Editorial

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A Swiss neurological paradox

The specialty of neurology in Switzerland stands in a deep paradox.

Recent decades have seen a real boom of clinical neurosciences: this vast area of research attracts innumerable talented researchers. One just has to look at the spectacular number of participants to congresses like the annual meeting of neurosciences, denoting the great attractiveness of this field for smart people. Hyped world initiatives like the Human Brain Project show that neurosciences stand at the top of the political agenda. Switzerland makes no exception with the creation of the Swiss Federation of Clinical Neuro-Societies. On the clinical side, there have been impressive developments for patients suffering from a neurological disease. Nowadays, a 60-year-old neurologist will have seen during his 35 years of career the advent of spectacular advances in neuroimaging (computed tomography, then magnetic resonance imaging (MRI)), the revolution of treatment of Parkinson's patients with deep brain stimulation, the thrombolysis and thrombectomy offered to stroke patients, which regularly allow real miracles like the drop of a NIH Stroke Scale score from 20 to 0!, the advent of numerous immunomodulatory drugs that offer maybe not a cure but important remissions to multiple sclerosis patients and the last but not the least of our examples, the very promising genetic engineering of gloomy neuromuscular diseases like Duchenne muscular dystrophy and spinal muscular atrophy. There are not many specialties that have seen such a revolution in their diagnostic procedures and therapeutic interventions. And yet, young swiss doctors sulk this specialty! In Switzerland, between 50% and 75% of neurologists in training are imported from foreign countries as the domestic demand is too low. Why such a lack of attractiveness? How then explaining that, despite the boom in the field of neurosciences, the specialty of neurology, which is a major arm of the clinical side of neurosciences, is not more attractive? Shouldn't this specialty rank among the most coveted path for medical students?

In the Swiss Society of Neurology, we are tackling this problem and have identified several reasons that may explain such a disaffection for this specialty. First, the curriculum is cumbersome. To be board-certified in neurology, the candidates need to pass two examinations, one in neurology and one in clinical neurophysiology, which costs double efforts and money as compared to other medical specialties. Second, the curriculum itself is among the longest in Europe (6 years) and yet is not competitive as compared to the shorter curriculum in other European countries. Third, although this is probably not decisive in the choice of young doctors, the specialty is relatively poorly remunerated as compared to other medical specialties. Fourth, although the neurologist knows how to read an MRI and resorts more than often to specialized procedures like endovascular thrombectomy, he is dependent on a (interventional) neuroradiologist to perform these procedures, which, for young people might come as a bit of frustration.

As you will see in this new issue of CTN, we have recognized the problem and taken bold actions.

Such as developed in the article by Bassetti et al. (page XXX), profound changes to the neurology curriculum have been conducted and, after several years of discussion, led to a revised curriculum in 2016. A significant effort of communication is now developed in the different Swiss medical faculties to present the interest of a curriculum in neurology. A large consultation is currently taking place among Swiss neurologists, under the auspices of the Swiss Society of Neurology, in order to further simplify the training and make it more visible. One of the goals is to reorganize the training so that it is a common trunk only in the first half, but then allows the neurologist in training to have an optimal preparation for the career he/she will have chosen: academic, hospital, in practice, neurorehabilitation and so on. From now on, research is more valued in that 1 year of research is equivalent to 1 year of training. Future actions may entail a common clinical neuroscience track where neurologists, but also neurosurgeons, neuroradiologists, neuropediatricians, would follow the same path. One should also seriously consider the possibility for a subset of neurologists to be trained in interventional neuroradiology. This would decrease a bit the pressure on the shoulders of interventional radiologists, who have recently seen their activity skyrocketing. And this would also add interest to a very intellectual specialty, the neurology, by giving to some neurologists the possibility to perform technical gestures. After all, why should the cardiologists have these possibilities and not the neurologists?

Finally, it is also important that the specialty of neurology, not only the research in neurosciences, makes its way up to the radar screen of the politicians. This means that neurologists have to become more vocal and politically active. The major risk that neurology faces is the fragmentation of this specialty into multiple small sub-specialties with no more links between them, which would simply mean the loss of this specialty and, by way of consequence, the end of the long story of the Swiss Society of Neurology and its 42 presidents (Bassetti et al., page YYY).

But, let's be optimistic and bet that with these constructive and cooperating efforts, we will get out of this bizarre Swiss neurological paradox.

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