The Changing Role of the Military Orthopedic Surgeon

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In the current civilian health-care climate, with decreasing physician reimbursements and managed care penetration into the physician-patient relationship, orthopedic surgeons will explore various practice opportunities, including the military. Many advertisements for military orthopedic practices proclaim a return to the traditional practice of medicine without the worry of billing frustrations or managed care. A substantial number of civilian orthopedists with previous military experience recall a vastly different military health-care system.

The Downsizing of Military Hospitals

However, military health care has undergone dramatic changes in the past decade and continues to evolve away from a surgical specialist’s optimal practice. Military health care is part of a managed health-care system. Like any other managed health-care system, there are guidelines physicians must follow to control costs. This affects their autonomy to practice medicine. The military is also undergoing a “right-sizing” program, with the conversion of hospitals into clinics and the referral of many surgical “specialty” cases to the civilian sector. What this means for the military orthopedic surgeon is an extremely limited surgical practice with managed care constraints.

My military experience illustrates the future trend of military orthopedics. I was very enthusiastic to start my military orthopedic practice after completing my civilian residency. I had always heard that the military provided a great work experience and foundation to build a future career. Little did I know I was caught in a downsizing managed health-care system that was not supportive of surgical specialists.

My military commitment was part of the Air Force Health Professions Scholarship Program, which involved funding of my medical school training. The Air Force paid for my medical school tuition, required books and supplies, and provided a monthly stipend. In exchange, I agreed to be an Air Force orthopedic surgeon for 4 years after completing a civilian residency. When I signed on the dotted line, I was assured that I would be able to practice my specialty. I had no idea at the time I accepted this scholarship about the ramifications of my decision.

Professional Atrophy

I knew I might be called to provide wartime medical coverage, but I understood this and wanted to serve my country if the need arose. What I did not expect was professional atrophy. I did not expect my practice to be limited to only simple arthroscopy, minor fractures, and the occasional carpal tunnel release. I did not realize I would be the only orthopedic surgeon at a remote location without a partner or local orthopedic surgeon to consult with or review difficult cases. I did not realize my surgical caseload would average less than one operation per week, and I did not expect the morale of my fellow surgical specialists to be so poor until I realized they were in the same circumstance as myself.

During my 4-year military practice, I did not perform a single joint replacement operation or a single spine procedure, nor did I treat a major trauma such as rodding a fractured femur or tibia. I lost a substantial amount of surgical skill, and I am now doing a fellowship to help myself regain the basics of a general orthopedic practice.

Orthopedic surgeons are trained to manage a wide variety of musculoskeletal disorders, and this adds to the enjoyment of their profession. The military orthopedic surgeon is usually restricted from practicing a full spectrum of orthopedics because of a limited patient population, inadequate hospital resources, or other military duties. It is my experience that the majority of orthopedic surgeons enter-
ing the military do not have accurate expectations of their military practice or what the military vision of health care for the future involves.

As the hospital I was stationed at transitioned into a clinic, more of the “specialty” cases had to be referred to the civilian sector for medical care. Even though I was ready to treat a variety of orthopedic conditions, I did not have the supporting personnel or resources available at my base. As my orthopedic practice dwindled, my nonorthopedic and administrative duties increased. I also was assigned to work as the emergency room physician.

Because I was a military doctor, I had little alternative, and I was ordered to work outside of my orthopedic specialty in the emergency room despite my protest. Not only was I trying to keep current with the orthopedic literature because of my restricted surgical practice, but I also had to review emergency medicine to treat the potential pediatric airway emergency or cardiac arrhythmia that I might encounter during my emergency room shifts.

Another aspect of being a surgical specialist in the military is that the individuals assigned to supervise you may not have any surgical knowledge or understanding of a surgeon’s practice. However, this will not stop them from dictating many of the rules and protocols that you must follow.

The current practice status of military surgical specialists is detrimental to both the surgeon and the military mission. The primary goal of the military surgeon is to be prepared to treat the trauma of wartime casualties and return them to the battlefield. However, the majority of military orthopedic surgeons are stationed at small hospitals or clinics that either do not receive trauma cases routinely, or do not have the facility support to manage a trauma patient. How could I effectively treat a traumatized soldier when I had not dealt with major fractures for 4 years? It is not fair to the surgeon and it is dangerous to the potential patient.

**No Guarantees**

The educational courses I attended to maintain my knowledge of orthopedics could not replace the technical skills and learning that occurs by performing a procedure routinely. Although there are some military health-care facilities that offer a full spectrum of orthopedic services, these hospitals are few and far between. The future trend of the military managed health-care system is to downsize military hospitals into clinics and limit the type of care that can be provided by an orthopedic surgeon. This means that increasing numbers of military orthopedic surgeons will be stationed at small health-care facilities able to practice only a fraction of their training.

One aspect of joining the military is that an individual has no guarantee, or true input, about where he or she will be assigned. Some orthopedic surgeons are sent to military facilities without surgical capabilities, while others are tasked with military duties that completely remove them from patient contact. This is part of the military mission and takes priority over the ability of the military orthopedic surgeon to practice orthopedics.

The military should maintain the majority of its surgical specialists in the Reserve forces and allow these surgeons to practice their trauma skills. This will allow our wounded soldiers to get the best-trained surgeons to treat their injuries should a war occur. Surgical specialists should not be isolated in small clinics with limited managed care populations. The orthopedic surgeon considering a military career needs to be aware of the changing status of military health care and the limited role for an orthopedic surgeon to practice his or her profession.