

The Scalpel

Oct 2012 Issue

Editors: Fangwei Liu, Yang Du and Kerry Atkins

Upcoming Events

Oct 17 2012 12:00-12:50PM

Intro to the OR

Dr. Robert Chan

Katz 1080

Oct 19 2012 12:00-12:50PM

Colorectal Surgery

Dr. Plewes

Katz 1080

Events in Planning

Surgery Clinical Skills Day

Surgery Residents Talk

Cardiac Surgery Talk

Orthopedic Surgery Talk

Specialty Profile: General Surgery – Dr. Jonathan White

What do you think is the appeal of surgical specialities as compared to medical specialities?

Hmmm. For me, I think it's two things. Firstly, surgery gets things done, it makes an impact. We used to say "surgery is a doing word", like it's a verb. I mean, it makes a big difference for patients. You take out their appendix, they get better. You remove their cancer. You drain their infection. It's not like prescribing a certain dose of a certain medicine and waiting to see what happens, and then adjusting the dose and waiting to see what happens again. I suppose there's more instant gratification in surgery. The other thing is that it's personal, you do it yourself, with your own hands. Of course, you work as part of a larger team of people, and you get to use cool instruments, but in the end it's the surgeon who is the treatment. It's you who's making the difference, you're doing the operation, you're leading the team. That means when it goes well, you get a great sense of personal satisfaction, but when it goes badly that's down to you too.

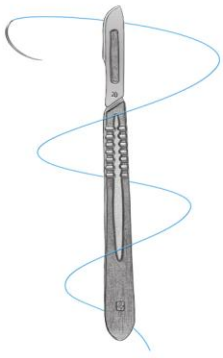
How did you decide on your surgical specialty?

I'm a general surgeon at the Royal Alexandra Hospital, but most of my elective practice is focused on colorectal surgery, so I spend a lot of time operating on the bowel. Choosing a direction for my career was a difficult decision for me - when I was a student I thought I wanted to be a family doctor, but after I graduated I got bitten by the surgery bug right away. I think it was the great team I worked on, the pace, the excitement and the way that patients got better quickly! I wish I could say that I considered a lot of other options, but really I was a general surgeon from the start. I liked the variety of practice, so many different operations to learn and every day being different. I also liked being a generalist, seeing patients with undifferentiated problems and having to make up a management plan on the spot. I also like making decisions based on limited information - for instance for the acute abdomen - you know something has gone wrong in there, but you don't know what, so you just have to get in there and make up a plan on the spot. I suppose it can be fun working in a smaller speciality or doing a smaller range of operations, but I kind of like the unplanned, chaotic nature of general surgery. I'm always looking for something different, saying "right, what's next?"

What does it take to be successful and happy in your specialty?

I'd say it's the same as for any speciality. For a start, you have to be doing what you love, it doesn't work if that's not the case. If you're like me, you're getting up every morning looking forward to seeing what's going to happen today. I'm not saying you won't have down days now and then, but in general you've gotta love what you do. Second, you've gotta like your patients. If you're saying "oh God, another patient with condition X", you can't really be happy. I'm like

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“hey, another person with hemorrhoids, I wonder what’s different about this one?” And really, people are fascinating anyway. So you gotta be a people person. Next, I think you need some variety in your work. Operating is fine, but you don’t want to do it every single day. That would be like working in a factory. I spend a lot of time teaching, running courses, supervising students and doing research in education, that’s where I get variety too. Next, you need to have some sort of balance, like have something outside of work. Your family, your hobbies, a life outside that has nothing to do with medicine. Sometimes you need to get away. We always used to say “what would you do with your life if you couldn’t be a surgeon anymore?” Start doing that a little now, just in case. Lastly, I couldn’t be happy without having someone to share all of this with, someone to tell my stories to. My wife is so wonderful, and I’m glad she isn’t a doctor, there are nights I come home and the last thing I want to talk about is work.

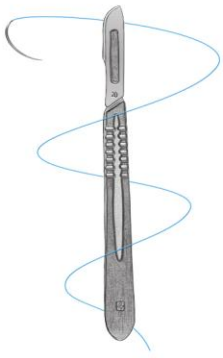
What advice would you give to medical students interested in your specialty?

If you think you might be interested in surgery, I’d advise doing some electives right from the start of medical school. Try out a few different things and work with different people to see what Surgery is really like. When you hit clerkship, it’s really easy to get bitten by the bug – I get a lot of students who say to me “I had a great time in the General Surgery clerkship, and I wanna be a surgeon!” I tell them not to get too excited just yet, go and check out all the other clerkships and if you still feel this way later in the year then come and talk to me again. Surgery isn’t for everyone, and you don’t want to make a rash decision – we want the best students in Surgery of course, but we want you to have considered all the other options and really know what you’re getting into.

How has your specialty changed in the recent past and where do you see it going in the future?

Your training gives you a set of general surgical skills, but you have to learn new operations in practice as they are developed. There are new operations and new devices coming along all the time, like laparoscopic surgery – they didn’t have that when I was a medical student! General Surgery has changed a lot - when I started training we did a wide range of operations including fractures, urology and plastic surgery, but since then we have become much more specialized. For instance, much of my work now is focused on colorectal problems, specifically colorectal oncology. It’s nice being an expert in a relatively small field, but I think we’re always going to need surgeons who can assess patients who get really sick really quick and decide what to do when the diagnosis is unclear. You have to know what to do with the broad range of problems that come in when you’re on call. There’s a movement towards a new speciality called Acute Care Surgery which is focused on dealing with acutely sick patients like this. Further down the road, I

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think genomics, nanotech and robotics are going to make a huge impact on many aspects of medicine – time will tell what that ends up looking like.

If you were to retire tomorrow, what is your most memorable moment as a surgeon?

It's tempting to remember some really cool or gross operation, or some really amazing case, but for me the most memorable thing has been the impact you make on the people you meet. The guy who shakes your hand and says "doc, you saved my life" 5 years after rectal cancer surgery. The lady who cries when you tell her you got the whole tumour out. The relative who gives you a big hug in the ICU after her mom dies. What we do is incredible, but the difference it makes to people is the most amazing bit for me, that's what I'll remember the most.

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