Letter to the Editor

The price to pay: perversions in (cardio)thoracic surgical training

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The extraordinary actuality of the article of Lim and Tsui [1] and, more importantly, the reflection of Mestres et al. [2] are my excuses for this letter. Being a general thoracic surgeon in Hungary with significant senior post experience in UK my reflection is of a mate fighting in the same trench in the next platoon.

As failed professionals [3] we are getting what we deserve. Pure logic dictates if Sunday is like any other day of the week, than 12 AM and 12 PM are the same, too. The idea of shift-work in hospital is the price what the medical profession has to pay for having kept the mouth shut when others were enforced to do what is against biology and psychology. (Leave cultural and religious aspects out.) Now, its showtime, for us. Medicine is just like any other service but more expensive, for them.

We cannot measure our juniors by our standards in a world that had turned upside down. They should be entitled to the same recreational time as their contemporaries—even if we ourselves had sacrificed our own in the past. Who can demand significantly more of our trainees than other professions playing in the same league, which offer more income and prestige?

We did not make it clear, that while in medicine it is enough to read and see, in surgery, due to its craftsmanship features, manual activity is a sine qua non of learning. Working hours should refer to ‘working only’ people. To my best knowledge there are no learning time directives so far. Let the two be separated to get a clear picture.

Senior surgeons can work a big deal without any help of their juniors. Hospital managers are tending to use junior doctors in non-doctoral functions to spare money and workplaces. Therefore, it is in our interest and duty to defend our trainees and protect our patients.

The solution is at armlength. We desperately need clear definitions and minutiously kept laws equally applied within the whole European Union. Time directives should refer to the consultants also. Paragraphs are the only language what our rulers — i.e. the managers — understand. Work should be treated as work and learning as learning.

If we do not create a framework of our professional (and not employée [3]) activity, somebody else will do that. Do not forget—there is a long queue of those, who are willing to work under the rules of the bean counters at the price of the safety of the patients and goodwill of the profession. Professionals of Central Europe are within the gates: the 1:10—15 ratio in income is a temptation for becoming an employée—a challenge what very few can resist.

If the operative feature of surgical training had to be emphasized in a title [1], then it speaks for itself. That happens if we do forget that not all aspects of our art can be described by methods of Evidence Based Medicine [4].

References


The authors of the original paper [1] were invited to comment on this Letter to the Editor but declined the offer.

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