

Neurosurgical training under European law

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Received: 27 November 2012 / Accepted: 30 November 2012 / Published online: 28 December 2012
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With the European Working Time directive 2003/88/EC having been put into effect, all fields of surgery (including our own) have undergone significant paradigm shifts. This concerns not only the reduced career options we can offer to fine young people who are obliged to either reduce their expectations to have a potential career in (academic) neurosurgery as the result from hard work and from striving for excellence. It concerns our specialty as a whole, as such bright young people might no longer apply to our programs because they might rather choose a profession that places lesser constraints on their energy and on their ambitions than the medical field. The strict adherence to this Working Time Directive has turned our profession and the way we have to run our hospitals in accordance with the new law from a very special profession in a shift-like job like many others. Our trainees are obliged to work similar hours as school teachers, and this is not good for the spirit of our specialty. They are young and eager and resilient, and the same Working Time Directive, which is meant to protect the health of patients and of young doctors, is doing so at the expense of the current generation of seniors who have gone through thorough and unrestricted training—who are not protected by this directive—and who have to compensate themselves for the lack of continuity in patient care in their departments due to the inherent new shift-mentality. At the same time, our patients' expectations are higher than ever, as they are bombarded with information via the Internet about all kinds of minimally invasive high-tech care for their neurosurgical problems.

It is in the light of these unfortunate developments that I look at the authors' report on the organization and the conduction of live surgery courses in a specifically adapted

environment. They describe particular tools, e.g., for illumination and for the visualization of the surgical field, which have become possible with recent developments in the technical device industry. They iterate on the possibilities of live-streaming as well, which allows for broadcasting of particular course content. All of these things are relevant for our continuous training, and for the training of future neurosurgeons in particular, as their decrease in working hours must result definitively in a decrease of experience and exposure to practice as well. The present report on live training is entirely authentic and realistic. It comes from a group of surgeons who are working in a modern neurosurgical environment of excellence, and they have a long-standing experience with such courses. I have only one reservation, and this concerns the fact that I do not share the authors' opinions that patients do not have to be informed about the broadcasting of their surgeries. With the role of such training centers being on the rise, this and the overall adaptation of our models for present and future training should be addressed at the level of the EANS training committee in my opinion. Our own community has to be proactive with regard to doctor AND patient safety, otherwise it will be others again who will make fundamental decisions without even consulting us.

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Conflicts of interest None.

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