Advice to young surgeons

Roger T. Gregory, MD, a James S. T. Yao, MD, PhD, b and Norman M. Rich, MD, c for the History Project Work Group of the Society for Vascular Surgery, Norfolk, Va; Chicago, Ill; and Bethesda, Md

Advice is defined as “recommendation regarding a decision or course of conduct.” This suggests or implies a request or need for direction. Advice from old to young is not always welcome, yet in today’s complex world of medical practice, there has never been a time when advice is more needed by young surgeons emerging into the medical environment. The enormous changes in the practice of vascular surgery—from open surgery to endovascular surgery, from hand-written hospital notes to electronic medical records, and from various private third party carriers to the Affordable Care Act—all represent staggering upheavals in the everyday practice of medicine. Further, many couples are two-career families, which puts extra demands of time on both, leading to added stress. Thus, when the History Project Work Group of the Society for Vascular Surgery (SVS) conducted interviews over the past few years, advice was considered to be an important topic for discussion.

In 2009, the SVS, under the leadership of Richard Cambria and Peter Gloviczki, initiated a project to preserve the history of the SVS, including the merger with the American Association for Vascular Surgery (AAVS; originally the International Society for Cardiovascular Surgery, North American Chapter), and of vascular surgery as a surgical specialty via audiovisual DVD recordings of interviews with leaders and contributors of vascular surgery. A committee called the History Project Work Group was formed. The structure and functions of the nine-member committee previously have been described in detail. It soon became apparent that the information we collected has not only historical value but educational value as well. Lessons we learned from the interview program have been reported recently.

Beginning in 2011, the History Project Work Group conducted 80 interviews. The Table shows the numbers of interviews in four categories. Unfortunately, several former presidents were unable to grant an audiovisual interview because of their neurological condition. At the conclusion of each interview, the question “What advice would you like to give to the young vascular surgeons?” was posed. Some of the best individual answers follow.

Robert B. Smith III, MD, Atlanta, Ga (President, AAVS 1997)

I have a lecture I have given several times with that exact title. In the closing comments I have mentioned:

1. Attention to the family. Because vascular surgery is an all-consuming profession you can get too locked into it if you are not careful. So, spend as much time as possible with your family. Art Voorhees told me when I left his program that he never knew of any surgeon who said on his death bed that he wished he had done more aneurysms!
2. Personal integrity. This is paramount to success especially if you are a vascular surgeon and the patient’s welfare is your prime concern.
3. Other attributes:
   a. Perseverance
   b. Dedication to the specialty
   c. Patience when things aren’t going well. I sometimes tell my colleagues to offer the surgeon’s prayer, “God, if you’ll just get me out of this this time, I will never do this again!”

Professor Roger Greenhalgh, London, England (Honorary Member, Selected Contributor)

Enjoy what you are doing. Do what you love to do and it will not seem to be work. And get paid for it! A feeling of genuine warmth comes from that combination!

Thomas J. Fogarty, MD, PhD, Portola Valley, Calif (President, SVS 1995)

You must be persistent. Ignore what others think. And forget committees—if you want to do something, just do it! Don’t horse around trying to see how to do something. When you jump into a project or activity, then you become familiar with the details and can move ahead.
So you want more specific advice? Always be patient-centric in your focus. Your obligation as a physician is not to government or to an institution. Your focus should always be on caring for patients.

Christopher K. Zarins, MD, Stanford, Calif (President, SVS 1999)

Remember that it is a privilege to be a surgeon. Not everyone gets that opportunity. It must be earned every day. You must be committed—that is how it is earned. And for those with academic interests, try to integrate that interest with your clinical activities.

Larry H. Hollier, MD, New Orleans, La (Distinguished Fellow, Selected Contributor)

Do what excites you. Is this fun? Do what interests you. And hope your wife supports you!

Alexander W. Clowes, MD, Seattle, Wash (Distinguished Fellow, Selected Contributor)

You must do vascular surgery if you like pipes. Remember that the heart is only a pump. The pipes are the important part of the circuit, and it is the pipes that do everything important. As vascular surgeons, you get to work on these pipes. And the tool box is huge! There is open surgery, endovascular, diagnostics, research, and many areas to utilize. There are still many challenges to address.

Anthony M. Imparato, MD, New York, NY (President, SVS 1985)

Learn how to operate!

Norman M. Rich, MD, Bethesda, Md (President, AAVS 1990)

Recognize that you have an exciting future ahead. The opportunity to innovate and contribute has never been better. And mentors are important. Our medical students are involved in “capstone” projects. They are challenged to choose and work on an area of interest for all 4 years, mostly in their spare time. In the fourth year, they are given 3 months to complete the project. One of my students is working with me on updating the Vietnam Vascular Registry. I have become really excited about this project as well! Thus, choose mentors who are excited about what you are doing!

Kenneth L. Mattox, MD, Houston, Tex (Distinguished Fellow, Selected Contributor)

Remember that the volume of medical knowledge doubles every 7 years—maybe every 5 years now! So, you must work hard to keep up! Never be satisfied with what you have. Always question your elders’ dogma of “the only way” of doing things. Leave the world a better place by building on the past.

Base your activities on science, but never lose your humanity.

Jimmy F. Howell, MD, Houston, Tex (Distinguished Fellow, Selected Contributor)

If you really want to be a surgeon, you better like what you are doing because it’s hard work! But very satisfying. You know, I wouldn’t do anything else—ever! If I had to do it all over again, I’d do the same thing.

Julie A. Fleischlag, MD, Sacramento, Calif (President, SVS 2014)

You have to be a good surgeon. Get trained! You must be an excellent surgeon, both technically and emotionally. Take as much time as you need. Some areas will come easily and some do not. Reassess all the time—are you happy doing this? If not, readjust. You might need to find something else to do. There are many options: research, vein centers, etc.

Is there different advice for women? Well, women seem to feel more overwhelmed or inadequate. Yet, a recent publication suggests that men feel exactly the same way, but it doesn’t bother them.6,8 Men just keep going. You know, men will apply for jobs that they are not qualified for! Women tend to wait longer. All of us feel the same way when faced with a ruptured aneurysm!

Peter Lawrence, MD, Los Angeles, Calif (President, SVS 2015)

I would tell them to pick something for which you have a passion. To be successful, one key component is “passion.” This last year as President of SVS, people would say this must be a lot of work but I never have a minute that I don’t realize this is a great honor. I have had the greatest time dealing with the Presidency as well as being President-elect and Vice-President because I have passion for doing it.

Allan Callow, MD, Boston, Mass (President, AAVS 1975, SVS 1986)

When asked about courage, John Wayne said, “Rough situations are going to come up. So what do you do? You just saddle up and ride out! And it usually works out OK.” And so it is with medicine and surgery. You are going to encounter some rough situations. Just remember John Wayne—saddle up and ride out! And you’ll be amazed at how most of the time it works out OK!

Jock R. Wheeler, MD, Norfolk, Va (Distinguished Fellow, Selected Contributor)

Medicine has changed so much from when I was in practice that it is difficult for me to give meaningful advice for today. With the change in the resident work week and all the government regulations, it is a different environment. Yet, with all these changes, dedication and honesty remain the keys to success. And it is hard to beat hard work.

George P. Noon, MD, Houston, Tex (Distinguished Fellow, Selected Contributor)

Stay current. You must stay up to date. For example, there are many that can do endovascular today: the radiologist, cardiologist, as well as the vascular surgeon. If you are not current and up to date, there will not be enough for you to do!
James S.T. Yao, MD, PhD, Chicago, Ill (President, SVS 1993)

You have a great future in vascular surgery. Work hard. Just shut up and do it!

In reviewing these multiple statements and opinions from these and other interviews, three common themes emerged:

1. Diligence: A successful career in vascular surgery without this is virtually impossible. Vascular surgery requires a commitment.
2. Passion: You will not excel unless you have passion for your job.
3. Balanced life: This might be the most difficult area to address. Vascular surgery requires a total commitment, yet so does family. Balancing the two without an occasional conflict can be difficult and, at times, impossible. Clearly, this is the challenge of the profession.

CONCLUSIONS

Advice is a wonderful thing if offered honestly and received with an open mind. The Interviews with Leaders and Contributors program has not only historical value but also educational value. This SVS History Project Work Group interview program has allowed us to gather a host of thoughtful ideas valuable for the young and old. These ideas come straight from the innovators, contributors, and giants of vascular surgery.

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REFERENCES


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