Editorial

What makes us accept the way we work? Maybe the pleasure of practicing medicine!☆

O que nos leva a aceitar essa forma de trabalhar? Talvez o prazer de exercer a medicina!

Our professional activity has a side of satisfaction and pleasure, which is formed by practicing our specialty: making diagnoses, operating and evaluating results. Orthopedics is a specialty with objective diagnoses and treatments that generally bring favorable results, as assessed by our patients.

The remuneration for our work is our great problem: we are very badly paid in comparison with other professionals and we take on responsibilities that are not matched in any other activity. The devaluation of medical actions is absurd in all senses, and it is even strange that society accepts this situation.

In relation to patients, there is a certain aura of dignity in doctors’ activities that makes remuneration something that can be questioned. The question that always arises is: “But if there is no money, is the person just left with the disease?”

For the majority of liberal professionals, their remuneration is related to the cost of the work. This is how architects, engineers and lawyers work: they charge their fees based on percentages of the cost of the work to be carried out. If doctors were to receive a percentage of the hospital bill, this attitude would be considered unworthy.

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In parallel with this complex activity of attending patients, treating them and being remunerated inadequately, we have the activity of continuing education at congresses, one-day events, lectures and, today, internet transmissions. There is no doubt that such activities are intensive and consume a lot of time, but they are agreeable nonetheless.

In these activities, our vocation of working for little money or paying to learn reaches its zenith.

Doing courses and training, attending congresses, making presentations, participating in examinations, writing or reviewing studies and recording videos are very tiring activities and, in some cases, expensive and done without remuneration. Nevertheless, on some occasions, there is great competition to participate in them.

The examination to obtain the title of Specialist in Orthopedics and Traumatology has more than 300 examiners, who travel to Campinas and evaluate possible new colleagues over a three-day period. This is without taking into account the organizers, members and former members of the Training and Teaching Committee, who spend the year setting up the examination.

At the Brazilian Congress of Orthopedics and Traumatology, we have 300 to 400 participants who give classes, organize rooms and guide studies. Once again, this is without taking into account the organizers, i.e. our colleagues in the host city and members of the Training and Teaching Committee, who spend years organizing the meeting.

If we take into consideration the regional and specialty congresses, this number of our colleagues who work without remuneration or with some losses will double or even triple.

Over the last five years, more than 900 studies were analyzed for publication in the Revista Brasileira de Ortopedia (RBO), without counting articles that were rejected. If we suppose that each study had three authors and two evaluators, more than 4500 of our colleagues were involved in our publications, only in the RBO, without considering other journals.

There is no doubt that a significant number of our colleagues do several of these activities simultaneously, but even so, if we consider them according to unremunerated activity, the numbers draw our attention.

The majority of the members of the Brazilian Society of Orthopedics and Traumatology (SBOT) take great satisfaction

☆ Please cite this article as: Camanho GL. O que nos leva a aceitar essa forma de trabalhar? Talvez o prazer de exercer a medicina!. Rev Bras Ortop. 2014;49:101–102.
from performing these tasks, which not only are unpaid but also generate expenses.

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In certain cases, the activity of medical education is funded by some of the suppliers of materials or even by the pharmaceutical industry, which minimizes the financial loss due to the cost of professional improvement. Enrollment in congresses, travel for improvement, assistance for publications and sponsorship for scientific discussion forums and congresses are contributions without which these activities would be unviable for a large number of our colleagues.

In the May 2013 edition of the New England Journal of Medicine, there was an article called “The Sunshine Act-effects on Physicians”, which makes comments about a new American law that obliges doctors to display on a public site any type of aid received that is greater than ten dollars. The law strongly suggests that such aid, regardless of what it is for, is dishonest. Doctors will be considered to be unworthy and will have to publicly display the value of their unworthiness.

This is the analysis and assessment of a society that places consumption above all rules, but condemns subsidies for medical education, not to mention doctors’ remuneration for consultancy services to companies that are active within the field of healthcare. Even the public, who live on discounts and fantastic sales, and who venerate money above any other value, regard doctors as professionals who should live without aid for their academic updating activities.

According to this view, we must always improve ourselves, since we are judged harshly when we make mistakes, but we must never accept any form of financial aid for our improvement programs.

This is the set of rules, formed by the extremely low remuneration of medical actions, the extremely low salary and the renunciation of any external aid, that is called the worthiness of doctors.

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