An interview with Michel S. Makaroun

Q. You’ve been leading the way on the issue of a future workforce shortage. Will this be a major initiative of your presidency? What other issue(s) and challenges stand out for your attention?

A. Unfortunately, the shortage in trained vascular surgeons is no longer in the future but currently upon us and has been a concern for years. There are far more advertised vascular surgery positions than we can accommodate. The shortage is only expected to get worse as nearly 40 percent of our members are over the age of 55. What complicates matters is a maldistribution of vascular surgeons: We are concentrated mostly in large urban centers and in certain parts of the country; yet vascular surgeons are necessary for most hospitals, as they enable other specialties and are required for many life- and limb-saving procedures. Some older surgical colleagues in general and thoracic surgery trained decades ago still provide some of these services, but are also retiring, leaving many hospitals without any vascular surgical care.

Shortages are not unique to vascular surgery, but more acute in our specialty because of an aging U.S. population as well as the diabetes epidemic. There are no easy solutions, and whatever is there will not have an immediate impact. The SVS intends to push for more training positions, attempt to develop strategies to encourage later retirement and possibly suggest mechanisms to provide vascular surgical services to smaller community hospitals.

Q. What would you like your presidency remembered for?

A. The SVS is no longer a succession of one-year presidential terms, but more of a continuum of initiatives that fit into a strategic plan developed by volunteers, elected officers, representatives of different constituencies and a dedicated full-time professional staff of the Society. Many defining programs are under development to add to the existing offerings of the SVS on behalf of its members in advocacy, education, research, quality improvement and clinical practice priorities. I hope the coming year will deliver a more inclusive environment for our vascular team members, more collegial relationships with other specialties and more autonomy in decision-making for vascular surgery. We are also hoping for a signature program that will help promote quality and appropriate care for our patients.

Q. Do you anticipate changes coming to the Society? What ones?

A. The SVS is a vibrant and dynamic association that responds to our changing environment and member needs. I am excited and inspired by the hundreds of imaginative and dedicated colleagues who are working to make it stronger, more responsive and more inclusive.