

on justice and virtue, it appears that Maclean is relegating virtue ethics to an interpretative toolkit.

Maclean argues that there are 2 types of consent: consent as permission (consentp) and consent as agreement (consenta). Maclean suggests that the latter type that should be the aim in health care, with effective communication, exchange of information, and discussion of preferences central to a relational model of consent. While Maclean is to be applauded for emphasizing the interactionist elements of consent and reminding the reader that the risk-focused, defensive, and routine “tick box” approach to seeking consent is not merely unsatisfactory but fundamentally meaningless, the creation of discrete categories of consent does not seem necessary to make the point, and such categories are, to some extent, distracting conceptual hostages to fortune.

Although the book is somewhat uneven, it is consistently stimulating and thought-provoking. Maclean’s arguments may not always convince, but anyone interested in the evolution of consent and its application in clinical practice would enjoy engaging with his work.

As I finished reading the final page of *Autonomy, Informed Consent and Medical Law* in that emergency department waiting room, my name was finally called. An unsmiling man I presumed to be a physician ignored my greeting and instead, without making eye contact, pointed wordlessly to a cubicle. With no warning he began examining my swollen left ankle and, when I winced with pain, he broke the silence to snap irritably, “I have to see it.” Several radiographs later, the unnamed, unsmiling one announced I had broken 2 bones; then he vanished. I was tempted to leave him my copy of Maclean’s book.

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THE COMING SHORTAGE OF SURGEONS: WHY THEY ARE DISAPPEARING AND WHAT THAT MEANS FOR OUR HEALTH

By Thomas E. Williams Jr, Bhagwan Satiani, and
E. Christopher Ellison
194 pp, \$34.95
Santa Barbara, CA, Praeger, 2009
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IN THIS INFORMATIVE AND WELL-WRITTEN TEXT, THE AUTHORS, all surgeons, provide a detailed analysis of the future calculated shortage of physicians in many areas of surgery including orthopedic surgery, cardiothoracic surgery, otolaryngology, obstetrics and gynecology, general surgery, neu-

rosurgery, and urology. *The Coming Shortage of Surgeons* delineates the future shortage based on constraints to supply, including the long and arduous training of surgical residency, the changing demographics of the surgical workforce, the recent substantial increases in student debt, the decreasing reimbursements for surgeons, and the substantial medical malpractice problem in the United States. Other factors discussed are controllable lifestyle requirements, geographic considerations, rates of retirement, the willingness of medical students to choose a career in one of the surgical specialties, and the effect of the 80-hour work week on surgery as a profession.

To calculate the physician workforce required for future demand, the authors used 4 models to assess physician supply: the work-per-capita analysis, Cooper trend analysis, the Physicians Supply Model (PSM) and Physicians Requirement Model (PRM), and a population analysis. Assumptions contained in the models included the physician-population ratio, medical school enrollment rates, gross domestic product data, current Census Bureau estimates, years to retirement for the current surgical workforce, and funding for graduate medical education. The authors perform a detailed and rigorous analysis of surgical workforce considerations and future projections for 7 surgical specialties. The authors state that main factors contributing to the future surgical workforce shortage are medical student desires to pursue specialties based on lifestyle, compensation, and malpractice insurance concerns.

For example, the chapter evaluating general surgery workforce issues calculates that the future number of available general surgeons will be insufficient to meet demand. As the population continues to increase, the authors estimate a shortage of 1300 general surgeons in 2010 and predict that the shortage will worsen each decade, reaching a deficit of 6000 by 2050. The authors provide similar analyses in the previously mentioned disciplines of surgery, with each chapter coming to similar conclusions. Further examples of future surgical shortages in 2050 were 7800 for orthopedic surgery, 2964 for thoracic surgery, and an astounding 21 723 for obstetrics and gynecology.

The authors also evaluate the Balanced Budget Act of 1997 in the chapter entitled “The Last Hurdle.” In this chapter, the authors conclude that there will not be enough surgeons in the 7 surgical specialties studied, that more than 100 000 surgeons will need to be trained by the year 2030 to maintain access for US citizens at an annual cost of almost \$2 billion, and that the Balanced Budget Act of 1997 must be revised to permit more residents to be trained in the United States. Solutions suggested by the authors to assuage the coming shortage include producing more physicians, adjusting the cap on the number of residency positions, shortening the duration of training, and using technology more efficiently to increase physician productivity.

Overall, *The Coming Shortage of Surgeons* is a timely, provocative, and informative evaluation of the future of surgery, presented by well-respected members of the surgical community. This analysis paints a vivid and detailed description of the future for those practicing medicine as well as for those who may one day require the skills of a surgeon. To conclude, the authors reiterate the essential premise of this work by stating that, “Surgeons are unique in being able to deliver life-saving interventions that no other health care professional can provide. But, to render surgical care, we must have an adequate surgical workforce.”

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MEDICINEMA—DOCTORS IN FILMS

By Brian Glasser
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DRAMA. HOLLYWOOD CRAVES IT. PHYSICIANS CAN HARDLY ESCAPE IT. Any bond between filmmakers and physicians is forged by a shared interest in narratives—both hearing and sharing stories. Additionally, motion pictures and the medical profession rely primarily on the same 2 senses, sight and sound. The link between medicine and movies goes even further. Physicians are frequently characters in motion pictures. *Medicinema—Doctors in Films* analyzes multiple movies that prominently feature physicians and explains why such collaborations are successful. Even the title cleverly fuses the fields of medicine and cinema.

Over the years, many actors (maybe even a cast of thousands) have portrayed physicians in movies. Notable names include Ronald Colman, Harrison Ford, Michael J. Fox, Cary Grant, Anthony Hopkins, James McAvoy, Patrick Swayze, and Robin Williams. Looking at this abbreviated list, it is immediately apparent that Hollywood thinks the typical physician is a handsome male. Give the film industry credit for getting one thing right: physicians are a good-looking group.

Cinematic physicians also tend to be clever and charming. More often than not, they possess a wonderful sense of humor. Is this another case of art imitating life? The manner in which motion pictures depict physicians says a great deal about what society expects of its healers. The author, Brian Glasser, admits that “I am interested in what films have to say about doctors and doctoring—in how medicine looks through a lens.” Yet he opts to consider a relatively small number of movies in the book. Many are older motion pictures that are not very well known. Films are conveniently clustered by theme, setting, or director. Some categories include medical horror movies, biopics, films with war as a centerpiece, and movies with physicians on foreign soil. Films are briefly summarized and thoughtfully discussed.

Nestled in the last third of the book is a blockbuster chapter on Japanese director Akira Kurosawa. Three of his motion pictures—*Drunken Angel* (1948), *The Quiet Duel* (1949), and *Red Beard* (1965)—are meditations on the medical profession. The physicians spotlighted in this trio of films are complicated and unconventional characters. These physicians have conspicuous flaws and strengths. Their patients tend to be out-of-the-ordinary individuals as well. One film opens with a furious patient yelling at and physically threatening his physician. Another shows a house call made to a brothel. *Red Beard*, an inspirational film containing some stirring dialogue, belongs on every physician’s list of films to watch. The main character, Dr Niide, has an exceptional understanding of the human condition: “Behind every illness there is always a story of misfortune.”

Medicinema is not a comprehensive text. Given the visual nature of cinema, a major shortcoming of the book is its lack of illustrations and movie stills. When compared with the best book on this topic, *Doctors in the Movies: Boil the Water and Just Say Aah* by Peter Dans, *Medicinema* feels abbreviated—much like a coming attraction or movie trailer.

Physicians and film industry moguls can certainly agree, however, on one point: they all love movies. Physicians as characters are popping up more than ever on movie theater and television screens. *Medicinema* tracks the evolution of cinema’s preoccupation with physicians. This book is rated G for general audiences.

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