Editorial

Strong orthopedists

Our area of specialization is a relatively recent one. Those now aged around sixty years are perhaps the first generation of orthopedists to actually train as such. There are approximately forty years of specific practice in the specialty, which has gone through formidable advances in the area of orthopedics and recently, in the area of traumatology.

Initially, the specialty was only practiced within the area of traumatology, into which various surgeons have ventured. The therapeutic conducts for fractures were basically conservative, as the synthesis material caused very adverse reactions at the start of their use. The phrase “o pino é a mortalha da tíbia” (the peg is the death shroud of the tibia, i.e. the plates and screws used to fix broken bones did more harm than good) still echoes in the ears of those aged over fifty.

For conservative treatment, reduction manoevers were needed that required strength and skill; and this was the initial image of the traumatologist-orthopedist. The simplicity of the logic that surrounds the majority of orthopedic treatments, compared with the incomprehensible complexity of some specialties, caused those colleagues who still did not clearly understand their specialties assume that specialists who are able to resolve their patients’ problems in such a simple and effective do not require much intelligence.

Hence the phrase: “to be an orthopedist, all that’s needed is to be strong and stupid”, that has offended us for so long.

Frustration and disenchantment are part of the medical practice, and are more marked in the exercise of some specialties.

One can imagine the disenchantment of physicians like gastroenterologists or nephrologists, on discovering that the best therapy for their patients is surgery; or of infectologists, who deal with a single symptom, a single disease, a single medicine; or of rheumatolo-
gists who, in general, deal with a single symptom or disease, but of unknown etiology. Physiatry, a specialty close to ours, which in some situations, both helps us and brings disappoint to specialists, as they receive patients who have already been diagnosed, treats patients with modern techniques like massage and acupuncture and helps patients to cope with their limitations, obtaining rare cures.

In the surgical areas, frustration in the practice of Medicine also occurs, for example, in general surgeries, which deal with diseased organs, removing them through surgery, or our fellow obstetricians, who carry out the same surgical procedure as was practiced in Ancient Rome to resolve complicated deliveries. Even in the so-called noble areas like heart surgery, in which surgeons saw their most common technique being replaced by a little spring, or in that celestial being, the neurosurgeon, who in some cases, treats patients who come in for the operation saying “glu” and go out saying “glu glu” (100% good results) are disenchantes.

Of all the medical specialties, aesthesia, which brings aspects of clinical medicine allied with aspects of surgery, with the advantage that the patient is quickly dispatched from their care, so they do not have to deal with the initial care and treatment, or the evolution, is the branch of medicine that still has the most numerous specialists who cite the phrase that we so hated.

The difficulty in comparing this hybrid specialist with any specialty of Medicine led colleagues in the United Kingdom to carry out a well-structured study which was published in the British Medical Journal of December 2011 (BMJ2011;343:D7506), which was sent for publication in October 2011 (rapid acceptance) comparing the orthopedist with the anesthesiologist in two aspects: strength and intelligence.

The conclusions of the research, carried out in three medical centers in the UK and involving 36 orthopedists and 40 anesthetists, were that orthopedists were stronger, and more intelligent than anesthetists.

The greater strength probably comes from the higher level of physical activity, as our anesthetists spend much of their day sitting down beside the patients’ head, or lying down waiting for calls, and as for intelligence, well...

The colleagues who are happy with their specialties, just as we are happy with ours, will understand this grievance of so many years; and for those who continue to be frustrated with their practices, I remind you that it is always time to change, after all, to be an orthopedist it takes three years of residency in an accredited service, a selection exam - which was considered by the AMB to be the best in Brazil - and a little exercise.

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