

Why There Should Be an Independent American Board of Vascular Surgery in North America: An Objective Outsider's View and How the ISVS Can Help

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The question often asked by junior trainees these days, is what is general surgery? So far, I have never heard a good definition of this mythical specialty, which used to exist in the days when everyone did everything. Those days have hopefully passed and the title is an anachronism. Gradually portions of general surgery have correctly detached themselves from the main body and become specialties in their own right, such as urology, orthopedics, cardiothoracic surgery, etc, and no one actually argues that this was the right thing to do. Why is it therefore correct for all the other remaining "subspecialties" of the main body to remain within it? The main reason, I believe, is that the authorities in charge of training cannot work out how to cover emergency service or deal with practice in smaller centers where it is not feasible or possible to have all specialties represented. This is not a valid reason, however, for preventing progress of the so-called subspecialties. Other models for practice and treatment should be found, such as the hub-and-spoke model, which works well in many countries. We have the same problem in parts of Europe, but the main European board for surgery has now agreed that vascular surgery should be a specialty for all the reasons that I shall be outlining shortly. In the United Kingdom, however, it remains a problem that the Royal College of Surgeons, which controls training, still regards vascular surgery as a part of general surgery. However, because of representations to the college and the reality that vascular surgery is practiced in many centers, the College of Surgeons is looking at the possibility of making vascular surgery a separate specialty as it now is in many countries in Europe.

The advantages are self-evident and include a freedom to change training and practice as the subject changes, to allow proper supervision of training and research, and to allow advances in the subject to be made. It is hardly necessary to repeat the well-known phrase "Jack of all trades, master of none." With the best will in the world, a large central body cannot be responsive to the subtle changes required of a specialty subject. Vascular surgery, in particular, provides a vivid example of that in that changes in training are urgently required to avoid the subject being taken over by other specialties. At this time, vascular surgeons should not be involved in irrelevant subjects such as colorectal and abdominal surgery but should be spending more of an ever-shrinking training time learning to pass wires and becoming endovascular specialists while getting involved in research and development. As long as vascular surgery remains part of the general body of surgery, it will not advance. In fact, it will decline as it cannot respond to the changes that are necessary now. Unless these changes are brought in, there is a grave danger that it will become atrophic and disappear altogether.

How can the ISVS help in this process? It can do this by trying to convince the governing bodies in countries where vascular surgery is not a specialty that they should allow it to become one. We can cite the example of many countries around the world where it already is a specialty and examine the way in which they achieved that status. The ISVS can help to orchestrate a common training and research program throughout the world and unite vascular surgeons to carry out objective trials to show which treatment is the best one rather than being simply pushed in a certain direction by the interests of industry and individuals. It can also advance the cause of vascular surgery by creating a knowledge platform that can be transferred to the press, other doctors, and governments to show that vascular surgery is able to comprehensively treat vascular disease by endovascular means, medical treatment, and open surgery if necessary. Only in this way will the patient gain the best treatment rather than the single modality offered by other specialties often based on no evidence at all.