Surgery—Passion, Proficiency, Perfection and Profession

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Surgery is scientific unfolding of regions, parts of body suffering from disease, ending in its removal or repair to give objective continuity of tissue plain or otherwise for healthy living. It is a passion with glamour, attracts young students studying medicine. Medical students as such are already a motivated group, brilliant, and selected from thousands of aspirants by tough examination. High profile jobs with high payments (IT section and business management) attract good students, still a large number, equally intelligent are attracted to medicine and later to surgical specialities. This group has a vision, dedication and commitment to medicine in spite of long period of education, and very hard training during residency. These students, turned young doctors have passion to fulfill their dream to adopt Surgery as a Career, learning even in late ages with satisfaction. When their friends and contemporary colleagues in other professions are at its top position, Surgeon is busy in perfecting himself to give his 100 %. He is passing through a hard/tough training to come out like gold coming out of flame with bright shine, which glitters in his/her life through out. This is unparallel motivation to serve society to give the best to relief suffering.

Historical Aspect

History of Medicine 10000–5000 years in prehistoric and Medieval period to modern medicine, gives us a glimpse of its evolution to give relief to the patients from various ailments

following a long strenuous struggle of learning and survival. Diseases had been there since human existence, and made them learn by time and experience to treat and allay fear. Some got attracted by sheer anxiousness to learn human body and disorder to deal and treat, and learn from sufferings, and experience to laid foundation of medicine as we feel proud today. World was apart in different continents as we know now, but with no connection during pre historical period, medicine started taking its root known as – Greeks, Islamic, Ayurveda (Indian) and Chinese medicine with one common objective or relief to the suffering of the patients. People from these regions used to come to few places for learning and go back to serve people with reasonable success. Hippocrates (450 B.C.) known as father of present medicine and Galen (500 BC) analysed human body and its various aspects with its co relationship to lay down basic principle of medical practice, known as HIPPOCRATIC OATH. He believed that nature heals all wounds and physician is a modifier to the natural process. Islamic medicine as described by Albucasis (Abdul Qasim Al. Lahrani (936–1013) had surgical instruments for performing surgical procedures [1, 2, 4].

Trepanning, blood letting, tooth extraction in crude way were performed by Clergy Man or King Man known as Barber Surgeons (10000–6000 BC) In search of painless procedures, many syrups, concoctions, used to let patient sleep and perform cutting. Hemlock Juice, a Concoction of lettuce juice, gall from castrated boar, opium, heisbane, vinegar mixed with wine any many such oral preparations were used till the invention of Ether by Paracalsus and later Chloroform, a great step in history of medicine [1, 2].

SUSHRUTA (600 BC) was a father of Indian Surgery and Atrey (550 BC) were the pioneer in developing basic principle of Surgery, cleanliness, body organs and its function, operative procedures, operation space and instruments as described in SUSHRUTA SAMHITA (6 Volumes). Lord Dhanvantri and his disciple Daksha Prajapati, taught RISHIS the Ayurveda medicine and legacy continued as described in YAJURVEDA. Takshshila (500 BC) was one of the excellent centre of medical teaching attracting people from all over the world [3, 4].

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Modern Medicine took a high rise on past experiences of centuries, in scientific development. Europe has many centres like London, Paris, Rome and Vienna (16th–17th Centuries) and knowledge of body structure (ANATOMY) and functions (PHYSIOLOGY) – unfolded mysteries of body and so also the different aspects of diseases and its cure. This gradually laid the foundation of systematic teaching and learning in various parts of Europe and USA in early and mid part of 17th century [1, 3].

History gives us a lesson of competitiveness, desire to excel, in odd circumstances, resist pressures, compromise for survival, state interference, jealousy and letting down our own colleagues and learn for better result and fame. Surgeons were envy of others and had high social status in pre historical and other eras, the same is true in present era of modern medicine also. In which profession a person gives his/her body to work on with full confidence and respect next to GOD. It is true We treat and He cures, but credit is high with gratitude. Modern concept of materialization and change in values has deferred this perception to a professional system ignoring basic concept of body reaction different from one another, and expected hazards and different results. Unbelievable, but true, even in pre historical periods as well in early modern period – Surgeons were revenged and punished for no fault of their. Surgeons have to learn beside surgical skill, to be skillful in communication and public dealing to present truth transparently and honest in his dealings.

Surgical Teaching and Training

Surgical teaching and practice in India is still based on English pattern of pre independent era, with minor changes without changing the basic structure. USA has completely changed subject material duration and techniques as per the demand of time and facilitated training as per requirement, proficient skill full training to benefit surgical care, and upgraded hospitals as per emerging developments. UK and Europe has its own system but changed with the time. India has anomaly of Government run institutions including Medical College Hospitals with minimum facilities and upcoming corporate Hospitals as good as anywhere in the world to lure medical tourism. This country is a place of contrast with high economy as well placed low in poverty among nations. Public is happy and contented with the system. Right to treatment to all, should be the National agenda and Private-Public Partnership in Medical highway is the demand of the time to achieve it [2, 5].

Surgeon after graduation and getting Master degree is learning by himself to be skillful. His desire to learn and passage of time with experience make him wise to give benefit to the society. No graded system in the country except P.G. curriculum to bring best out of them to give better

services and satisfaction. Individuals do take courses in unorganized sectors for association framed courses on commercial basis, without any control. Public wants 100%. Is it possible anywhere in the world? But our efforts should be genuine and true in terms of surgical skill, pre operative care, operation theatre management and post operative care to deal with all eventualities, to give early recovery. WHO – charter of World alliance of Patient safety needs to be implemented at all level of Hospitals [4].

In developing Countries, major part of Surgeons are General Surgeons and competent to deal with all types of Surgery in most of the specialities. Few decades ago General Surgeons used to do all types of Surgery but now Scope of General Surgery is different to include sub specialities of GI, Vascular, pediatric, Cardio Thoracic etc, dealt by General Surgeons as number of Speciality Surgeons are few and limited to big centres only. Need of the time is to train General Surgeons giving short term training and guide them time to time in dealing with common problems in these sub specialities. More than a million patients die of surgical complications, which are preventable. Sincere efforts to such programmes, supported by Govt. of India and all Surgical Association (P.P.P. Model) will boost surgical care and health of the country. Minimal invasive surgery is the demand of time. Good centre for training, support of corporate hospitals and media, and high hopes in public has lured young surgeon towards it. It has a long learning curve but has limitations also. Beside technical aspect, many other factors need attention including financial aspects, limitation, dealing the complication, and above all Surgeons ability to say NO if not proficient in any particular procedure.

Responsibilities of Surgical Associations

Members of Surgical Oriented Association including Association of Surgeons of India (ASI), may be more than 1 to 2 lacs, but more are still not the members of the Association. Need is to enroll every one (Legal Act necessary) as a member of the Association and Chart out a systematic plan to upgrade their knowledge and provide all help to improve care.

Government act is necessary, beside registration in the Medical Council, to form an Accredited Board to chart out a systematic training programme and renewal of certification. American Surgical Association can be a model to start with, to amend as per our need, will be a step further to salvage our prestige and enhance confidence for better productivity to grow in our own eyes and dignity in Society.

Are our training programmes helping the total system in the Country? This basic question is to be answered by all those at the helm of controlling such programmes. Demand to deal with surgical problems in urban and rural areas are different. CME's programmes at State, and district levels are

dealing with same problems and do not guide as per prevailing disorders and challenging problems of management in those areas. Let us define the areas and those problems subject wise and make a guide line scientifically for Surgeons working hard in those areas. Basic policy of theme based CMEs with clear guideline, prepared teaching material for consultation and internet updating of knowledge is the demand of time.

Commercialization

India is shinning and economy is going high and leading in many fronts including industrialization, agriculture farming, pharmaceuticals and going to the top 5 economics in the world. Health Care is not a priority by Government and spending less than 1 % of its fiscal budget. Corporate Hospitals and Group Hospitals are coming up in large numbers spending million in these sector to give better medical care and earn money but unaffordable by large population of middle income group also. Here also basis concept of P.P.P. (Private-Public Partnership) Model and Cooperative institutions using high tech equipments from our own technology and similar group of other countries with purchases from source will reduce the cost. Stress should be on equipments and hospital management rather on sophisticated buildings and other non medical factors. This needs Indian strategy with the help of management experts and Doctors involved in management of peripheral medical care.

Surgeons responsibilities are high in favour of patient and patients care. Commercial deals and attitude needs change with clear financial policy in the hospitals and clinics to be transparent to gain patient's confidence. Proper communication and correct surgical advise, increases patients morale and confidence to fight disease and maintain healthy relationship. It reduces many problems including litigations.

Surgeon–Scientific Artist

Surgery is salvaging from untoward body agony to give relief and restore body tissue anatomically. It is a science to know body and its function, to bring it back to normal with skill and hard work. As you grow, skill becomes sharp; hands become smooth and make it an art of perfection, where Surgeons enjoy at the cost of Patients smile. Surgeon enters its temple (operation theatre) with serene mind and get lost in meditation while doing procedure for hours, and comes out with satisfaction and feeling of achievement. This is worship to your profession and devotion towards your patient. This is passion with proficiency, leaving professionalism at its back. Being professional, he is involved in its system but different from others, as motto is to serve first and then expect what he deserves.

A Doctor is a professional person and envy to others for his social status and earning, without realisation of his hard work, family compromises, personal neglect and outside pressures. Times do change professionalism and its definition. Doctors cannot be left untouched by this and influenced by commercial factors, sometime defaming profession. It has to be taken in proper perspective and continue work without prejudices. Surgery is a piece of poem with shape of a sculpture and music of life to impart solace to one who needs it. Be a part of this holy profession and be proud of it.

References

1. History of Medicine: www.historyworld.net/plaintextthistorios.asp
2. Glick TF, Steven L, Wallis F (2005) Medical science, technology and medicine. An encyclopedia. Publisher–Taylor and Francis Ltd, U.K
3. Wilson HH (1823) On the medical and surgical science of the Hindus. *Med Surg Sci Hindus* 1:207–212
4. World Health Organization (2009) Traditional medicine. Retrieved: 02–18
5. Roth E, Aluin E (2003) The original, history and design of the residents match. *JAMA* 289:909–912