Cardiac Surgery Specialty Faces Transformation

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SNOWMASS, COLO. — Major changes in cardiac surgery will soon have spillover effects for other medical specialties, Dr. Andrew S. Wechsler predicted at a conference sponsored by the Society for Cardiovascular Angiography and Interventions.

In coming years, primary care physicians and cardiologists may find it increasingly difficult to refer patients to a cardiac surgeon of excellent quality. Many cardiac surgeons are over age 55 and contemplating retirement, and the next generation to enter surgical practice may not be of the same consistently high quality.

Figures from the Society of Thoracic Surgeons' database show that since the year 2000, the volume of coronary artery bypass graft (CABG) operations has steadily declined each year. This hasn't been offset by an increase in valve and other non-CABG cardiac surgery. This change is entirely appropriate, to the extent that CABG operations are replaced by durable, effective, and less morbid percutaneous catheter procedures. But the shift has profound consequences for the cardiac surgery workforce, said Dr. Wechsler, professor and chair of cardiothoracic surgery at Hahnemann University Hospital, Philadelphia.

For cardiac surgeons, decreased workload means less financial reward, fewer job opportunities, less professional satisfaction, and weaker institutional influence. More and more cardiac surgeons are opting to become hospital employees to cushion the impact of diminished earning capacity.

In 2005, the 140 Accreditation Council for Graduate Medical Education–approved thoracic surgery training positions had only 100 applicants—and only 80 were U.S. medical school graduates. Anecdotally, academic cardiothoracic surgeons report the quality of recent training applicants varies far more widely than in the past, added Dr. Wechsler, who is editor of the Journal of Thoracic and Cardiovascular Surgery.

The aging of the baby boomers will place a huge burden on the limited number of excellent-quality heart surgeons. As a result, cardiac surgeons may not be readily available to provide surgical backup for percutaneous coronary interventions at many community hospitals. There may be a shift to consolidation of cardiac surgery at a few high-volume centers, he predicted. ■

INDEX OF ADVERTISERS