LETTER TO THE EDITOR

Considering the Fringe

To the Editor:

When I entered my surgical internship in 1985, I was eager to keep up with the surgical literature and was directed toward the Annals of Surgery as a premier surgical journal. Maturing as a resident I came to understand that the opportunity to publish a study in the Annals of Surgery was a mark of distinction. Such is still the case, almost 3 decades later.

Recent legislation related to health care has caused me to ponder the current state of general surgery and the surgical literature before us. The role of the general surgeon has been fretted over in a variety of ways during my 30 years of practice: the safety of resident work hours and adequacy of training; the tension between increasing specialization and the loss of the generalist; the transition from fee-for-service to accountable care or something else; and what that means for those of us who perform procedures for a living, etc. It occurred to me that it may be instructive to review the nature of surgical practice through the lens of a surgical journal, and to assess how we as surgeons learn from one another in our journals. Specifically, do the topics we submit for publication, publish, and read in our journals serve our needs and the needs of our patients now, as compared to several decades ago?

I scanned the table of contents of the May 1985 issue of the Annals of Surgery to see what problems surgeons were grappling with, and how they reported their progress. In that issue, the presidential address focused upon the impact of specialization, several surgical series reported outcomes for colono-scopic polypectomy, thymectomy, adrenalectomy, splenorrhaphy, and palliative biliary surgery. Other tracts focused upon appropriate antibiotics, adjuvant chemotherapy, hormone receptors, and acid secretion. Finally, several articles discussed the costs of biliary drainage, the role of CT scanning, and experiments with free radicals. I wondered how things might be different in 2012. Of the original articles whose titles I perused in issue 5 of the Annals of Surgery over the past year, the lion’s share described either the outcomes of a series of patients treated surgically for a given problem or focused upon staging and survival prediction. The next tier of articles described a given technique or technique set, new observations of pathophysiology or anatomy, and novel therapies and their role. A smattering of articles focused upon quality per se, safety, system outcomes, animal models, surgical workforce issues, surgical education, novel materials, and simulation. The mix of topics was roughly reflective of many surgical journals, and although the level of sophistication of reported research has advanced mightily since 1985, the amalgam of topics looked pretty similar. Is it appropriate that the mix of topics we surgeons choose to research, submit for publication, review, publish, and read has remained relatively static over decades? I refer here to the mix, not to the reported research per se, which is breathtaking in its scope and depth.

In light of the sea change in medical practice that we are living through at the moment, the rapid-fire innovations in technology and social structures that we strive to use best and understand in every aspect of our lives, and the shifting definitions of surgeons and their roles in health care, I would submit that the current array of topics available to surgeons in our journals requires expansion.

In what directions might expansion take us? The challenges of surgical practice may point the way. Many surgeons bemoan the “fragmentation” of general surgery. Seen in another light, general surgery is not being fragmented at all. Rather, general surgery is in a process of immersion. As a discipline, surgery is struggling with the multiple con-tortions that accompany conformity to and inclusion within a larger entity—the health care enterprise itself. The value that surgeons bring to our medical community will continue to be expressed in published outcomes of our efforts in the operating room and in the laboratory, but that alone will be insufficient. In addition to parsing our analyses into ever more tightly bound packages, some of us will need to develop the analytical insights that will point the way forward for surgeons within the vast array of new data now available in electronic medical records and to communicate those insights in ways that are useful for surgeons and others. Rather than picking apart a series of patients with a certain stage of a particular illness treated within a certain institution at a certain time with a certain technique, surgical thinkers should begin to search for breakthroughs in surgical management understood and appreciated in their complexity and relationships to other disciplines, data sets, and novel information sources, unbound by arbitrarily assigned limitations. Examination of the relationship of surgery itself to the larger health enterprise requires close study. Will some young investigators develop skills in network analysis, data mining, and other disciplines less familiar to surgeons in general, which give us all insights into the future of our discipline and how best its tools should be deployed?

Within the realm of surgical education, is it possible to use existing technology to increase the density of surgical learning, given the increasing constraints of time and supervision and access to patients? At a time when more than 12 million people annually choose to play World of Warcraft online, and pay to do so, is it possible that clever, game-like surgical learning can be developed that augments or replaces the more onerous aspects of learning our long and difficult profession? Can games and game-like learning engage us over and over again, so that when presented with a challenge in the flesh, we react with the same degree of confidence and situational awareness that a fighter pilot does after many hours in the simulator? I imagine many surgeons and surgical educators would be intrigued by well-documented advances in this arena as well.

It may be naïve to imagine that surgical research and associated published reports will pivot briskly to assist surgeons in negotiating the new waters we all face. It may be that reports of advances suggested earlier will forever lie outside the purview of surgical journals, and other organs will disperse new knowledge. However, should any young surgical investigators have an interest in pursuing new information in less traditional “laboratories,” they will find a responsive audience within surgery and within a wider audience as well. We should make an effort to create room at our table for those whose insights expand our notions of what surgeons should discover.

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