

Foreword

Current Practice in Pediatric Surgery



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Consulting Editor

The most singularly brilliant surgeon I have ever worked with, Dr. Albert W. Dibbins, was the first person to convince me that children are not small adults. And I, like many people, was in need of convincing. And he was, as always, right. It is largely for this reason—that children are not small adults—that I asked Dr. Chen to be Guest Editor for this issue on Pediatric Surgery and to tell the larger (no pun intended) surgical audience what we need to know about children.

Who cares or should care for children is a question that we need to discuss as a specialty. I, personally, would like to think that all children should be taken care of by the people who understand their problems best, but that may be an unreasonable tenet. As with many problems, reality and logistics get in the way. One inescapable observation is that children are generally healthier than adults, or at least less likely to require surgical care per capita. This leads to a much larger catchment area to support a fully committed pediatric surgeon. Adding to this dilemma, children are poor wage earners. So their care is paid for by their parents or their parents' insurers. Many of the uninsured persons in the United States are children. So from an economic standpoint, an even larger base of patients is required to support our pediatric surgical brethren financially. The need for a critical mass of pediatric surgical care coverage that is co-located to manage the realities of any surgical practice rounds out the strain on the system. This leads to centralization or regionalization, which

tends to translate into larger distances for patients to travel and subsequently places a burden on families who may be displaced from their homes, or on parents who are separated from one another while their child is being cared for. Although the Family and Medical Leave Act may help to mitigate some of the difficulties that present under these circumstances, many problems remain.

The issue of competent surgical training to care for children is also worth considering. Exposure to and participation in pediatric surgical training is a requirement of all of our approved postgraduate training programs. Whether this adequately qualifies a surgeon to operate upon children I shall leave for each reader to decide. In most situations, one can always transfer a stable patient to a system of greater capacity, but occasionally one encounters an unexpected problem, or a child may be too unstable for transfer. The problem is certainly not unique to children; we have heart centers, cancer centers, trauma centers, and others. But somehow, the problems seem magnified when it comes to children.

Institutional commitment to the care of children also has to be carefully considered in the care of the pediatric surgical patient. Dedicated nursing staffs, social service personnel, security personnel and procedures are all essential and, again, require a critical mass of patient volume to properly support.

There are many things that we as general surgeons can do to meet these infrastructural challenges. First, we can maintain familiarity with the maladies that commonly affect children and that may need our urgent intervention. Second, we should make every effort to ensure that our pediatric surgical colleagues are supported in their endeavors. That support could be economic support within larger practices or making sure that those who provide the “difficult” pediatric care also receive the referrals for the more straightforward care—the work that pays the bills but doesn’t constrict one’s coronaries. Or that support could be to work with government, hospitals, and third-party payers to ensure that every child has some form of health care insurance. We are willing to pay for basic public education for everyone through high school; why not health care? From a societal cost-benefit analysis, I cannot really see a difference.

There are many excellent reasons to have some understanding of the issues that face the pediatric population. The best may be that any of us who are likely to read this series may be called upon to deal with some of the more common ones at some point. Other reasons are that most children who fare well with their pediatric conditions will become adults and subsequently might need the services of the adult general surgeon, or that the American Board of Surgery requires us to have this knowledge for certification or re-certification, or that we ourselves may have or someday have

children who will need surgical care. Whatever your reason for interest in this topic, it is hoped that this issue will be of help to you.

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