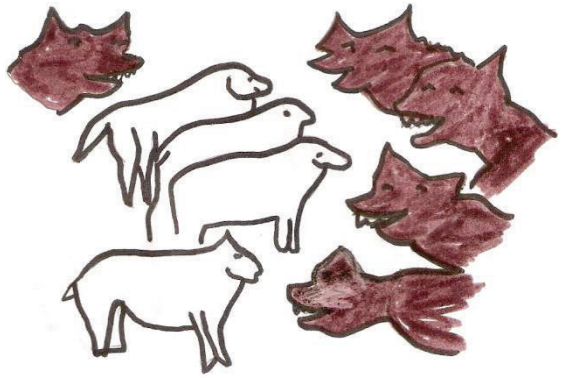
New Indian Journal of Surgery
October - December 2012, Volume 3 Number 4

Whither General Surgeon?

With the advent of minimally invasive surgery, the rapid disappearance of the erstwhile 'General Surgeons' is a matter of concern for not only the developing countries of the world but is also worrisome for the developed countries as well.

The grim picture of the plight of the General Surgeon now-a-days in my mind, looks like this :

A herd of sheep flocking together and very



aggressive superspecialists threatening to devour them. As a matter of fact when an artist was given the idea of this mental picture of mine, he asked me whether my paper has any relation to the conservation of environment! I told him – Yes surgical environment.

Let us first of all see what has been happening to the Medical Profession as a whole over the last millennium to understand or predict how General Surgeons will fare in the new millennium, we should not forget that the General Surgeons are also members of the medical profession.

Over the period of time, Vocation became Profession and we all became Professionals, what is a Professional? A professional may be defined as a member of a privileged group who has accepted (professed), by means of an oath, a clear set of duties, rights and enjoys judicial impunity as his conduct is governed by its own ethical code – (JSO LAZAR, Professor of the History and Theory of Medicine, Madrid.)

Originally there were only 3 professions, expressing only three forms of Power:

The Priest – who represented the power over the Universe or Macro Cosmos.

The Ruler or the Judge – who represented the power over the Nation or Meso Cosmos.

The Doctor – who represented the power over the Body or Micro Cosmos.

This gives us the earliest glimpse of Holistic Medicine.

This leads to the formation of only three major disciplines in ancient universities in the 11th. Century AD.

Theology

Law

Medicine

In the earlier part of the 20th. Century, it was the Doctors Era. Doctors took decisions and the Patients accepted it unquestioningly.

This may be termed "Paternalistic" version of Doctor – Patient relationship.

During the last 50 years of the millennium gone by, the following changes occurred:

Establishment of the patient's right to give an 'informed consent'.

Doctor's judicial invulnerability tool a back seat.

Therefore, traditional Vertical beneficence relationship between the Patient and the Doctor turned Horizontal and the "Patients Era" started.

Let us ponder over what brought about this change? What went wrong?

The answer to this, in some developing countries like ours is the enormous increase of the population.

"Lack of Time made us all bad doctors" so said Sir Theodore Fox.

After taking a look at what was happening

to the Medical profession in general over the last millennium, let us now look at the future of the General Surgeons.

I must clarify at this stage that the General Surgical fraternity is not against progress. Progress being the law of nature, must continue.

Actually the two major progresses, the Minimally Access and Endoscopic Surgeries would have arrived in the surgical arena much earlier, had the General Surgeons taken notice of the fact that the Gynecologist's sitting in the basement of the Abdomen i.e., the Pelvis, were performing diagnostic endoscopic work since a very long time, much before the surgeons started taking interest in the matter.

For that matter I fail to understand, why even today, a Physician or a Medical Gastro-enterologist and not a Surgeon performs upper GI endoscopies and colonoscopies.

Let us look at how the separation of the specialties started :The Initial Divisions were on Anatomical lines. First, Gynecology & Obstetrics, Ophthalmology & Otolaryngology branched off and thereafter, Urology, Orthopaedics, Neurosurgery. Thoracic Surgery followed suit.

More Recent divisions are based on other factors like:

Age: leading to creation of Paediatric Surgery

Causation of Pathology: lead to

Traumatology: old accident surgery

Endocrine Surgeons: no matter where the endocrine organ is situated.

Plastic Surgeon: also claiming expertise in Burns management.

Instrumentation: gave birth to:

Endoscopic Surgeons

Laparoscopic Surgeons

Robotic Surgery.

Let us not forget, the primary and sole purpose of all this progress is BENEFIT to the PATIENT.

Now let us take a look at the following pictures which demonstrate the masses in the

developing countries where a major chunk of the population is below the poverty line.

Let us ask ourselves whether these people can afford the luxury of such super-specializations as mentioned so far? The answer is obviously no.

As Mahatma Gandhi said for India. I quote "INDIA LIVES IN VILLAGES", unquote.

One hears of a lot of Medicites coming up, but has anyone heard of a "Medivillage"?

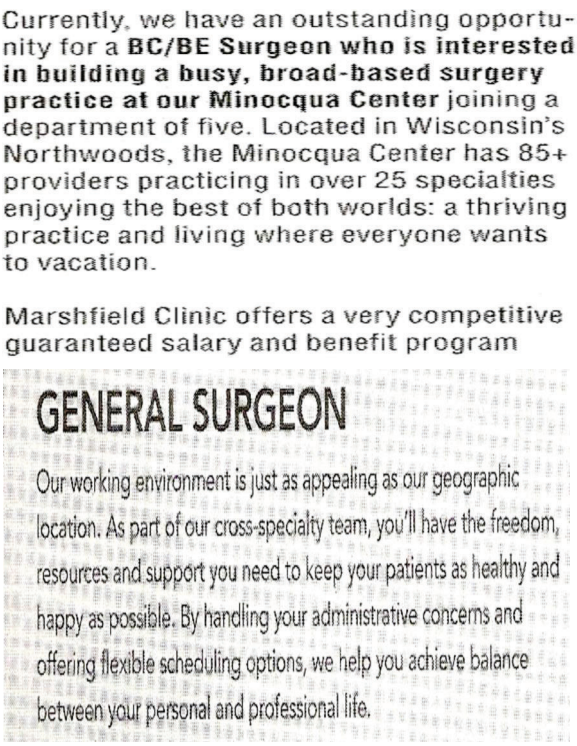
This is not only true for the Third World Countries, but also for the western countries like USA and Canada, where in the vast outreaches of these nations, super-specialists are not available, as the establishment of super-specialties is an expensive affair which is best suited in the Metropolitan Towns and not in the countryside, village or district hospitals.

We hear of big Corporate Hospitals names in the towns only. Incidentally, situation in the developed countries is no better either.

Let us take a look at advertisements coming up in the recent issues of the Journal of the American College of Surgeons for "General Surgeons".

These advertisements go to demonstrate that even the advanced nations are trying to lure general surgeons to come and work in the peripheral parts of the country.

Here lies the importance of a well trained General Surgeon, not only in our country but


Currently, we have an outstanding opportunity for a **BC/BE Surgeon who is interested in building a busy, broad-based surgery practice at our Minocqua Center** joining a department of five. Located in Wisconsin's Northwoods, the Minocqua Center has 85+ providers practicing in over 25 specialties enjoying the best of both worlds: a thriving practice and living where everyone wants to vacation.

Marshfield Clinic offers a very competitive guaranteed salary and benefit program

GENERAL SURGEON

Our working environment is just as appealing as our geographic location. As part of our cross-specialty team, you'll have the freedom, resources and support you need to keep your patients as healthy and happy as possible. By handling your administrative concerns and offering flexible scheduling options, we help you achieve balance between your personal and professional life.

in the rest of the world, with the following qualities which cannot be overemphasized:

Who can function with limited facilities,

Handle all types of surgical cases with reasonable skill,

Who is comfortable at all parts of the human body.

When we mention the above qualities, what are we exactly looking at? I quote from a recent edition of the Bulletin of the American College of Surgeons which depicts an imaginary family of 'Williams'in a small town of USA, where apart from a 'family Physician', they have another "family doc". Dr. Jones removed Grandma's gallbladder when she had biliary colic and did his right hemicolectomy when Grandpa had colon cancer. He fixed Mr. Williams' inguinal hernia and biopsied Mrs. Williams' breast for a suspicious lump. Dr. Jones also performed Joey's emergency appendectomy and removed a lipoma from Janey's thigh. The entire family considers Dr. Jones – a board certified general surgeon – their own "family doc". They can't imagine life without him; he is essential for their good health and well being. Heena P. Santry, M.D. *et al* Bulletin of the American College of Surgeons, Vol. 93, No. 7, July 2008.

This goes to show the concern for the maintenance of the standard of General Surgery all over the world in the year 2008.

Gastinger in 1999 said "The vast majority of Surgical Tasks can be managed by using basic, special and expert's knowledge gained during many years of Clinical training and by applying solid surgical skills. This refers to elective cases as well as to emergency surgery, and to General Surgeons, as well as to subspecialities".

In 1997, I was requested to write a special article for the famous American Journal 'Archives of Surgery' on "Surgery in India", and while looking up the ancient history of Surgery in our country for this article, I found that Sushruta, the doyen of Ancient Indian Surgery made the following statement:

Sushruta Samhita (6th. Century B.C.) – " A Physician well versed in the principles of surgery and experienced in the practice of medicine, is alone capable of curing distempers, just as only a two wheeled cart can be of service in the field of battle". – Archives of Surgery, June 1997; 132:57.

This belief is similar to modern day practice in which the "Surgeon" is considered to be an "Operating Physician".

There is another matter of concern which I would like to highlight. Surgical Residents and Trainee Surgeons get attached to a super-specialist from the word go, without having any exposure to the general surgical field and

therefore, they will be at a loss while confronting general surgical problems when they start their independent career.

This is highlighted by Dr. Thomas Russel, "Many surgical residents have trained under the tutelage of surgeons who confine their expertise to the performance of specific procedures. As a result, many surgeons who recently have entered practice no longer feel comfortable providing the broad range of services that they are executed to deliver in emergency care settings".

Thomas Russel, Director American College of Surgeons, Bulletin, American college of Surgeons, October 2008, Vol. 93, No. 10.

What should therefore be done to improve the standard of General Surgeon with particular reference to the 3rd. World Countries?

After spending over 30 years of my life in the Surgical Teaching career and having trained an innumerable of Postgraduate students, I venture to put forward these suggestions.

There is no need to create any special post graduate degree or diploma in General Surgery. I would like to see all students pursuing a course in the surgical specialty to undergo an improved teaching curriculum:

Introduction of Basic Sciences examination or Primary examination.

Make it compulsory to undergo basic training in Orthopaedics, Neurosurgery and Thoracic Surgery in order to qualify to appear for the final degree or diploma examination in General Surgery.

Above all Control of Population of the 3rd. World Countries on a war footing.

These are big challenges and undoubtedly not easy tasks.

Challenges and progress never are.

While undertaking this task, let each one of us say "If I can't.

Who can?"

And when we succeed let each one of us be humble enough to say "If I can. Who can't?"

Kites fly higher against the wind – Sir Winston Churchill.

Tiger and man photo. We both need protection as endangered species.

And here I would like to mention that the association of Tigers of India, I am told have taken a vow not to eat General Surgeons in this milleneum.

Therefore I conclude that there will be a crying need for the General Surgeon in our country and other countries of the world, developing or developed for a long time to come.

When I say that, I have again support from Transatlantic and I quote

"I maintain that broad-based specialty care provided by the generalist surgeon will be alive and well throughout the coming decades." Thomas Russel, Director American College of Surgeons, Bulletin, American college of Surgeons, October 2008, Vol. 93, No. 10.

I hope this brief write-up will draw the attention of those in the helm of affairs of Post-Graduate Surgical education of our Country.

Prof Sandip Mukerjee

Past President Association of Surgeons of India- Delhi state chapter

Formerly Head of the Department of Surgery

Dr. Ram Manohar Lohia Hospital

New Delhi