Interview with Dr. Tony Goldschlager

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In this issue of AANS Neurosurgeon, we take on “Neurosurgery and the Future of Health Care.” To gain perspective upon this, we are traveling both across the International Date Line and to the Southern Hemisphere to interview Tony Goldschlager, MBBS, DCH (London),
Dr. Goldschlager is a young surgeon in Melbourne, Australia, with a wealth of training outside of his country in England, Canada (spine fellowship) and New York with Theodore Schwartz, MD, FAANS, performing an endoscopic skull base fellowship there. Having traveled across the world, he brings a unique perspective and will give us insight into the future of health care, as well as his developing practice in Australia.

Jamie Van Gompel (JVG): Dr. Goldschlager, can you describe your practice for us?

Tony Goldschlager (TG): I work in three hospitals in the city of Melbourne, which is in the state of Victoria, Australia. Like many Australian neurosurgeons, I work in both the public and private health-care systems. Monash Health and Austin Hospital are two large, public, tertiary-level surgical training hospitals. The Monash neurosurgical department performs both pediatric and adult neurosurgery, and is the largest hospital in Melbourne. The Austin unit is the main public spinal center in Melbourne and also has a skull base and epilepsy focus. Most of my private work is performed out of Cabrini Hospital and a private collocated hospital at Monash, which are both well-equipped for elective and emergency adult neurosurgical work.

JVG: What attracted you to a neurosurgical practice?

TG: As a junior doctor, one of my rotations was as a house officer in neurosurgery. This opened my eyes to our unique specialty, and I never looked back. I was attracted to the intricate techniques, beautiful anatomy and integration with technology that the specialty offers, but most importantly, I was impressed by the ability to make a profound difference to patients.

JVG: Describe what you believe is the typical practice of neurosurgery in your country.
TG: The population in Australia is relatively small, and therefore there is little room for sustaining a neurosurgical career in just one subspecialty. The typical neurosurgeon in Australia thus performs both cranial and spine surgery; however not all perform instrumented spine surgery. Though neurosurgeons perform the majority of cases, some orthopedic surgeons do also perform spine surgery, and the Austin unit is a combined orthopaedic and neurosurgical service.

JVG: What is a typical day in practice for you?

TG: Busy! My day is mainly split between consulting and operating, as well as attending meetings and performing my research work.

JVG: I think one thing is true of neurosurgeons across the world, the culture lends them to be uniformly busy. Tony, can you describe how you believe your practice differs from neurosurgery in the Americas.

TG: One difference is that our training is run by the Royal Australasian College of Surgeons (RACS), rather than by hospital-based residency programs. This means that to become a neurosurgeon (or any other subspecialty surgeon (e.g. plastics, ENT, etc.) one must apply and be accepted to an RACS training program. This is very competitive, and there are limited places. Once accepted, the RACS allocates to which hospitals you go: This can be anywhere in Australia or New Zealand. You may only be in one hospital for a maximum of two years. There are regular competency assessments and exams. This ensures that only a limited number of surgeons are trained and this is calculated to population need. This ensures a high standard of training. Most neurosurgeons then complete an overseas fellowship, as I did in North America, although this is not compulsory.
The other difference is that we have a public and private system. Private health insurance is not mandatory, but is held by approximately 50 percent of the population. The government incentivizes people to be privately insured by subsiding premiums and increasing tax to those who don’t have it. The main advantage to having it is for elective conditions. For example, a patient with sciatica requiring an operation would have to wait, typically for months, to have an operation in the public system, but with private insurance could have the operation more quickly. In the public system, a patient cannot choose the surgeon. For urgent and emergency conditions, care is provided as required. As a surgeon, remuneration in the private system is greater than in the public. Many neurosurgeons work in both systems, like I do. This is because the collegial environment in a public neurosurgical department is attractive, most neurosurgeons like to give something back in training the next generation, in the same way they were trained. Finally, more of the complex cases, such as spine and neuro-oncology and skull base cases, which are my interests, are performed in the public academic centers.

**JVG:** Describe the biggest issue you see challenging your practice.

**TG:** Balance. Particularly work-life balance. I am trying to improve this. When I ask my senior mentors, they usually say, “Don’t ask me!”

**JVG:** Describe the biggest issue you see challenging neurosurgery in your country.

**TG:** Neurosurgical research. I believe that research is an essential element in our subspecialty and is a challenge for Australian neurosurgery. As a country comprised of a relatively small population,
Australia has still managed to make a sizeable contribution to medical research. Maintaining this focus in a changing environment of increased economic and workforce pressures presents a challenge for modern neurosurgical researchers in Australia.

**JVG:** What is the biggest opportunity for neurosurgery in your country, moving forward?

**TG:** With a growing population and a young country, there is an opportunity to scale and develop our neurosurgical training programs to continue to produce well-trained surgeons for the world in the future. I believe the structure of our training program and hospitals enables us to provide a very high standard of neurosurgery across the country.

**JVG:** Please share with us a unique aspect of neurosurgery in your country that may not be practiced in the Americas as much, given your unique perspective of prior training in the U.S.?

**TG:** I believe that Australian neurosurgery mirrors North American neurosurgery and is fairly similar in terms of the proportion of procedures performed and the techniques utilized. Perhaps one exception is that due to our smaller population and number of neurosurgeons there are fewer Australian neurosurgeons who perform high-volume subspecialty surgery. Certainly, many Australian neurosurgeons have subspecialty interests, but they usually also have to perform most other general neurosurgery as well.

**JVG:** This particular issue concentrates on the future of health care. Can you provide us with your insights as to what you believe the future of neurosurgery is in Australia?

**TG:** I believe that the difficulties mentioned above in conducting high-quality neurosurgical research and tending to our growing aging population are our biggest challenges in Australia. There is considerable debate at present about allocation of health-care resources and funding of medical research.

**JVG:** Thank you for your time. I think as we continue to discuss neurosurgery across the world, it becomes clear that while we all practice in different countries, we all are busy, all striving to achieve balance, and as part of our eye on the future of health care, continue to worry about resource allocation and our aging populations.
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