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**UNITED WE MIGHT STAND,  
DIVIDED WE WILL  
CERTAINLY FALL!**



#### To the Editor:

*“The world is beautiful but has a disease called man.”*

—Friedrich Nietzsche

We are our worst enemy! The number of practicing cardiothoracic surgeons needed has continued to grow, the number fellowship applicants is headed in a discordant direction. There are concerns about the supply of surgeons because of an older active workforce and the growth of percutaneous interventions. The deficit could increase by 46% by 2025.<sup>1</sup>

A more pressing threat looms over our specialty. Debates should not be about on-pump or off-pump surgery, thoracotomy or sternotomy, surgical or transcatheter interventions; it should dig deeper within. It should focus on how we treat each other, how we rebuild collegiality, improve collaboration, and celebrate forgiveness over retaliation. It needs to address an underlying negative perception and discuss issues such as professionalism, targeting and leadership, anger, burnout, or the solitude of an increasingly scrutinized practice. While our professional societies have just started to raise awareness, we experience ongoing suffering, disappointment of failed opportunities, and high turnover.

Patients are sicker and this impacts providers. Nguyen and colleagues<sup>2</sup> reported an increased rate of mortality after coronary artery bypass operations during the pandemic. While this manuscript elaborates on the impact of this observation for the system, the patients, the training of residents, the psychological impact for the surgeon is forgotten. Mental health

issues continue to corrode our profession and channeling just enough self-control to get through a particular catastrophic moment becomes a vital technique for self-preservation. We learn to switch into a “just passing by” strategy when a family is crying over yet another loved one. Consequently, results from the 2019 Society of Thoracic Surgeons Practice Survey revealed that more than half of surgeon members in the United States reported experiencing symptoms of burnout. Another 44% reported feeling depressed. Strikingly, 25.9% said that if given the choice, they would not choose to complete a cardiothoracic surgery residency again.<sup>3</sup>

Could there be a negative perception of our profession? Are we burying taboos? Are we kind to each other or fiercely driven by a need to succeed? How many had professional or personal failures? How many have been caught in a downward aggravated spiral with administration or human resources? Many of these questions remain unfortunately unanswered and part of a so-called “omerta” culture.

The real threat to the demise of our profession is not interventional cardiology, it lies within us. Not a week goes by that we don’t hear about yet another colleague having to move to another institution after going through some “issues”. Mental health and its various presentations, non-forgiveness in a climate of retaliation, failed leadership, and an overwhelming fear of speaking up are ravaging our specialty.<sup>4</sup> *Its ok not to be ok.* The inner culture limits our ability to make our field attractive. We must break the silence and grow the inner core of our



**FIGURE 1.** Dr Simon Maltais is a practicing cardiac surgeon, a renowned author and speaker, and a wellness book author.

profession. It's the only way to prevent the spread of this disease for the survival of our wonderful and exhilarating specialty (Figure 1).

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