

No specialty alone: the Wilder Penfield strategy

To gather knowledge and to find out new knowledge is the noblest occupation of the physician. To apply that knowledge with understanding and sympathy to the relief of human suffering is the loveliest occupation; and to do both with unassuming faithfulness sets the seal on the whole. — Edward Archibald, 1934.¹

CJS has posted to its website (www.canjsurg.ca) a “work-in-progress” commentary as part of the CJS consensus protocol.² The authors’ goal is to develop a statement regarding gastrointestinal endoscopy training for general surgery residents.³ The setting for their review is a growing discord between the specialties of gastroenterology and general surgery over endoscopy. In parts of Canada, one specialty has refused to teach trainees of the other. In other jurisdictions, qualifications required to participate in provincially sponsored screening programs have been written to favour one specialty over the other. These events may be aberrations as the historical partnership between these specialties continues to be driven by the demands of patient care.

Edward Archibald’s gentle challenge was contained in his address at the opening of the Montreal Neurological Institute in 1934.¹ Almost 40 years later when the University Hospital in London, Ontario, was being built, the design was selected with this challenge in mind. In-hospital and out-patient care areas were clustered by specialty and colocated with research laboratories and doctors’ offices. There was no place for a distinction between physicians and surgeons. In 1972, the founders chose Wilder Penfield to give the opening address. The purpose of this choice was to leave us a message. Prior to his arrival in Canada, Penfield was aware that the restrictive practices of surgeons and physicians of related specialties had put a great limitation on the development of the science of medicine. His personal response was to become an expert in neurology and neuropathology while he learned neurosurgery. Later he became a pioneering neuroradiologist. Once in Montréal, he ceaselessly campaigned for an institute where physicians, surgeons and scientists would collaborate in research and patient care.⁴

The divide between physicians and surgeons is as old as the science of medicine itself. While Hippocrates made physicians promise to leave cutting for stone to surgeons who were practised in the art, it was not until physicians and surgeons collaborated in the 17th century that the mysteries of circulation were discovered and the development of scientific medicine was begun.⁵ Penfield thought at first that all knowledge of a specialty could reside within one person. However neuroscience expanded so rapidly, due in no small part to the success of his own collaborative strategy, that Penfield was forced to recognize the need subspecialize.⁴ Canada’s Royal College was founded in 1929 by physicians and surgeons, who were colleagues of Penfield, as a place for all specialties. The Royal College’s recently launched “Competence by Design” initiative will transform education within specialties. It may also break down the barriers that confine each specialty. The needs of patients will become the principle determinant of the boundaries of specialties. It is clear today that Canadian patients need the competent care of gastroenterologists and general surgeons, just as they need the collaborative care of other sister medical and surgical specialties.

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