

# Surgery Myths and Facts

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Throughout social media, television shows, movies, and “public perception”, surgical residents and attendings are often stereotyped into a personality that is most often incorrect. Unless you are a surgeon, it is often hard to understand what exactly the life entails. Add in some Hollywood drama and social media, and what you get is a wildly disproportionate picture of what surgeons’ personalities are like. As a medical student, it is often difficult to separate fact from fiction, so here are some of the most common myths debunked:

**Myth:** Surgeons are meatheads who only like to cut people.

**Fact:** You’d be surprised to know that there is a lot of general medicine involved in surgery. Surgeons really need to be well equipped to treat the whole patient, before and after surgery. This includes being able to manage all of their chronic and acute conditions in the pre- and post-operative period, and in intensive care units. It involves working with a lot of doctors in other specialties such as internal medicine, family medicine, acute critical care, cardiology, nephrology... you get the idea. There is a significant amount of non-OR work that goes into surgery, which is often not shown in TV shows because it seems “boring” for the fake hospital plotlines, but is absolutely essential for the real patients in hospitals.

The only part of the above myth that is true is that surgeons like to cut. Being a surgeon involves a certain dexterity of the hands as well as a genuine love for the intricate anatomy of the human body. In other words, of course surgeons love to cut, and they do it very well, but that surely does not mean that surgeons are meatheads.

**Myth:** Surgeons are cold-hearted.

**Fact:** With the exception of trauma and surgery, there is no other occasion when someone’s inner organs are exposed to anyone. The operating room is a delicate place where the inside of a human is carefully opened and exposed to the world. It is nothing but a privilege to be in that position and requires the warmest of hands and hearts to do this. The idea that surgeons are cold-hearted is merely a perception.

When a surgeon is trying to take care of a whole ward of patients in the ICU, he/she has to do some triaging. There are some patients that are more urgent and higher priority while others are in a less critical position. Residents have often said that this is where patients frequently mistaken them for being cold hearted, when

in reality, they simply have to make sure that each patient gets the level of care that is necessary for them to recover.

The degree to which the media portrays surgeons as cold-hearted is definitely not accurate since most surgeons truly empathize with their patients and feel all of the emotions involved in their care, from the happiness of success to denial after a death to the anxiety in awaiting new results. It is this connection with their patients that allows them to be great doctors. However, surgeons need to be able to have careful control of their emotions for success inside and outside the operating room. Inside the operating room, you need to be a little detached otherwise there is no way you can saw through a little girl’s sternum to fix her heart defect.

There needs to be a balance of emotions to be able to connect with your patient while also being able to operate successfully. Detachment is necessary to make sure that you are not bringing every patient home with you and excessively attaching yourself to others’ sorrows to the point that it interferes with your personal mental health and performance as a doctor. But this detachment should not be mistaken for cold-heartedness.

**Myth:** Surgeons have a so-called “God complex”.

**Fact:** Television dramas love to have complex characters, and the surgeon with an ego problem is their classic favorite. They love to have a pretentious, charmingly good-looking, overconfident doctor who thinks of himself as nothing short of God. It’s no doubt that people strongly associate surgeons with an undeflatable ego. However, this is not entirely the case. Having your hands inside a human body is one of the most intimate and delicate places to be, and can be a humbling experience. In addition, it takes countless years of grueling hard work and training to get to the point of being a surgeon. So along with the pressure of a human life in their hands, there is a lot of personal pressure to succeed. With all of this in mind, yes, some surgeons have a larger ego than

other doctors. But it is definitely not a requirement to be a good surgeon. In fact, some of the greatest surgeons are extremely humble and honored to be in the position they are in. They take it as a privilege to treat their patients and teach their students the same. Hopefully one day, our media might realize that humility is more powerful of a character trait than ego and we'll start seeing more humble, caring surgeons on TV. Until then, just take our word for it when we say that not all surgeons have a God complex and it absolutely is not a requirement to become a good surgeon.

**Myth:** There is no life outside of the OR.

**Fact:** This is perhaps one of the most controversial of all the points. It is definitely true that surgeons spend a lot of time operating, seeing patients in clinic, doing charting, research, and then going home to study because of the ever-changing nature of their work. Surgical residency is one of the most intense endeavors to go through, and residents often describe themselves as “living at the hospital”. It takes true dedication and unrelenting hard work to get to be a surgeon, and then to keep continuing to practice as well. However, being a surgery resident does not preclude you from having a family or outside interests. At Jefferson, residents have gotten married, had kids, and even competed in Ironman triathlons without disrupting their training. Furthermore, residency training is not representative of life as a practicing attending surgeon. The opportunities to do things outside

of the hospital increase with every year after becoming an attending, and while being a surgeon is not a 9-to-5 job, most attending surgeons have families, hobbies, and full lives beyond the hospital.

It is also important to keep in mind that residency has long hours regardless of the specialty; ask any internal medicine intern, and they will tell you that life gets put on hold for 16-hour days and weekend calls. But there are improvements being made with regards to work hours for residents of all specialties. In the near past, medical training was all about constantly working and spending the maximum number of hours in the hospital. However, we are now starting to realize that this is doing much more harm than good, especially in terms of teaching. After a certain amount of learning, the brain needs time to properly process and encode all of the information. A lot of the encoding process happens during deep sleep, and learning is a very energy-consuming process that also requires a well-nourished bodily state. This makes our model of overworked residents eating M&Ms for dinner sound absolutely absurd and counterintuitive. If we want surgeons to be the best trained professionals, they need to be taught properly - and this includes getting good sleep and nutrition daily. Previously, these things were considered to be “distractions” to learning in residency, but we are now starting to realize how essential they are for successful training. Slowly but surely, more and more changes will be underway at our country's programs to allow for better surgical training.

## Keeping up with the literature

As a student, resident, and attending, it is important to keep up to date with the newest research, technology, and techniques, but doing so can be time-consuming and it's often difficult to know where to start. After all, there are hundreds of journals out there, so how do you know which are best? The short answer is that there isn't any one “best” journal out there, and many surgery studies are published in non-surgical journals. So how exactly do you go about finding high-impact studies without extensive searches? To start, try using a service such as PubMed or download the app Read by QxMD, which send you newly published articles every week based on keywords that you provide. Keep in mind that this method may still require you to do some weeding out if your only keyword is “surgery”, but if you're working on a specific project (and certainly once you're a resident or attending with a certain focus), these services are a great option. For those of you who are just beginning to explore the field of surgery, some good journals to check out are Annals of Surgery, JAMA Surgery, and the Journal of the American College of Surgeons (JACS). Also check out research published in non-surgical journals; just try to find journals with high impact factors, as these will be the most selective journals and the studies are more likely to be worth your time. The most important thing to remember is that you can't read everything, so don't try to! Any reading that you do will improve your skills as a writer, critical thinker, and evaluator of scholarly work. If it helps you get a pimp question right, that's just a bonus!