

General Surgery: Is it time for a name change in an era of unprecedented sub specialisation?

DISCUSSION

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No conflicts of interest to declare.

Accepted for Publication: 06.08.18

ABSTRACT

In an era of increasing medical sub-specialisation, is the title of 'general surgery' still fit for purpose? The practicalities of a name change are considered alongside the potential benefits. We argue that traditional dogma should not mean ambiguous or inaccurate specialty titles are kept.

If you were to ask a member of the public which medical conditions they visit their general practitioner for, the answer would be almost any. What about a general surgeon? Some individuals may be surprised to hear that general surgeons in the UK do not perform all procedures, as their name might imply, and appear instead to be becoming increasingly specialised.

Historically, general surgeons in the United Kingdom operated on multiple body systems and their title therefore reflected this role – as is still true in some countries. There is no universally accepted list of general surgery's many sub-specialities, though colorectal, upper gastrointestinal and hepatobiliary all fall within its realm. Having previously been a subspecialty of general surgery, vascular surgery became a speciality in its own right in the UK in 2012. (1) Currently, there is debate as to whether breast surgery should follow suit. (2) Fiona MacNeill, President of the Association of Breast Surgery, notes that breast surgeons have wanted to break away from general surgery over the past decade, hoping to improve the skills of trainees by establishing a separate curriculum. (2)

Misnomers are rife throughout medicine, so why should general surgery be any different? A pyogenic granuloma is neither pyogenic nor a granuloma, so why take issue with this nomenclatorial inaccuracy? A title is a useful insight for the patient into a doctor's role during introductions – the importance of which is highlighted by Dr Kate Granger's #hellomynameis Twitter campaign. (3) Building a strong rapport from introductions is integral to patient-centred care. (4) Any improvement in accuracy when sharing the summary of a surgeon's role will strengthen the patient-surgeon relationship.

In 1999, The Royal College of Surgeons of England discussed ambiguous titles in relation to patients' understanding of theatre staff, stating that *"the patient must be aware of the role of the person treating them"*. (5) A patient should know the area of expertise of a general surgeon when consenting to an operation to make an informed decision, which may not be the case if the word general is present in a title as this is not reflective of a surgeon's area of practice. (6) For example, it is possible that patient rapport and trust in a general surgeon may be affected if it is unclear in what field the surgeon has trained and what their subspecialty is. Their area of expertise needs to be stated in order for informed consent to be given.

So why has the title not changed?

An inevitable consequence of a name change would be the formation of multiple subspecialties. The GMC has a temporary suspension on the addition of new subspecialties following the Shape of Training report in 2013. (7) Authors of the report felt that patients should be treated by generalists who can care for their needs holistically. The report also suggests that patients' needs would be better met by doctors who have received broader training as they may flexibly adapt their roles to meet local requirements. (7) If the aim is to keep the scope of surgical training broad, keeping the title of general surgeon would help towards this.

If new specialities were allowed to form, this would not be straightforward, with economic and political barriers to be overcome; not everyone will necessarily see the potential impact that a change of name of general surgery could have on everyday practice. On a practical level, if general surgery were to subspecialise, new curricula may need to be developed for each sub-speciality, a process which would be both costly and laborious. (8) There may also be resistance from individuals who feel that the title of general surgeon remains accurate. There is no proof beyond anecdotal evidence that the title of general surgeon is confusing and negatively affects patients' experiences in hospital. Those critical of a name change might argue that many patients do accurately understand the scope of general surgeons' work and would merely need to ask the surgeon to clarify their areas of expertise, were there to be any doubt.

General surgery is not the only surgical speciality to encompass a wide range of disciplines. If general surgery were to change its name, it could be suggested that ENT ought to sub-specialise to more accurately reflect the disciplines encompassed within it; paediatric otolaryngology is considerably different to rhinology. (9) However, the word "*general*" in the title of general surgeons is the source of ambiguity. The title carries historical connotations, implying that the surgeon operates across multiple surgical specialties, which is not the case with ENT.

There will remain a need for surgeons who can act as generalists during an emergency. This is currently covered by a range of general surgical sub-disciplines whose surgeons receive training in emergency general surgery. A 2017 statement by the Association of Surgeons of Great Britain and Ireland suggested a title change to "*consultant surgeon with specialist interest in acute surgical practice*" to highlight those who perform emergency work. (7) This would provide a clearer distinction between a truly specialist surgeon and one who performs generalist emergency work.

Unofficial sub-disciplines (e.g. breast surgery, transplant surgery, etc.) within general surgery have already formed and will have potential to become official in the future. When this time comes, there should be a name change for general surgery – but now does not seem to be the appropriate time.

If you were tasked with reclassifying surgical specialties based on which operations they perform, how would you do it?

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Journal DOI

10.18573/issn.2514-3174

Issue DOI

10.18573/bsdj.v3i1

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Cardiff University Press

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