

Obstetrics and Gynaecology - a Surgical or Medical Specialty?

Obstetrics and Gynaecology Essay Prize

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The distinction between medical and surgical approaches to disease has been a cornerstone to medical practice since its conception, the long-standing divide between the medical and surgical specialties well established, each accompanied by their own set of strengths, stereotypes and clichés. Few medical professions are boastful of combining both qualities; ENT, ophthalmology, and obstetrics and Gynaecology are the main culprits to spring to mind. However, obstetrics and gynaecology is particularly of interest, although historically bringing together medically inclined obstetricians and surgically keen gynaecologists (Smith, 1996), the rift was still evident. In modern days, increasing complexity, advancing technology, and demographic and financial changes, have altered the balance between the two, involving increasing medical expertise in gynaecology and surgical intervention in obstetrics, with a new balance to be struck and a new art to be perfected.

Obstetrics and gynaecology is a unique specialty, in that it has been established with women as its focal point, rather than disease or organ (Smith, 1996); obstetrics focusing on pregnancy, childbirth and the postpartum period, gynaecology ensuring the health of the female reproductive system, vagina, uterus or ovary (Impey and Child, 2017). Although various countries focus on differing subspecialties, the main aspects often covered are gynaecological oncology, maternal-foetal medicine, urogynaecology, reproductive medicine, and female pelvic medicine and reconstructive surgery, and sexual and reproductive health (Hapangama & Whitworth, 2006).

As these sub-specialties develop and become fixed divisions, doctors become more specialised in one particular field, which although allows for more in depth and specialised treatment and management, also further deepens the wedge between medicine

and surgery in the obstetrics and gynaecology department. Although, historically, it was possible to clearly differentiate between them and query whether obstetrics and gynaecology is a more medical or surgical field, perhaps with brisk advancements and modified management, the question ought to evolve too, to look at obstetrics and gynaecology as an art, encompassing aspects of both qualities.

Modern advancements have changed the shape of medicine in general already; previous treatments requiring surgery are now managed medically. Major surgeries are being discarded in favour for minimally invasive operations such as "keyhole" techniques and laser treatments. Moreover, there is an augmenting number of at home treatments being offered for diseases once deemed to be hospitalization critical (Timmins, 2012). Such changes are equally seen, if not more, with obstetrics and gynaecology.

Indeed, with new endoscopic equipment, imaging technology and drug treatment (Kelleher & Braude, 1999) gynaecology has been vastly altered, streamlining it to a gentler, more medically orientated sub-specialty. Instead of major gynaecological surgeries to treat gynaecological cancer and menorrhagia, women are expecting laparoscopic and hysteroscopic surgeries, medically conservative management, and less invasive treatments. For example, large uterine fibroids can now be treated medically with gonadotropin releasing hormone analogues, and ectopic pregnancies, frequently diagnosed earlier with transvaginal ultrasonography and quantitative measurements of human chorionic gonadotropin concentrations, are managed conservatively with methotrexate injections, or by laparoscopic surgeries (Kelleher & Braude, 1999). Furthermore, there are increasing numbers of non-surgical procedures performed in gynaecology, such as colposcopies and dilation and curettage (Minig et

al. 2016). Despite this, surgery continues to be the standard care for many gynaecological malignancies, especially the more aggressive cancers such as ovarian and cervical (Collins et al. 2013)

Similarly, obstetrics has deviated from the previously medicine heavy management, to a more surgically based response. While caesarean sections can be crucial intervention to reduce the morbidity and mortality of the mother and child, the procedure previously was performed only when medically necessary. However, since the turn of the millennium, the frequency of caesarean sections has increased rapidly, in both developed and poorly developed countries (WHO, 2015). In 2018, the Lancet identified that more than 21% of births in 2015 were caesarean sections, a figure that had doubled since 2000 (Boerma, 2018), figures unjustifiable by the World Health Organization (WHO, 2015). This surgical procedure has taken preference over the medically-dominated forceps, vaginal breech delivery and vaginal birth after caesarean sections

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in some countries (Purandare, 2011). However, the skills in manoeuvring an infant during the obstetrical complication of shoulder dystocia or vaginal delivery of multiple gestations cannot be overlooked or merely replaced with surgery.

Technology has also expanded exponentially in the field of treating infertility; artificial reproductive technology is the new foundation to treat infertile women, and this too, has changed the management and treatment for women. In-vitro fertilization, IVF, a name increasingly commonplace in our society, has permitted previously sterile couples to procreate, a task handed to obstetrics and gynaecology doctors. This procedure combines the medical treatment of fertility hormones and the surgical extraction of eggs through the pelvic cavity under ultrasound imaging, terminating with insertion of the newly fertilized embryos into the woman’s uterus, and thus would combine both aspects of medical and surgical traits.

All of these advancements in technology, treatment and management beg the question of whether this segregation between the specialties, of medically or surgically weighted preference, is necessary in our modern and rapidly changing society, or if these labels detract from the best possible patient care, and the importance of the art of obstetrics and gynaecology instead. In this oscillating medical world, perhaps obstetrics and gynaecology, rather than claiming to be one or the other, can claim to be an amalgamation of both medicine and surgery.

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