

## EDITORIAL

# ENT – Residency – Export of competencies

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**O**TORHINOLARYNGOLOGY AND CERVICO-FACIAL SURGERY is a complex medical-surgical specialty. It also includes, besides the main sense and sensory organs, whose integrity ensures professional and social communication and defines personality, salivary glands, cranial nerves, cervical trachea, thyroid gland, swallowing mechanisms, vascular surgery and plastic and reconstructive cervico-facial surgery.

Considering the domain extension, the complexity of the pathology, its influence on the neighbourhood or general pathology, as well as surgical complexity that calls for minimally-invasive endoscopic surgery, robotic surgery and, still to a great extent, to classical surgery, otorhinolaryngology ranks among the top 8-10 places among the specialties in European countries.

The need to maintain the functions of organs of the ENT specialty (phonation, swallowing, hearing, smell, facial mimics) has become the primary imperative of residency training for future specialists.

Residency for at least 5 years was considered acceptable throughout the European Union for the current level of development of the specialty. In Romania, however, for almost a decade, having as a reason the economic crisis of 10 years ago, the ENT residency was shortened to 4 years, benefiting from the obedient agreement of a specialized commission that at the time showed a remarkable neuronal candour.

All of this happens at a time when we want competitive medicine, doctors who do not emigrate and we show an emotional care for the patient, which the system claims (rhetorically) to be placed at the heart of its concerns.

The economic crisis has passed, nowadays Romania's economic growth has astonished the planet, and a memorandum submitted to the Ministry of Health has received no reply for 10 months. It is a memorandum setting out the arguments for returning to the 5-year residency, according to the criteria of the European Union, the training curriculum, the manner of conducting the certification and promotion exams, etc.

Perhaps someone either does not understand the magnitude of this specialty or wants to bring otorhinolaryngology back to the level of "drops prescribers", as it was at the beginning of the last century.

Meanwhile, some specialties with more courageous and more representative leaders have consistently entered the territories of the ENT specialty. They deserve all the admiration, but it should also be emphasized that, if there had been general hospitals with all the specialties included, these things could have been done in mixed teams, much better and more helpful for the patient.

Only one example, fashionable nowadays, seems to be an enlightening one. Rhinoseptoplasty is performed by plastic surgeons who have no knowledge of nose functions and endonasal surgery belonging to ENT doctors. Often, the price paid for the aesthetics means sacrificing functionality, sometimes irremediably. Similarly, examples can be given in facial and cervical plastic and reconstructive surgery. If, conversely, an ENT doctor would begin to perform mammoplasty, abdominoplasty or face lifting, I wonder what would result and to what extent it would have a scientific justification?!

Beyond all this, I remind the decision-makers in the health and education systems that, in the world, not far from us, the transplant of the larynx and the trachea are tried with encouraging results, facial reconstruction and remodeling is done, cranial nerve surgery has become a current fact, and in surgical teams with 7-13 surgeons, there are at least two ENT doctors.

These are just a few essential arguments to return to the normal duration of residency, to consider medical-surgical activities performed in multidisciplinary teams, precisely to prove that commitments for a competitive Romanian medicine given to a patient placed at the heart of the system's concerns are not just words in the wind.

I greet the system officials who will be willing to read these lines.