

Common sense and other qualities of a surgeon

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Abstract

The art and philosophy of surgery are not that often discussed in modern medical literature in comparison with scientific discoveries and technological advances, although they are no less important for the training of future generations of surgeons and maintaining their high standards. The authors of this article attempted to analyze on the basis of their personal experience and review of selected literature the most important conditions for the development of a good surgeon and the qualities that such a specialist should possess. In addition to solid theoretical knowledge, practical skills and a number of professional and personal qualities, a good surgeon should possess common sense. This is what allows the surgeon to make logically sound practical decisions in situations where scientifically established treatment criteria are not available. The possible ways of developing and enhancing common sense during surgical training and subsequent practice require separate analysis.

Keywords: *common sense, the quality of a surgeon, surgery training.*

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Surgery, as a field of human activity, is more complex than its traditional description in the form of science, craft and art. Not all questions arising in the process of surgical practice can be answered solely by randomised controlled trials and other studies aimed at scientific justification of treatment. The concepts of art and philosophy of surgery [1] are not that often mentioned in modern medical literature, because they are not scientific and cannot be randomized, and, therefore, according to many have no right to publication. These concepts are difficult to define and their significance is difficult, if not impossible, to pass to the next generations of surgeons by formal medical teaching, although the issues of professional, moral, ethical and other personal qualities of the surgeon are very important for training of good specialists and maintaining their high professional standards [2]. The authors of this article have already tried to partially reflect this topic in medical publications both in Russia and abroad [3, 4] and, on the basis of their personal experience and review of selected literature, offer further analysis of the most important conditions for the development of a good surgeon and qualities that such a specialist must possess.

Characteristics of a good surgeon are inevitably subjective and have different meanings, depending on whether

the term is used by peers, patients and their relatives or, for example, social media. Even an Internet search could not provide a clear definition to the phrase «good surgeon» but revealed numerous qualities a surgeon is expected to possess. For example, the prestigious British Medical Journal gives junior doctors advice on the steps of career growth in order to become a good surgeon but quite rightly admits difficulties in defining the one [5]. Although various bodies have set out their own minimal competences a surgeon in training has to acquire to be considered adequate, the authors of this publication during their 30-year professional career have not yet come across a surgeon who openly admitted to being just adequate but not good.

Undoubtedly, the future of any specialist depends on his (or her) education and training. Surgical training should fulfil two main objectives. The first one is to develop good manual dexterity. After all, manual work remains the crucial part of a surgeon's activity. Regardless of how other elements may seem important, a surgeon who is unable to operate because of insufficient 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 handle the most dif-

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ficult procedures but be to some extent lacking in their scientific aspects. On the other hand, the desire to obtain extensive theoretical knowledge on complex medical issues often co-exists with the lack of progress in the operating room. The readers can judge for themselves whom of the above two categories they would choose to be their surgeon.

In addition in education and training certain features of personality appear to be essential. Not every trainee who acquired high technical skills and sound theoretical knowledge becomes a truly good surgeon. In this context, the authors refer to the 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 unexpected and adverse outcomes of treatment. High intellectual potential, good communication skills, professional courage and honesty are also important.

A good surgeon should be a leader who is able to assess accurately strengths and weaknesses of other members of the team 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 [2]. A good surgeon should also 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 view linking the professional success of a surgeon to a practical-minded obsession with the possibility of failure and its consequences, and ability to routinely evaluate mistakes [6].

Many similar thoughts have been commented upon in various medical literature, memoirs of retired surgeons, educational papers and even publications of government agencies. Thus, Bureau of Labor Statistics of the U.S. Department of Labor mentions among the important qualities communication skills, compassion, detail orientation, dexterity, leadership skills, organisational skills, patience, physical stamina, and problem-solving skills. Physical stamina is explained by the requirements to lift or turn patients and spend a great deal of time bending over patients during surgery [7]. Interestingly, even the Royal College of Surgeons of England does not put physical skills for performing operations on the top of the qualities needed by a surgeon. Manual dexterity is listed only after specialist knowledge for accurate diagnosis of a patient's condition and good communication skills for listening to and understanding the concerns of a wide range of people and earning their trust [8].

Despite the established professional, intellectual and moral goals very few professionals reach the status of a good surgeon in the broad meaning of this term. What is the right balance between highly specialised technical skills and wide medical knowledge? Should a surgeon follow his (or her) trusted clinical experience or engage in the never-ending search for new approaches to treatment? Should he (or she) thrive to the elegance and beauty of movements

in the operating room or operate with maximum technical accuracy 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 the time to enhancing the general understanding of other medical and even non-medical disciplines? Are kindness, compassion and 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 timely and safely manner?

There are no simple answers to the above questions that 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 [9, 10]. It is common sense that determines the optimal combination of various, sometimes completely opposite, qualities of an individual surgeon. For a doctor who is already in possession of most of the previously described and desirable qualities the ability to apply common sense to clinical practice remains 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 of a human being. 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. At present surgery is not an evidence-based profession and may never become one. The authority in medicine in general, and in surgery in particular, is based of two competing components: clinical expertise and scientific evidence. The arguments based on clinical experience almost always override those based only on scientific data. Moreover, there are many decisions which surgeons are forced to make in the absence of scientifically established criteria [11]. Common sense in such circumstances minimises the error of judgment, because the correct decision in surgery is still determined by clinical results and not by scientific reasoning [11]. This is what allows some surgeons to perform an 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 delicately dissecting tissues in the correct anatomical plane and constantly relying on their visual and tactile sensations, while others cannot do it at the same level, despite having been taught similar skills. This is what allows surgeons to make

quite often an uneasy decision when the operation should be declined. As a rule, only those who possess common sense become successful and good surgeons.

Conclusion

In addition to strong theoretical knowledge, practical skills that a good surgeon is expected to possess, the presence of common sense is of paramount importance. It al-

lows a surgeon to make logical practical decisions regardless of specialised medical knowledge and received training in situations where scientifically established treatment criteria are absent. The possible ways of developing and enhancing common sense during surgical training and subsequent practice require separate analysis.

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