

Seven things ENT surgeons can learn from the hairdressers

BY ERIC LEVI

In a nod to our origins as barber surgeons, Australian ENT surgeon and blogger **Eric Levi** gives us an entertaining insight into what he has learned from his hairdresser that makes him a better doctor.



I've been to the hairdressers many times in my life time (that's an indication that I'm not balding, yet). I'm mostly a drive-through type. I go when I have a free 18 minutes and 30 seconds from my schedule, and make my way to the nearest hairdresser / stylist / barber / butcher, or anyone with a comb and a pair of scissors. No appointments, no fancy styles, no funky hair products. Cut and run, I say. I have long accepted my appearance, such that no hairstyle could ever make me look better or worse and wonder why some of my female ENT colleagues choose to spend about four hours and \$400 dollars on a glorious hairdo which then gets stuffed into a surgical scrub cap anyway!

The last time I went to my local Italian barber, I pondered about the things that I could learn from them. You see, our art is similar. My barber and I have a mission to eradicate the world of any head and neck (or hairy) disorders. He and I both examine our patients / clients with skilled head and neck assessment, and we employ our ancient art and modern treatments, to ensure our patients / clients go home feeling good above their clavicles.

There are seven things I learned from my hairdresser. I believe I am a better ENT surgeon because of what they've taught me.

1. It's all about the client.

They called me by name, asked me how I was, and led me to a comfy chair. He then proceeded to ask me what my hairy wishes were. All through diagnosis, treatment and management, I was always ensured of comfort. We talk about life in general and my mind is put at ease. I don't have to worry about the fact that the way I look in the upcoming four weeks is fully dependent on his paying attention to his scissors on my head, while talking to me. That's great

service. I need to know how to employ the Art of Small Talk in my surgical practice. Appropriate small talk will help to ease the anxieties of my patients. It'll make them feel like they're being treated as humans, instead of cases, and I also reckon it will add fresh colour to the consultation.

2. Gentleness, gentleness, gentleness.

The way my barber holds and moves my head teaches me that I need to be gentle when I examine my patients. An ENT head and neck examination is reasonably intrusive. Patients hold their heads and faces as private properties. People naturally do not like to have their faces held, their heads tilted, their necks palpated, or their facial orifices poked and prodded by total strangers. The good barber knows to be gentle with their clients. So should the good ENT surgeon.

3. Pay attention to details.

That goes without saying doesn't it? The good barber would look at my hair from every angle to ensure perfection, and he won't stop styling till perfection is achieved. I need to have that perfection mentality too from the time the patient is put to sleep, positioned on the operating table, painted with antiseptic, draped, first incision, dissection, resection, reconstruction, closure, dressing, and to the point of painless wakefulness.

4. Use the right equipment at the right time.

One of the greatest things about ENT is that we are the specialty with the coolest tools and gadgets. Tools are only tools. But in the master's hands, tools come alive and become instruments of magic. With the right tools at the right

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time the science of surgery becomes an art and magic that is pure perfection. Some of the greatest moments in surgery happen when I see an expert hand pick up a simple tool and turn water into wine.

5. Get rid of that BO or smelly breath.

Once in a while, I get a barber or hairstylist who smells. Gosh. No matter how good I look at the end of the service, I'm still left with an olfactory experience I wished I did not have. The most common smell is the disgusting smell of smoke, then BO, then garlic / onion breath, etc. You see, the barber and I spend time in close proximity. So does an ENT surgeon with their patients. It is crucial that the surgeon leaves their patient with a good clinical as well as olfactory experience. When I got onto the ENT programme, I swore off garlic and onion, and I always carry mints in my bag, next to my ear wax curette.

6. Never whinge, whine or gossip.

Not only bad rhinological olfactory experience, sometimes I get the stylist who leaves me with bad otological acoustic experience too. They are those who whinge and whine and gossip about everything. So sometimes I'm unlucky enough to sit there strapped onto my seat covered in that barber cloak listening to the non-stop negativity that seems like an avalanche of verbal diarrhoea. I don't know about you, but I don't like to be around people who whinge. Why? Cause I know I'll end up whingeing too. Whingeing is contagious.

Happiness, encouragement and compassion are contagious too, but I've noticed that they take longer to catch on. Somehow, seeing or hearing an ENT surgeon whinge is just not a professional image I'd like to adopt.

I want my patients to be positively impacted by my presence, even if it is only a brief few minutes.

7. Marvel at your surgical training and history.

This perhaps is why I love going to the barber. Barbers are our surgical predecessors. Barbers and surgeons come from the same historical occupational genealogy. We share the same DNA. We are children of the same barber father. You see, a few hundred years ago, barbers were surgeons. If you had an abscess that needed to be lanced, you'd go round the corner to your local barber, and he would lance your abscess. If you had to have your blood drawn to relieve you of disease, stress or any ailments, you also would go to your local barber ("venesection", drawing of blood, was the treatment of choice for multiple disorders in the past. It still is the treatment for a particular condition today - Which one?). In fact, you'd also go to the local barber if you needed your leg amputated. So the barber was master of the cutting instruments. You probably have seen the old sign of the barbers: red and white striped spirals. That was to signify blood. Now you know.

The first surgeons were called barber-surgeons. Surgeons were not doctors originally. They were barbers. In the beginning, surgeons were not even allowed to enter medical school, because they were dumb barbers. It was only a few hundred years later that doctors started to 'operate' and took over from the barbers the procedures which are now called surgical operations.

That's the reason why surgeons in some parts of the world such as the UK and Australia were and are called 'Mister' and 'Miss', even nowadays. Historically, they weren't doctors. And that tradition of calling surgeons 'Mister' and 'Miss' persisted to this day.

Some doctors today still think that Mr Surgeon should not and shouldn't have gone through med school anyway, because they are not smart enough.

So when I sit in that barber chair, my mind wanders and reflects on the long glorious history that is surgery. It started off as a basic cutting skill of the common barber, and has now been elevated into a precise art of healing. Knowledge of anatomy, the field of anaesthesia, the development of antisepsis and the advance of technology has caused the science of surgery to become the magic that it is today. I am privileged to be trained as a surgeon. And that barber chair will ground me and remind me of my humble beginnings in many ways.

Yes, mister, a little bit of hair product would be great.



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