



Editorial

Will General Surgery Be Extinct?

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In 1978, the American Board of Surgeons defined general surgery as “a discipline having a central core of knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, healing, shock and resuscitation, intensive care and neoplasm.”

Today, we are firmly in an era of specialization. The rapid expansion of medical knowledge is a major driver of the specialization seen over the last two decades. Advances in medical technology have further increased the complexity of surgical, interventional, and critical care, fueling additional specialization and subspecialization. To maintain competence amid an ever-expanding knowledge base, many surgeons now choose to limit the scope of procedures they perform. Rapid skill acquisition in narrow fields, higher case volumes, and economic incentives have also contributed to this shift.

More than 40 years ago, the renowned American surgeon James Hardy posed a provocative question in his editorial, “Will the General Surgeon Become Extinct?” Again in 2007, Josef Fischer raised concerns in the *Journal of the American Medical Association* with his article, “The Impending Disappearance of the General Surgeon.” In the United States, the possible decline of the general surgeon has been a persistent concern for both the medical community and the public, who fear the loss of a once-robust discipline and the consequences that may follow.

Maha Rishi Sushruta, one of the earliest known surgeons, practiced across the full breadth of surgical procedures in his time. By the early 19th century, however, surgeons began to separate from the broader field of medicine. Over the next few decades, distinct disciplines asserted their identities as independent areas of practice, giving rise to the modern concept of specialization. Despite these changes, Hardy concluded in 1982 that “surgery and surgical practice are constantly changing, and one may predict with confidence the long-term survival of the general surgeon.”

Even as specialists narrow their focus to organ-specific procedures, general surgeons continue to perform a wide variety of operations. A large cohort study from the United States demonstrated considerable heterogeneity in general surgical practice: high-volume surgeons performed, on average, 20 different types of procedures annually, and devoted only 40% of their practice to their most common operation.

In 2004, Ritchie described the general surgeon as the “captain of the ship,” responsible for the overall care of the patient. In an era dominated by organ-specific expertise, patients with complex, multisystem disease—crossing several disciplines—often require the broad, integrative perspective of a general surgeon. In resource-limited countries like Bangladesh, general surgeons continue to deliver many specialized services, particularly in underserved areas. Specialist surgeons, especially those working outside Dhaka and other major cities, must have a strong foundation in general surgery to remain effective.

The discipline of general surgery has long served as the unifying force within the surgical sciences. Its core

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knowledge and essential skills should remain central to basic surgical education and training. Far from becoming extinct, general surgery needs to adapt, maintaining its relevance through versatility, breadth, and the unique ability to integrate care across organ systems.

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