

Tagliacotian

Thoughts on the Future of Plastic Surgery

Recently, there have been signs of anxiety as to the future of plastic surgery in this country. At the December 1986 meeting of the British Association of Plastic Surgeons a debate was held. The motion: "That this house believes that private practice is detrimental to the future of plastic surgery in the British Isles". The house did not believe the proposition: the motion was defeated.

The Annals of the Royal College of Surgeons of England (January 1986) contained a letter by a plastic surgeon from Rotterdam written at the instigation, it was claimed, of the editor of *Plastische en Reconstructive Chirurgie*. This unwarranted epistle contained a poorly considered attack on a paper written by two general surgeons on the subject of "Breast reconstruction after failed conservation" (Annals of the Royal College of Surgeons of England, September 1985). Contentious in tone and in the style of "breaking a butterfly upon a wheel", it provoked an ill natured reply from an ENT surgeon well known for his plastic surgical proclivities. Other petulant letters followed. This fatuous correspondence can have done nothing to improve the image of plastic surgeons in the eyes of their colleagues from other specialties.

Both these episodes are symptomatic of a general unease about the standing of the speciality. Plastic surgery is fundamentally a technical subject. It is only by its practitioners keeping themselves in the forefront of technical advance more successfully than other surgeons that the survival of the speciality can be assured. Nowadays, more and more surgeons from other specialties are practising and perfecting techniques which were formerly in the exclusive domain of the plastic surgeon. This is the price of progress. There is no proscriptive right bestowed upon us to claim technical expertise as our own and belonging to no other.

A second difficulty has been the limited influence of plastic surgeons within the structure of the National Health Service. This has been aggravated by the small number of surgeons concentrating

their activities in specialised units and not in District General Hospitals.

In the larger hospitals they tend to be birds of passage attending out-patient clinics only. Small wonder then that surgical colleagues, unaware of the expertise available to them, are driven to taking up our techniques by default. It would seem that the Specialist Advisory Committee, concerned as it is with the maintenance of training standards, has failed to give a lead on how trainee plastic surgeons might play a role outside specialised units, and until recently there was little tangible evidence that the Council of BAPS had influenced effectively developments for the good.

It is noteworthy that the number of plastic surgeons per capita of the population in America and Australia far outweigh those in this country. Japan too has a flourishing speciality. Can it be a reflection of the economic prosperity of such nations that this is so? Do they suffer from the demarcation dispute type of mentality which besets us in this island? It has been shown in Australia that a graph showing the number of breast augmentation procedures carried out over a number of years exactly mirrored the economic trends of that country over the same period of time: high number in a boom, low in a recession. One cannot resist the speculation that a "Tagliacotian index" indicating the financial health of a nation could be compiled based on a formula using a "basket" of representative procedures performed by a predetermined number of plastic surgeons! Another role for BAAPS?

There is no doubt that there must be a rapid expansion of consultant posts and trainees with their full participation on the staff of District General Hospitals secondarily linked to a specialised unit. The latest report produced by the British Association of Plastic Surgeons, "Plastic Surgery in Britain", is a powerful indictment of the present situation. Should it fail to stimulate the expansion of the speciality so urgently required then the future for plastic surgeons and their speciality will be bleak indeed.