



Transplantation and Young Surgeons in Italy

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ABSTRACT

The relation between young surgeons and transplantation has always been a “love and hate” one. Until a few years ago this branch of surgery was seen as pioneering, with extreme and extensive training, and was reserved to few elected members. Nowadays things are different. In this article we try to understand the true reasons that young Italian surgeons avoid transplantation surgery.

THE RELATION between young surgeons and transplantation has always been a “love and hate” one. Hate because transplantation surgery is an all-absorbing discipline, and love because no other surgical branch can give such a strong emotion and high training. Until few years ago these aspects were enough to urge the young surgeon toward this branch, seen as the only possibility to a pioneer, with extreme and extensive surgical training, and was reserved to few elected members. These days things have changed either due to the crisis in the global surgical vocation or because transplantation has become a routine surgery and thus has lost part of its charm. Nowadays it is harder to find someone inclined to embark on a training/working course in surgery; among these few people, those who choose transplantation are rare.

To understand the true reasons that young surgeons avoid transplantation surgery nowadays, we considered some details that Pope John Paul II brought out in a speech in 1996 in which he stressed the rightful claims of young graduates: becoming part of the employment system, self-sufficiency, career prospects, satisfying free-time life, social success, and making money.¹ Actually among the first problems a young transplantation surgeon faces is how to become a part of the employment system and what his career prospects are. These aspects are strictly related to the presence of structures appointed to perform transplants, which are really not many, and therefore are able to acquire only a few new surgeons. The consequence of this lack is few career opportunities for young surgeons when compared with other surgical specialties, even if they consider moving outside their place of origin. Another reflection concerns the highly specific training of a transplantation surgeon. In this specific field achievement of a self-sufficiency is inevitably late compared to other surgical branches, since it is a high speciality that requires multidisciplinary knowledge

and hard training procedures. This is an incontrovertible fact. This aspect, together with the previous ones, are the basis of the so-called “burnout syndrome” that affects the most transplantation surgeons at least once in their life. In addition to these considerations, the reason that above all that influences the approach to transplantation is the necessity for continuous, undelayable availability related to unpredictable organ donations, a factor that considerably influences life in one’s spare time.^{2–6}

Concerning social success and making money, these concepts are antiethical. From the social point of view, the transplantation surgeon has a reasonably good reputation, but in Italy his earnings are considerably low. In our country, transplantation is exclusively a public activity, therefore, the surgeon has a salary equal to any other NHS employee, even though he has greater competence, responsibilities, availabilities, and working commitments. We must also consider the small possibilities for private practice, since he is considered a high specialist and therefore not able to perform routine surgery.

We conclude that the relation between young surgeons and transplantation is marked by a conflict between the charm of such a beautiful branch and the objective difficulties. To make it easier is advisable and desirable that young surgeons are appropriately informed of the difficulties they will certainly face and that they become addressed to this branch only after a complete formative path in general surgery in order to avoid falling into the “burnout syndrome” and to observe the multidisciplinary requests

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related to transplantations while being able to face various aspects of general surgery.

REFERENCES

1. Pope John Paul II: Discorso ai giovani universitari italiani e stranieri presenti a Perugia; 26 Oct, 1996
2. Caniano DA, et al: Keys to career satisfaction: insights from a survey of women pediatric surgeon. *J Pediatr Surg* 39:984, 2004
3. Sturm R: The impact of practice setting and financial incentives on career satisfaction and perceived practice limitations among surgeons. *Am J Surg* 183:222, 2002
4. Clifford K, et al: Predictors of surgery resident satisfaction with teaching by attendings: a national survey. *Ann Surg* 241:373, 2005
5. Kaufman DB, et al: Quo Vadis, my transplant fellow: a discussion of transplant surgery fellowship training activity in the U.S.A. and Canada: 1991–1997. *Transplantation* 65:269, 1998
6. Ashraf H: British surgeon give a warning for the future of transplant surgery. *Lancet* 353:476, 1999