NO CLAIMANTS FOR THE KNIFE !

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To an over-awed medical student, if the image of the general physician, hiding his doubts behind a torrent of medications, was scarcely flattering, the cynical, knife-happy surgeon comes off even worse. Surgery is no longer attracting either the quality or quantity of medical students as has been in the past. In United States today 10% of surgical residency positions cannot be filled.[1] In Canada, students identifying surgery as their first choice has decreased from 24.7% in 1998 to 21.7% in 2006.[1] In the Armed Forces, this year 60% fewer postgraduates applied for permission to take the Surgical Part I examination. A few years ago there was a three years waiting list for entry into surgical training. This year out of a total of 15 general surgical training slots only seven could be filled, what to talk of waiting list.[2] The situation is very similar in the civil public and private sectors. The repercussions of this deficit will become more critical in the coming years with increasing population, road traffic accidents, terrorist attacks, urban warfare and natural catastrophes with more devastating effects.

One of the major concerns for those who desire to maintain an adequate intake into surgery is the apparent move towards fields which allow a better work-life. It appears that the present day doctors are assigning less and less weightage to the challenge of a surgical career, as opposed to an easy life. They are becoming more street wise. When the new trainees of other specialties in the Armed Forces were questioned about their choices, they mainly quoted the advice given to them by their seniors about the hard work, poor employment stations, more disciplinary actions and not enough monetary rewards. In the latest study from Ireland the three most important factors identified were future employment, career opportunities an intellectual challenge.[2] Given the recent over emphasis on life style, it is interesting that the factors identified here are more related to work as opposed to home life. Regarding intellectual challenges, it seems that the cognitive challenges inherent in surgery have not been fully amplified. We need to draw more attention to the analytical and deductive skills so intrinsic to every day surgical practice, as opposed to the macho knife happy image.[4]

The same study identified role models, prestige and competitiveness as more significant factors in their choice of surgery. The two main factors highlighted were: the importance of prestige for those coming to surgery and the importance of lifestyle to those who went into other 'dormant' specialties. We not only have to jealously guard this prestige associated with surgical specialties but enhance the aura attached to our profession. This can only be done by being such role models to our medical students and young doctors that we rekindle the flame in their hearts.

In recent years, various studies have examined the attitudinal factors associated with a student's decision to pursue a career in surgery. These studies indicate that students who choose a career in surgery tend to be more influenced by perceived career rewards besides prestige. It is suggested that surgeons have a distinct "surgical personality."[2] These choices by students are there from very early in their professional lives. Those who choose other careers in medicine usually are double minded and less likely to become surgeons. Perhaps this is a blessing in disguise, because surgery is rewarding but demanding, and perhaps not for those who are not motivated enough. But those who are secretly harboring this wish, need nurturing and facilitation towards what could be a very fulfilling career choice.

Another important factor identified in the studies above and very applicable in our country is the decreased interest of female doctors in surgical specialties. We now have in excess of 70% female medical students in some medical colleges. The attrition rate of these female doctors in active medical practice is very high. Many of them do not see surgery as a viable option for

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them. This is another misconception which we need to work on. If women can easily embrace obstetrics / gynecology, it needs to be emphasized that they do have a good career choice in the form of surgery.

Another study identified that those students interested in surgical careers were much more likely to be influenced by role models than students with little or no interest in surgery.[1] Besides female role models are rare in surgery, and needs to be addressed. I hope this dwindling surgical workforce is not because of our less than optimum role modeling. I hope next time when we see a patient in outdoor, or explain the prognosis of an operation, or discuss the fee of an operation or are operating, we do not put off some eager surgical protégé. This role modeling also needs to be extended into our non-working hours. We need to emphasize that it is not only work but we also know how to play. An improved life style will not only help us live a better life but project a better picture of our specialty.

These changes are not as important, as how we adapt to the changes, and embark on a systematic approach. The present generation of surgeons have enough wisdom and leadership abilities to first accept this new trend, and then to tackle it.

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