

---

# EDITORIAL

---

## **Why Doesn't Everyone Want To Be A Urologist, Our Tomorrows Will Be Better Than Our Yesterdays**

**F**or many years, I had a custom in the operating room. When a new resident would rotate on the service, I would wait until I had a big case on the schedule. During the middle of the case, I would stop, put my hands on the drapes, and exclaim, "You know what I can't understand?" The urology nurses, who were part of the ruse, would reply, "Doctor, is there a problem? What don't you understand?" I would then say, "I don't understand why doesn't everyone want to be a urologist?" Laughter would ensue and I would start on a discourse about how much fun it was to be a urologist. I still feel that way and so do most of the urologists that I know.

Seriously, why wouldn't everyone want to be a urologist? Our specialty deals with the alpha and omega of life. We diagnose and treat some of the most daunting congenital abnormalities and also deal with prostate pathology, incontinence, sexual dysfunction and other diseases of the elderly. On top of that, most of our patients get better! The malignancies that we treat generally have very high cure rates and benign urologic disorders usually have very successful outcomes.

Recently, much has been made of physician "burnout." Some, mistakenly, quibble over the percentages of burnout. I think they miss the mark. The AUA 2016 Census provides a reasonable burnout estimate of 36.2%.<sup>1</sup> It is true that urology practice has its challenges-long hours, electronic health records, increasing regulatory burdens and reimbursement issues all take their toll. However, the satisfaction of a well done technical procedure, a successful surgical outcome, the interaction with grateful patients and their families and the opportunity to work as part of a surgical team are rewards much more difficult to quantify than burnout.

David McCullough, the former Chief of Urology at Wake Forest, once said, "Urology sells itself." Unlike some specialties where residency positions go unmatched, urology still enjoys immense popularity among medical students. AUA data confirm that last year the average medical student applied to 70 urology programs during the match.<sup>2</sup> However, our specialty must remain vigilant and avoid complacency. The best way to "sell" urology is through medical student exposure to clinical urology. A decade ago, I distributed a survey to residency program directors and found that 34% of the directors reported decreased exposure of med students to urology compared to a decade earlier and that 65% stated that it was possible for a student to graduate from their medical school without any clinical introduction to urology.<sup>3</sup> Urology faculty must be willing to emphasize to deans and other administrators how critical it is for all medical students to have some background in urology. How can anyone reasonably justify that a medical student can graduate without some knowledge of a specialty that treats three of the ten most common malignancies and ubiquitous benign disorders such as prostatic enlargement, incontinence, urolithiasis, sexual dysfunction and urinary tract infections?

The past should remind us of the rapidity of medical advances. The explosion of minimally invasive urologic surgery, the continued developments in urologic imaging and biomarkers and the understanding of molecular genetics that will serve as the underpinning of personalized medicine all have occurred in the past two decades.

The twentieth century has been referred to as the American Century, in many ways it was also the Century of American Medicine as well. The destinies of our country and our profession have been intertwined and the continued success of both will be co-dependent.

Physicians from around the world continue to come to our country to train and international patients arrive each year to seek treatment. That will not change. I have always felt that the phrase, "Our tomorrows will be better than our yesterdays" captures the American spirit. It also captures the essence of our profession. Will there be challenges ahead? Absolutely, but it will be confronting those challenges that will contribute to the ongoing satisfaction and real joy of our specialty.

During a press conference on 10/31/63, President Kennedy was asked whether he was enjoying his job as president? He answered by quoting the ancient Greek definition of happiness which is, "Using the full measure of your powers along the lines of excellence." I think that captures the quiddity of urologic practice and I will ask again, why doesn't everyone want to be a urologist?

*Kevin R. Loughlin MD, MBA  
Harvard Medical School  
Brigham and Women's Hospital  
Boston, Massachusetts, USA*

---

#### References

---

1. State of the Urology Workforce and Practice in the United States, 2016.
2. Data provided by the AUA, Linthicum, Maryland, 2018.
3. Loughlin KR. The current status of medical student education in the United States. *J Urol* 2008;179(3):1087-1090.