Popularity of Overlapping Surgery - Substantial Support or Potential Barrier for Young Surgeon’s Growth?

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Introduction

In my view of point, overlapping surgery often needs a definitive “specialist” to perform the key part of surgery for different patients one by one even if other junior surgeons might have abilities to finish it. By comparison, concurrent surgery aims to save operative time or medical cost that often needs lots of surgeons but not one definitive specialist to perform joint-operations for one patient in one single surgery or lots of operations for multiple patients simultaneously. Sometimes it’s not easy to very clearly make difference from them because cross-part between both of their implications. Obviously, it’s frequently observed by us. But herewith, I would like to emphasize their own unique motivation that may be better to understand or define them. Simply in a word, the protagonist of overlapping surgery is one specialist who performs all key procedures for different patients, while the primary operator of concurrent surgery is one or more specialists who conduct(s) joint-operations for one patient or lots of surgeons in a work team perform different operations at the same time just aiming for cost-effectiveness of medical care. Obviously, the former more likely arouses public attention or remains controversial due to its potential loophole of motivation or itsunnecessarys.

Summary

The evolving story of overlapping surgery described by Mello et al [1] indeed unveiled the tip of the iceberg mainly due to its popularity and rich return for majority of senior surgeons. But it also may embrace problematic risks in advertent harms in real world. At first glance, thanks to this instructive and educational analysis on overlapping surgery, many viewpoints are worthy to be learned from practices. On second look, some issues still left readers confusing. For instance, who on earth often performs overlapping surgery? Why?

As a matter of fact, the primary surgeons are always “experienced masters” or “skillful craftsmen”, whose technique-art on critical part of surgery will be favorable to promise “safety and efficiency” for patients who have to be operated on immediately. Overlapping surgery allows this kind of surgeons to save a life in time. But if not necessary, overlapping surgery should be restricted not only to ensure quality of surgery but also to cultivate trainees’ ability. In addition, conflict of interests may be a social problem if a patient ultimately suffers from surgery-related complications or even fatal consequence. The key to resolve the dilemma is to identify a detailed rule of law to ensure everyone’s legal rights in every step of this process.

Despite that overlapping surgery may reduce young surgeons’ opportunity to practice operation; it is still worth being performed as it allows health care staffs to make full use of flow of higher technology-art in good order. Besides, it will shine with the introduction of relevant laws and regulation some day in the future. If do so, it will give the youngsters the edge due to its substantial support.

References