



Editorial

We are Proud of Choosing Pulmonology as Our Specialty

Estamos orgullosos de elegir Neumología como especialidad



Since the introduction of a single national exam for admission to specialized healthcare training in 1987, the choices made by resident doctors (MIR) in Spain have changed dramatically. In addition to the gradual increase in the number of places and specialties offered, the last decade has seen a shift in trends, with specialties such as dermatology and plastic surgery now topping the list of preferences, displacing cardiology, which, although still in high demand, is no longer at the top of the rankings.

Residency in Pulmonology does not seem to be an attractive option for newly graduated doctors. Compared to other medical specialties considered to be related, such as Cardiology or Gastroenterology, the MIR selection data reflects a significant difference in the interest they generate. In recent years, the number of places offered has increased, with a total of 161 in 2025. The first place chosen was number 177 and the last was 6391, but only 26% of the places were chosen by candidates with numbers below 4000, compared to 52.3% in 2020. On the other hand, the specialty of Thoracic Surgery was chosen for the first time at number 440 and the last at 5525, confirming a downward trend: in 2024 it was exhausted at position 4809 and in 2023 at 5011.

Among the factors that could explain this decline in interest, one of the most relevant is the lack of visibility of pulmonology both in society and in university education. While the general public clearly understands what a cardiologist or oncologist does, few could accurately describe the scope of a pulmonologist's work. Prevalent conditions such as COPD and obstructive sleep apnea, despite their impact on public health, are virtually unknown outside the medical field.^{1,2} It could also be argued that within Respiratory Medicine, some of these areas—such as sleep apnea and long-term respiratory care—are not always given the visibility they deserve, which may further contribute to a distorted perception of the specialty. In addition, in medical school, the specialty is often diluted in other subjects or taught by professors from different areas, which contributes to a blurred view. Even in clinical practice, students' exposure to pulmonology or thoracic surgery is often limited and focused on routine aspects. The consequence is clear: less knowledge and less interest. This fact is relevant, as studies show that early contact with a specialty during the undergraduate stage is significantly associated with the subsequent choice of that specialty.³

Other factors are related to the general perception of the specialty. According to a global systematic review, the most influential criteria in choosing a medical specialty are a controllable lifestyle, interest in the discipline, and work-life balance.⁴ In the Spanish

system, this trend is confirmed: specialties with long shifts and continuous care tend to be less in demand, while those with private practice potential gain ground. In this context, Pulmonology and Thoracic Surgery are perceived as demanding and offering less "practical reward," which puts them at a disadvantage.

Added to this, there is a paradoxical aspect: what many pulmonologists consider one of the greatest virtues of the specialty—longitudinal patient follow-up, from diagnosis to treatment—can be seen as a disadvantage for those seeking a more time-limited or less emotionally demanding professional practice. In contrast, specialties with more specific fields of practice and more striking procedures may be more attractive to young doctors seeking visible, dynamic work with greater disconnection outside working hours.

In the surgical field, Thoracic Surgery has historically been in competition with Cardiovascular Surgery, traditionally considered its most prestigious specialty. However, the former has sometimes been perceived as less attractive, partly due to its lower economic profitability and the limited interest it arouses in the biomedical industry compared to other disciplines with a higher volume of procedures or associated drugs.

It should not be forgotten, however, that both Pulmonology and Thoracic Surgery are constantly evolving specialties. In recent years, new diagnostic and therapeutic tools have been introduced that significantly expand treatment possibilities and increase employability in different settings. Despite this development, the lack of awareness of these opportunities among future residents limits their appeal and contrasts with the real needs of the healthcare system.

How can we increase interest in Pulmonology? We believe the main issue lies not in the intrinsic appeal of the specialty but in its lack of visibility within both the medical community and society. Departments must open their doors to students, involve them early, and share the aspects of the specialty that cannot be learned from books: Pulmonology brings together science and humanity, technical skills and clinical reasoning, acute care and long-term support. Social media also offers a powerful modern tool to showcase the specialty to a broader audience beyond the academic setting.

We suggest increasing our presence in undergraduate programs with seminars and technical workshops; encouraging early rotations in monographic consultations, bronchoscopies, intensive care units, and hospital wards. We believe it is essential to give a voice to young residents and assistants who can convey their

close and enthusiastic experiences, showing that we are a decisive, cross-disciplinary specialty involved in critical care and complex chronic diseases.⁵ In addition, specific studies should be designed to explore the perceptions and concerns of the new generations of physicians, and so that strategies can be adapted to their expectations.

We are residents in Pulmonology and Thoracic Surgery who are confident in our choice. In these specialties, we have found a balance between scientific knowledge, technique, and closeness to the patient. We work with prevalent and complex diseases, but also with great opportunities for intervention and improvement. Pulmonology and Thoracic Surgery gain as they become better known, and showing their true potential is the key to arousing interest commensurate with their clinical and social relevance.

In short, we have a specialty with a solid clinical foundation, powerful diagnostic tools, intervention capacity, and a promising future. We just need to show it up close so that the public and students can realize all it has to offer.

Artificial intelligence involvement

Artificial intelligence (AI) was used only to assist in the English translation and language editing of the manuscript. All content, ideas and conclusions were entirely generated and verified by the authors.

Funding

This work did not receive any fund from any public, private or non-profit entity.

Authors' contribution

All authors contributed equally to the conception, drafting and critical revision of the manuscript and approved the final version.

Conflicts of interest

The authors declare no conflict of interest.

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