



# CIRUGÍA ESPAÑOLA

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## Editorial

## General surgery and the digestive system: quo vadis?☆

## Cirugía general y del aparato digestivo: ¿quovadis?

The paradox is that at the end of the first decade of the 21st century, general surgery is at the peak of its efficiency and potential, having achieved outstanding milestones, such as minimally invasive and robotic surgery, major outpatient surgery, oncological surgery and transplants. However, it may have sunk into a crisis situation regarding the way that it is identified and the clinical and social implications that it holds.

In view of such apparent controversy, it seems appropriate to ask oneself, what is general surgery, where is it heading, and how is our speciality expected to change?

Although its conceptual definition does not seem to have changed much during its recent history, the creation of surgical specialities has caused the contents and competences that have been shaping its current spectrum to be reduced and become disjointed.

The disappearance of surgical clinical medicine and surgical pathology from the conceptual and academic field, the distortion of its image in hospitals, the mechanisation of the concept of surgical oncology, the advent of specific training areas, and the possible consequences of introducing core subjects makes us reflect upon the future of general surgery with the next generations of surgeons in mind, who will undoubtedly change the make up of general surgery.

At present in Spain, once a medical student has graduated, he or she then has to complete the MIR programme (médico interno residente), in order to become specialised. This programme allows the student to gain work experience and takes four or five years. On passing the MIR admission exam, he or she must then choose which surgical speciality to train in. Here, he or she will find “general surgery and the digestive system” as one of the specialities listed. However, he or she may think that this name, far from correctly defining this speciality, makes it lose importance somewhat, or that it

comes from a contraction of “surgery in general and the digestive system in particular”. It would appear as if the term “general surgery” does not seem to be important enough.

It is alarming how little detail the official speciality programme<sup>1</sup> gives when referring to the end product that it hopes to create, which “depends on the circumstances of each resident junior doctor and each hospital.” In general, it could refer to “unspecialised specialists”: flexible professionals with training that provides them with generalised points of view which are wide enough to be able to completely cover the different areas within the speciality<sup>1</sup> and which would develop the skills needed for professional adaptability.<sup>2</sup>

Although general surgery was outlined in a recent study<sup>3</sup> as being a more balanced speciality compared to others, with good work prospects for the next twenty years, the number of students wanting to enter into surgical specialities has increased. It is as if general surgery has lost all the appeal that it had in the past – something that has been perceived and noted overseas too, where less and less junior doctors are choosing to “remain only as surgeons”.<sup>4</sup>

One very important concept which will have repercussions on the future of our speciality, which is considered in the programme as “a type of core discipline among the surgical specialities”, is the new core subject system. Establishing and developing core subjects in training could be a milestone and an important recognition for our speciality, if it strengthens healthcare resources. Or on the contrary, it could also mean another step towards the theoretical deterioration of our speciality as it removes a level from the specialisation scale. This new system would mean that a general level could be reached at the end of the core training (2 or 3 years), as is the case in the USA,<sup>5,6</sup> even though this would only be in name and not in competence, and the training for the second part of the qualification would be obtained in the following

☆This Editorial summarises the State of Opinion of the *Sección de Formación Posgraduada y Desarrollo Profesional Continuado* (Department of Postgraduate Training and Continuing Professional Development) of the *Asociación Española de Cirujanos* (Spanish Association of Surgeons): Landa García JI, Docobo Durantez F, García García J, Iturbe Belmonte I, Jover Navalón JM, Lobo Martínez E, López de Cenarruzabeitia I, Morales García D, Sanz Sánchez M.

years. Furthermore, the concept of specific speciality areas would separate the content of general surgery into specific fields and could be justified by the fact that continuous technical and conceptual developments in general surgery makes it impossible to cover absolutely everything. There is also evidence that commitment to specific fields can significantly improve end results. Entry and accreditation into such areas is initially promoted by the European Union of Medical Specialists (EUMS), which is still lacking a legal and regulatory basis.<sup>4</sup>

In Spain, gaining entry into one of the training areas would depend on the circumstances surrounding each surgeon and the type of hospital which he or she is to work in.<sup>1</sup> It "could be carried out by means of a training programme, or via professional practice that is specifically designed for the corresponding area, along with continual training activities in the same area, and always after assessing professional competence and following at least five years professional experience in the speciality".<sup>7</sup>

The way that it is actually applied in our healthcare system should reinforce the speciality and the surgical departments, which could incorporate different areas depending on the characteristics of each hospital, including organising procedures for certain severe, complex and infrequent diseases on a regional basis.

However, systematically organising surgical departments into independent units could cause the general surgical concept, competence in treating different diseases, and surgical training to become disjointed for resident junior doctors and the rest of the staff undergoing continual training.

Lastly, laparoscopic surgery is another fundamental aspect which is of interest and has an important effect on current surgical practice. Although it does not belong to any specific learning area as such, it raises important questions concerning its training and competences.

Twenty years since it was introduced, its level of development and the extent to which it is used is being irregularly assessed. Although the use of laparoscopic surgery is deemed to be at a "medium-low" level by Spanish<sup>8,9</sup> and European<sup>10</sup> representative bodies, it could be considered as "satisfactory", however, from a more practical point of view.

We must not forget that during recent years "and starting from zero", most surgeons, no matter what their age, profile and status is and what training background they have, have been gradually accessing this technique, and have successfully been able to balance their learning in this technique and the structural deficits of their hospitals with the pressure associated with providing healthcare. All of this has been led by a small group of pioneers in each region and hospital that knew to react early and efficiently, and that are currently still promoting this change.

Another, more complicated issue would be integrating advanced laparoscopic surgery within the context of general surgery and specific training areas. According to Cuschiari,<sup>10</sup> in many European countries to date general surgeons trained in different specific training areas have not often become involved in advanced laparoscopic surgery, except in a few and significant examples. If this assessment is correct, where

will the next generation of advanced laparoscopic surgeons come from?

In our opinion, it is essential to commit to minimally invasive surgery training in the areas of specialities, and this must revolutionise the way that surgical pathologies are approached, dealt with and treated.

It is a real challenge, possibly its greatest challenge, given that the present and future of surgery in Spain will greatly depend on the way that this training is organised.

However, this transformation will not be possible without the determined involvement of the majority of surgeons and departments. It will only be through their firm belief, practice, continual training and collaboration with other surgeons to introduce advanced techniques that all types of surgical techniques using laparoscopy, depending on the type of department and hospital, will be able to be established as usual practice.<sup>11</sup>

Therefore, the Comisión Nacional de la Especialidad (Spanish Commission for Specialities) and the Asociación Española de Cirujanos (Spanish Association of Surgeons) should be actively involved to supervise and strengthen the foundation, coherence, prestige and future of general surgery.

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