GAVIN PUBLISHERS

Anesthsia and Medical Practice Journal

Ayoade S. Anesth Med Pract J: AMPJ: 116.
DOI: 10.29011-AMPJ-116. 100016

Opinion

Argument for the Creation of Freestanding Bachelor of Surgery Degree in 3rd World Countries

Seun Ayoade*

Department of Physiology, University of Ibadan, Oyo State, Nigeria

***Corresponding author:** Seun Ayoade, Department of Physiology, University of Ibadan P.O. Box 22325, Oyo State, Nigeria. Email: seunoodua@yahoo.com

Citation: Ayoade S (2017) Argument for the Creation of Freestanding Bachelor of Surgery Degree in 3rd World Countries. Anesth Med Pract J: AMPJ: 116. DOI: 10.29011-AMPJ-116. 100016

Received Date: 30 October, 2017; **Accepted Date:** 8 November, 2017; **Publishers Date:** 19 November, 2017

Opinion

A hallmark of third world countries is not enough doctors i.e. a doctor patient ratio worse than the 1: 600 recommended by the World Health Organization. A partial solution to this could be the creation of an entirely new profession altogether-a surgeon who is not a doctor! This will take some of the burden off the doctors, enable doctors to see more patients and greatly improve healthcare delivery in the third world. The idea of a surgeon that is not a doctor is not as crazy as it sounds. Surgery and medicine were separate professions even in Europe and America for centuries right up to the start of the Industrial Revolution.

How It Could Work

The relationship between the doctor and this "new breed" surgeon will be like the relationship between electrical engineers and electricians, computer scientists and programmers, fashion designers and tailors/dressmakers, architects and masons etc. The doctor will diagnose, order and interpret tests, recommend and plan the surgery and make notes. The surgeon will receive the doctor's recommendations and then begin to hack away! It will be a classic 'you wash, I dry' division of labour scenario. Just like patients carry injection prescriptions to nurses, drug prescriptions to pharmacists, test prescriptions to microbiologists, X ray prescriptions to radiographers etc. The patient will proceed to the surgeon's office with a "surgical file" of the surgery for the surgeon to study. The surgeon reads the file, answers any more questions the patient may have and immediately proceeds to do the surgery -or sets a date for the surgery. The surgeons themselves will not write prescriptions, order tests etc. The surgeon will never be the primary care professional. Their patients will always be referred to them by doctors, except under emergency life or death situations, where the surgeons can "assess"- not diagnose. The surgeons will then have the authority, under such emergency conditions, to independently order and interpret X-rays.

Protocol

How will these surgeons be addressed? Male surgeons will be called "Surgeon Mister" or "Sir Surgeon" and females "Surgeon Mistress" of "Madam Surgeon". They will NOT be called "Doctor", under any circumstances.

Training

Training will obviously have to be relatively short, not only because of a narrow tailor-made curriculum, but to attract students, and more importantly to meet healthcare targets. It should at most take 3 or 4 years [postsecondary, internship included]. After preliminary studies of physics, chemistry and biology, the first year of training will feature anatomy, histology, first aid and trauma care. In the second-year orthopedics', radiology, anaesthology and surgically related pharmacology will be taught. The final year will be surgery galore both didactic and practical.

The holder of this basic degree in surgery will be able to administer first aid, set bones, do caesarian sections, appendectomies, amputations, bullet and shrapnel extractions etc.

There will also be optional post graduate training for those who want to specialize, right up to doctorate level. Those surgeons will be able to do any and every surgery from triple bypass to separating conjoined twins attached at the head. Unusual problems sometimes require unusual solutions. Third world countries have to think outside the box if they hope to ever meet their formidable health challenges. Whereas in stable, industrialized, first world countries studying surgery as a standalone course may seem like a silly and jocose concept- in third world, war ravaged countries it makes perfect sense.

The standalone bachelor of surgery degree is a noble experiment that should be tried, particularly in third world countries.