

It does not end here. After post graduation, there is a three-year posting as senior residents (SR). SRs operate independently in emergency theatres, assisting and performing all open surgeries in routine theatres. But here again, they hardly get to perform laparoscopic surgery independently, as the bulk of these surgeries are performed by consultants. For the sake of training, they will get a few laparoscopic cholecystectomies in the final days of their senior residency. So, after six years of training, surgeons are sent out into this modern era of laparoscopic surgery without proper exposure to laparoscopic techniques. There is no fixed curriculum that stipulates a minimum number of laparoscopic procedures be assigned to candidates during their postgraduate studies or senior residency.

Why are consultants so apathetic towards their students? The answer, obvious to most trainees, is that the consultants themselves learned laparoscopy after the age of 40, so they do not want trainees to master it at a young age. Indeed, younger consultants are keener to train students in laparoscopic procedures than their older counterparts are. The introduction of just a few laparoscopic procedures in the last six months of their training will not let trainees become expert in any of the procedures.

As trainees in general surgery, we wish to ask our consultants: If we do not get hands-on experience in laparoscopic technology during postgraduate studies and senior residency, who will give us guided training once we graduate?

The answer is: no one. There are few laparoscopic training centres in India giving hands-on experience to beginners. These are generally in private hospitals, and they are very costly. A few surgeons try to learn the procedures on their own in some small hospitals. Some lucky chaps get training outside the country.

The surgical curriculum must state the year-wise goal of a surgical trainee, including the number of laparoscopic and open surgical procedures which the candidate must perform and assist in before completing postgraduate studies and during senior residency. There should be a performance evaluation before the trainee can be promoted to the next year. Surgical trainees should not get a senior residency merely on the basis of interviews; they should also have references from their tutors on their performance.

Compared to European or US surgical trainees, Indian candidates perform negligible numbers of laparoscopic surgeries. The new world is getting trained on simulators, which we can only dream of, in a third world country like ours. Yet, with the variety of cases available, we can get adequate exposure if we are given the opportunity.

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Wearing white coats in public places: pride or parody?

It has become increasingly common to spot doctors sporting white coats and stethoscopes at shopping malls, restaurants, grocery shops, on roads, in buses and other public places. This has become a trend, especially among medical students and junior doctors, with little insight regarding its implications. Doctors may do this because they take pride in identifying themselves as medical professionals, for convenience, or because of laziness.

Medical aprons can serve as vehicles transmitting nosocomial organisms into the community and vice versa. Numerous studies done on white coats have proven this. One such study from southern India revealed that 95% of overcoats were found positive for bacterial isolates like *Pseudomonas aeruginosa*, *Klebsiella sp*, *Escherichia coli*, non-fermenting Gram-negative bacteria and *Staphylococcus aureus* (1). Wearing aprons in public places can only make things worse.

The bond between white coats and the medical profession dates back to the early 1930s. It portrays the image of a doctor in the hospital. Doctors wear white coats so that they are easily recognised by their patients and colleagues; to display cleanliness; to carry equipment and to emphasise the "doctor status" (2). Many surveys have found that patients prefer doctors with aprons (3). At the same time, the general public has always been critical of the practice that some medical professionals have of wearing aprons outside the hospital premises (4).

Although wearing white coats in public is not a crime, as there are no precise rules or regulatory guidelines regarding this issue, we feel it is completely unethical (5). The onus is upon the individual doctor or student to understand the legacy and dignity of these white coats and to decide how they want to project it. This issue should also be addressed while teaching medical ethics to undergraduate students.

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