



CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia



Editorial

The Future of Surgery and Surgeons^{☆,☆☆}



El futuro de la cirugía y de los cirujanos

I would like to express my deepest and most humble thanks for the honor which the Spanish Society of surgeons has awarded me today. I accept this honor in the name of all those who accompany me in my surgical work at the University of Washington in Seattle, as well as in the name of my mentors and teachers, who guided me on the path I have taken.

I have been asked to speak about the future of surgery and surgeons themselves. By no means do I pretend to have a crystal ball, but I do believe that the lessons that I have learned as a surgeon and as President of the American College of Surgeons have provided me with a perspective that I hope is useful to some of you.

There are three topics regarding your future that I would like to discuss. First of all, I would like to describe the main forces that will affect surgical practice in the coming decades. Second, I want to convince you that you can forge your own future, mold it, and define it. And third, I want to state that the Spanish Society of Surgeons as well as the American College of Surgeons provide the best and most extensive platforms to create that future, while at the same time providing a series of values and moral guidelines.

Winds of Change: The Future of Surgery and Surgeons

Certain determining forces are changing the way in which we practice surgery, and I believe they will have a significant impact in the next decade. For today, I have chosen 3 examples that will affect all of you equally, whatever your

country of origin or type of workplace. In general, these external influences respond to advances made in medicine. It is not my intention to criticize them, but instead to describe them. Surgeons need to know and understand them in order to better position themselves and our profession. Although this presents a challenge, I am optimistic because, to paraphrase Winston Churchill, each challenge is a great opportunity.

A. Innovation and the Phenomenon of Turbulent Waters: The introduction and implementation of new ideas, techniques and devices have led to important advances in medicine and surgery. For many years, however, the cadence of these advances provided intervals with sufficient time in order to test and validate each new idea, and, when they were proven useful, training methods were designed for their application.

In certain respects, it could be compared with a river rafting trip, with sections of white-water rapids interspersed with calmer water to recover. But, this cadence of change has substantially increased in recent years, and I dare predict that this rhythm will only accelerate in the future. We will find ourselves constantly traversing turbulent waters. It is not the change itself but the nature of this change and its cadence that will present the greatest challenge for surgeons in the future. Many innovations will end up failing and will not surpass the test of time. Meanwhile, other opportunities that are not taken advantage of can have catastrophic effects on surgical performance. Therefore, decisions should be made quickly and correctly.

Dr. Gerald Fried, one of the Regents of our College, suggests that when we are faced with the dilemma of whether or not to

[☆] Please cite this article as: Pellegrini CA. El futuro de la cirugía y de los cirujanos. Cir Esp. 2015;93:133–136.

^{☆☆} Speech given upon being named Honorary Member of the Spanish Society of Surgeons at the 30th National Congress in Madrid, November 10–13, 2014.

adopt a new technique, surgeons should ask 4 basic questions¹: (a) is this innovation a medical necessity?; (b) does it add value to existing options?; (c) is it financially viable?; (d) can it be applied by the average surgeon with relative ease? Through the Programs Committee and the Education Division under the leadership of Dr. Ajit Sachdeva, the American College of Surgeons permanently scans the horizon for new ideas and adequate programs to train their fellows. The Spanish Society of Surgeons has the same mission, and the congress that you are attending this week, with its varied program, is an example. The network of Accredited Education Institutes that the College has created, which now extends outside of the United States and Canada to include Europe, Asia and the Middle East, is another example of the vast platform that surgeons can take advantage of for future advancement. Adapting to change and its speed while learning to choose the correct path are all imperative for growth, survival and finding the right current in turbulent waters.

B. Breaking Boundaries: Medical specialties were developed in the 20th century within well-established limits. For instance, when I began my career as a surgeon, we all knew the specific limits between the surgeon's job (mainly open surgery) and the job of other clinical specialties (mainly diagnostics and non-invasive therapies). Nonetheless, in the latter part of the century, innovation led to the development of new ideas, methods and devices and, consequently, the barriers between specialties have begun to disappear. The treatment of common bile duct stones, which was formerly an integral part of general surgery, is now being done by gastroenterologists. Likewise, the treatment of intraabdominal abscesses or the placement of central venous catheters, which before were surgical matters, are now in the hands of interventional radiologists.

These instances are partially the result of our inability to take advantage of new opportunities. Many surgeons thought that going back to the operating room and continuing to use tools from the past was better than being re-trained to keep up with progress. The barriers continue to fade, and I predict that this process will accelerate in the future. We see this when we take a look at who is caring for our complex patients in intensive care or who is using new endoscopic techniques to treat incipient mucosal cancers of the gastrointestinal tract.

I think that surgeons should consider themselves perfectly qualified to perform surgeries, even with endoscopes, through natural orifices or using percutaneous approaches. Essentially, surgeons should be what Dr. Tom Russell, executive director of our College, has called "interventional biologists". And, I am happy to say that we have made progress in this terrain: general surgeons continue to develop mini-invasive techniques. Recently, vascular surgery has transformed the traditional open approach toward imaging-guided endovascular procedures. These changes have made a major impact on the survival of patients with vascular diseases. We should continue with this strategy. In my opinion, the intelligent surgeon of the future will be able to completely manage a disease in its entirety, not only the technical part. This means learning and dominating the

diagnostic and therapeutic aspects of their specialty, beyond traditional limits.

C. Quality, Costs and Accountability in Surgery: The third relevant force that will impact future practice is the growing preoccupation of society for better quality medical care. Meanwhile, the costs for medical care are closely controlled.

As surgical practice implies greater risks than other specialties, preserving and improving safety and being able to measure quality in a reliable way will continue to be a fundamental part of our job. Furthermore, as we utilize substantial resources to meet the needs of our patients, public institutions and society will put pressure on us to justify such expenses.

Michael Porter² defined "value" as the relationship between costs and results. In his book, *Redefining Health Care*, he urges us to focus on the results and he recommends that we measure them "systematically and comprehensively". I believe that we must go beyond standard result measurements based on objective values interpreted by professionals; instead, we need to measure them based on patients. For example, when performing spinal column surgery for lumbar pain, what is important is not the fusion of the vertebrae shown by X-ray, but instead it is the pain relief and the ability to go back to work. In the case of anti-reflux surgery, the goal is not just the normalization of esophageal pH, but instead the disappearance of heartburn perceived by the patient.

These are the new responsibilities of our job as surgeons: quality, safety, costs and results. This objective cannot be achieved with individuals acting on their own; it requires the formation of high performance teams. These teams need leadership. Not the old-fashioned, authoritarian type of leadership, but in its place the type of leadership that promotes exceptional communication, mutual respect and support, and the development of direct means to reach the objective of our mission: to improve our patients' health. This is an area that requires our direct commitment. Intelligent surgeons of the future will dedicate much of their time to the study of leadership, the development of emotional intelligence and the perfection of non-technical abilities. Your Society is deeply dedicated to these areas and has created the platform to support them. I encourage you to make the commitment, not only because it will help our future, but because it is the right thing to do for our patients and our society.

Molding Your Future

I am of the idea that, to a large degree, each of us has the opportunity to mold our own future. It is true that there are external forces that we cannot control, but our direct commitment can help modulate and change the results that they would otherwise produce. There will always be pessimists who will say that the sky is falling, who generally talk about how much the world has changed, how things worked better before, and how little they earn for so much sacrifice and hours of work. They will also suggest that there

Download English Version:

<https://daneshyari.com/en/article/4255276>

Download Persian Version:

<https://daneshyari.com/article/4255276>

[Daneshyari.com](https://daneshyari.com)