



Good surgeon: A search for meaning

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ABSTRACT

The art and philosophy of surgery are not as often discussed as scientific discoveries and technological advances in the modern era of surgery. Although these are difficult to teach and pass on to the next generations of surgeons they are no less important for training good surgeons and maintaining their high standards. The authors of this review and opinion article tried to define what being a good surgeon really means and to look into the subject by analysing the essential conditions for being a good surgeon and the qualities that such a specialist should possess. In addition to a strong theoretic knowledge and practical skills and among the several described professional and personal characteristics, a good surgeon is expected to have common sense. It enables a surgeon to make a sound practical judgment independent of specialized medical knowledge and training. The possible ways of developing and/or enhancing common sense during surgical training and subsequent practice require separate analysis.

Keywords: Common sense, good surgeon, meaning, training

INTRODUCTION

There is more to surgery than can be answered by modern drive for randomised controlled trials and other studies aimed at pursuit of pure science and knowledge. The art and philosophy of surgery tend to be overlooked, as they are more difficult to define, teach and, perhaps, pass on to the next generations of surgeons through a formal training. The issues of humanity, surgical essence and surgeon's qualities, although rarely discussed nowadays, are no less important for training good surgeons and maintaining their high standards (1). Many surgeons, at least at some stage in their careers, try to define what being a good surgeon really means. In that respect, the authors of this article tried on the basis of selected literature review and personal experience to look into the issue by analysing 1) the important conditions of being a good surgeon and 2) the qualities such a specialist should possess.

CONSEQUENCES FOR TRAINING AND PRACTICE

Characteristics of a good surgeon are inevitably subjective in nature and may have different meanings depending on if the term is being used by professional colleagues, patients and their relatives, or social media. Even an Internet search does not provide an immediate answer to the phrase "good surgeon". The first two hits to come up are related to the qualities of a surgeon and advice on how to become one (2, 3).

Undoubtedly, being a good surgeon is influenced by his or (more and more frequently) her education and training. The education and training should fulfil two main objectives. The first one is to develop good manual dexterity. After all, the crucial part of a surgeon's work is manual. Regardless of how other elements may seem important, a surgeon without adequate manual skills is not a surgeon. The second objective is to acquire a wide range of clinical and scientific knowledge relevant to the chosen specialty. In real life, one often comes across with surgeons who have succeeded in one of these directions but, sadly, not in both. Brilliant technicians can be to some extent lacking in their theoretical and scientific aspects. On the other hand, the desire to obtain extensive theoretical knowledge on complex medical issues often co-exists with a sub-standard progress in the operating room. The readers can judge for themselves whom of the above two categories they would choose to be their surgeon.

Secondly, several features of personality appear to be no less important. Not every trainee who developed high technical skills and acquired sound theoretical knowledge becomes a truly good surgeon. In this context, the authors refer to physical and psychological traits of resilience, ability to work long hours and often in critical situations, improvise if required, and handle difficult situations with calmness and persistence, readiness for the emotional discomfort and even psychological trauma due to adverse and unexpected outcomes of treatment. High intellectual potential, good communication skills, courage and honesty are of paramount importance. A good surgeon should be a leader who is able to accurately

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assess strengths (and weaknesses) of other members of the team ultimately to the benefit of patient care. Participation in scientific research with regular publications is one of the ways of self-improvement and of keeping up-to-date. A good surgeon should be capable of constant and critical analysis of his or her own performance and outcomes objectively comparing them with those of peers. In this respect, it is worth mentioning the views linking the professional success to a practical-minded obsession with the possibility and consequences of failure, and ability to routinely evaluate mistakes (4).

Many similar thoughts have been commented upon in medical books, memoirs of retired surgeons, educational papers and event talks to media correspondents. For example, Johnson of Demand Media divided qualities of a surgeon into mental, social, emotional and psychological, mechanical, educational and even constitutional (3). Apparently the USA Bureau of Labor Statistics warns that would-be surgeons need to have the right constitution and stamina because the requirements of patient care might also call on doctors to lift or turn patients. Does a good lifter make a good surgeon? Interestingly, mechanical hand dexterity was only the fourth in the order of the list of the desired qualities. Despite the defined professional, intellectual and moral goals very few professionals reach the status of a good surgeon in the broad meaning of this phrase. What is the right balance between highly specialised technical skills and wide medical knowledge? Should a surgeon follow his/her trusted clinical experience or engage in the never-ending search for new approaches to treatment? Should he (or she) thrive to artistic and elegant performance in the operating room or practice with maximal technical precision and reliability? Is research experience really that important for a practicing surgeon? Is it truly necessary to spend time improving theoretical and practical knowledge in the chosen surgical specialty or is it better to devote time to enhancing the general knowledge on other medical and even non-medical disciplines? Are kindness and compassion, willingness to help a patient at all cost more valuable than ability to firmly decline unacceptably high-risk interventions? Should a surgeon engage in a lengthy laparoscopic procedure aiming at better cosmetic outcome or employ an open approach and accomplish the operation in a safely and timely manner?

Since there are no simple answers to the above questions, which surgeons face daily, often the only practical way to find the right solution in a tricky situation is to exercise common sense. Common sense can be defined as a sound and prudent judgment based on a simple perception of the situation or facts (5). It is common sense that determines the optimal combination of various, sometimes completely opposite, qualities of an individual surgeon. For a surgeon who is already in possession of the most of the previously described desired qualities the presence of common sense and the ability to exercise it logically is the single most important condition for becoming a good surgeon.

Common sense cannot be formally taught at school or university as it is formed on the basis of native intelligence. Such a

discipline cannot be included into curriculums of post-graduate training and examinations. This is a quality moulding at the earlier stage of an individual's development and although it can be enhanced or suppressed during the rest of life, one either does or does not possess this ability. Common sense becomes a link between theoretical knowledge and its practical application in a successful manner. This is what allows some surgeons to perform accurate interpretation of a patient's history, symptoms, signs and results of investigations and establish the correct diagnosis and logical treatment plan. Others who lack common sense are simply less capable of doing it. This is what enables some surgeons to operate relying constantly on their visual and tactile sensations, delicately dissecting tissues in the correct anatomical plane, while others with the same skill cannot perform the task. This is what allows surgeons to make often the most difficult decision on when not to operate. As a rule, only those who possess common sense become successful and good surgeons.

CONCLUSION

In addition to strong theoretical knowledge and practical skills and among many other described qualities that a good surgeon is expected to possess, the presence of common sense is of paramount importance. It enables a surgeon to make sound practical judgments independent of specialized medical knowledge and training. The possible ways of developing and/or enhancing common sense during surgical training and subsequent practice require separate analysis.

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