

**President**

Dr. Hayato Kurihara  
(Milan, Italy)  
hayato.kurihara@gmail.com

**Past President**

Prof. Dr. Inger Schipper  
(Leiden, The Netherlands)  
I.B.Schipper@lumc.nl

**President Elect**

Prof. Dr. Frank Hildebrand  
(Aachen, Germany)  
fhildebrand@ukaachen.de

**Vice-President**

Prof. Dr. Jonathan Tilsed  
(Beverley, United Kingdom)  
tilsed@doctors.org.uk

**General Secretary**

Dr. Klaus W. Wendt  
(Groningen, The Netherlands)  
k.w.wendt@umcg.nl

**Advisory Council Chair**

Cristina Rey Valcarcel  
(Madrid, Spain)  
crey@salud.madrid.org

**Treasurer**

Dr. Isidro Martinez Casas  
(Jaén, Spain)  
isidromartinez@me.com

**Editor-in-Chief EJTES**

Prof. Dr. Ingo Marzi  
(Frankfurt, Germany)  
marzi@trauma.uni-frankfurt.de

**Message from the past president****Challenges in emergency general surgery and trauma: from mentorship to gender equity.**

More than 10 years ago I was listening to a lecture by Prof. C. William Schwab from the University of Pennsylvania, one of the founders of the damage control approach for life-threatening injuries and a very distinguished stakeholder of acute care surgery. He was discussing the peak of a surgeon's career. On that occasion he explained to the audience his simple point of view: *"the peak of a surgeon's career is that precise moment when a medical student or a young resident is observing you and instantly decides to do what you're doing"*.

In the following years I have thought about Professor Schwab many times and I am still very grateful to ESTES for giving me the opportunity to meet so many enlightened colleagues who have filled my life with enthusiasm. For me, many of these have become real mentors who have helped me change my way of thinking and have been an incentive to pass on the passion for the care of the most fragile patients to younger colleagues. It does not matter whether the pathogenic noxa is trauma or peritonitis; what matters is the state of mind with which a critical surgical patient is treated.

It is obvious that our society is unique since it comprises two surgical souls. One soul is represented by the surgery of trauma, both skeletal and/or visceral, while the other soul is represented by emergency general surgery; and it is precisely this uniqueness that makes us a special scientific society. We have often said that the common denominator of the Society is represented by polytrauma; personally I think that this does not represent the real spirit capable of attracting medical students or young students and I believe that the young generation of surgeons—who will hopefully gather together in a more structured way in the Young-ESTES sessions at the next ECTES in the beautiful city of Ljubljana—will be attracted by a common interest in the management of the sickest and most critical surgical patients.

In an era of "organ-specific surgery" and nowadays even of "precision surgery" (1), where the new generation of surgeons are expected to have a super-high degree of competences in a very restricted and limited field of a specific (mainly oncologic) disease with competences ranging from surgical techniques to immunology and from organ physiology to pharmacology and chemotherapy, are we ready to take care of the surgical education of surgeons with a manifest interest in the care of the acute patients? According to the specific country organization and educational format, sometimes I feel that orthopedics is to skeletal trauma surgery as general surgery is to emergency general surgery (and visceral trauma) and taking emergency calls is often a contractual obligation that does not take into account the minimum educational standards on acute surgical patient management. There is no doubt that such a structured system is the ideal recipe for a perfect storm.

I am sure the new generation of surgeons will accept the challenge to be trained in trauma, emergency general surgery and surgical critical care, but we need action now.

We are in fact facing many challenges. It seems, for example, that emergency physicians are showing a growing interest in the management of traumatized patients, but are they really interested in the management of these patients or are the surgeons who, due to lack of interest, leaving an empty field to our emergency room colleagues? Ultimately, trauma is a surgical disease and decision making should be on the surgeon's shoulders since these patients require prompt surgical decision-making and leadership. To this point, Prof. Christine Gaarder from Oslo made me think about the fact that we are probably the last generation that can prevent injured patients from being managed in the future without intervention, directly on the ground, by a qualified surgeon trained in the treatment of trauma.

Unfortunately, education and attraction of young surgeons to ESTES and to the cure of critical surgical trauma and nontrauma patients is not the only challenge we have to face. I believe in fact that one of the main challenges of the next decade is related the gender equity dilemma. For the first time in the history of medical education, women outnumber men in terms of medical school enrolments, but unfortunately, the percentage of women who choose a surgical specialization is very low and even fewer then choose to deal with critical surgical patients. The cause of this low turnout is undeniably linked to several factors and it would be an enormous mistake to think that the problem is mainly related to the search of the ideal work–life balance. The origin of the problem is much deeper and one, above all, is strictly related to scientific societies, including our Society: visibility of female surgical leadership.

Scientific societies might in fact play an incredibly influential role in the gender equity issue to decrease overall gender bias, specifically by influencing the number of women choosing to enter the profession (2).

When we look at the scientific program of our congresses, it is quite clear we are facing this problem right now since the female scientific speaker representation is still very low with an internal bias we cannot even quantify and that is why we should consider it to be our responsibility to create opportunities for all to excel.

Therefore, I have another good reason to quote my main former mentor Dr. Mauro Zago who used to yell at me: “*if we do not look to the future, we belong to the past!*”

Hayato Kurihara, MD, FACS, FEBS<sub>EmSurg</sub> (Hon)  
ESTES Past President

#### References

1. Boggi U (2023) Precision surgery. *Updates Surg* 75(1):3–5. doi: 10.1007/s13304-022-01447-7. PMID: 36576702.
2. Foster SM, Knight J, Velopulos CG, et al. (2020) Gender distribution and leadership trends in trauma surgery societies. *Trauma Surgery & Acute Care Open* 5:e000433. doi: 10.1136/tsaco-2019-000433

## Announcements

### Upcoming related congresses & courses

**DSAPNTC**

June 21–23, 2023  
Santarém, Portugal

**7<sup>th</sup> E.S.T.R.O.T. Congress**

July 3–5, 2023  
Frankfurt, Germany

**DSTC—Definitive Surgical Trauma Care**

September 18–19, 2023  
Graz, Austria

**DSTC—Definitive Surgical Trauma Care**

September 25–26, 2023  
Graz, Austria

---

More congresses and courses to be found in the **ESTES events calendar** at  
[www.estesonline.org](http://www.estesonline.org)

---

**European Society for Trauma and Emergency Surgery**  
Franz-Käfer-Straße 8 | 3100 St. Pölten | AUSTRIA  
phone: +43 660 433 95 78