GUEST EDITORIAL

Urosurgery: Steve Jobs would have supported a name change for our specialty

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Cite as: Can Urol Assoc J 2013;7(5-6):153,155. http://dx.doi.org/10.5489/cuaj.1329 The time is right to consider a renaming, and perhaps rebranding, of our specialty to be more reflective of our occupation and calling: urosurgery. Why do we call ourselves urologists instead of urosurgeons? Brain surgeons are referred to as neurosurgeons, not neurologists. Chest surgeons call themselves thoracic surgeons, not thoracologists. Medical specialties generally end in *-logy* and surgical specialties generally end in *-surgery*. To the best of our knowledge, the name of our specialty has yet to be challenged, and other than a few disparate examples, a new name has not been widely adopted. Although one could view these questions as provocative and perhaps even superfluous, we feel that a name change would be rationale in the eyes of the average etymologist, businessperson and the public.

Let's consider the etymology of the word *urology*. Breaking the word into its components, the prefix "uro" means *relating to urine or the urinary organs*¹ and the suffix "logy" *denotes a subject of study or interest.*² Putting this together, "urology" becomes the study of urine, implying that our specialty is a medical—or non-surgical—profession. On the other hand, the word "surgery" is defined as the branch of medicine concerned with *the treatment of injuries or disorders of the body by incision or manipulation, especially with instruments.*³ Is urosurgery, then, not a much better description of our specialty?

A truism in business is the concept that when choosing names, titles, slogans or advertisements related to their business, organizations should ensure that the words accurately describe their products or services. Failure to do so may misrepresent the organization's core business and could mislead potential customers. When applying this concept to the name of our specialty, it is immediately evident that calling ourselves urologists may be misleading to our patients and the general public. Urology is first a surgical specialty; hence the current name is not representative of what we do as a rule.

Another business principle is that accepting the status quo is a recipe for failure in this rapidly evolving healthcare business world we work in, and this certainly applies to the healthcare industry. Urology is the status quo name for our specialty. Successful businesses—including Apple, one of the most successful global brands of our generation—often change their name to rebrand themselves or to better describe their products or services. For example, when Steve Jobs launched the iPhone in 2007, he changed the name of his company from *Apple Computer*, *Inc.* to *Apple Inc.* because the old name no longer adequately described Apple's fleet of products.

Canadian urologists view themselves as surgical specialists and are Fellows of the Royal College of *Surgeons* of Canada (FRCSC). We are not Fellows of the Royal College of *Physicians* of Canada (FRCPC). Establishing urosurgery as our new name has the potential to change the face of our specialty. Many urology organizations in Asia and abroad have used the descriptor urosurgery to market their services, but each still uses the term urology to describe the specialty. Some American urology organizations or practices have also used the term urosurgery. In the world of social media, many of our global colleagues are calling themselves urosurgeons rather than urologists. To date, however, no major urology organization in the world has taken the next logical step of adopting a name change to urosurgery.

Strategic organizations know there must be a substantive reason for a name change. The name change cannot be just about marketing; it must be aligned with a shift in the organization's strategy or direction. Successful organizations leverage the name change to define and create a competitive advantage. This is where the Canadian Urological Association (CUA)—or should we say Canadian Urosurgery Association—could capitalize on a huge opportunity. Is it possible that urology programs have not been viewed as

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a priority compared to other surgical specialties programs because of a lack of clarity of what we do? Could this be part of the perceived lack of preferential funding and resources? Could a name change to urosurgery launch the strategic rebranding of our specialty, garner some attention toward our patient-base and equalize funding and resource allocation to the management of urosurgical disorders? It couldn't hurt.

In CUA's Strategic Plan 2014, the positioning statement is as follows: "The CUA is the 'go to' organization for relevant, credible information about urologic health and the urologic profession, serving patients, urologists, other health care providers and the general public." Furthermore, "Providing leadership in public education for urologic diseases" is one of the CUA's 6 mission statements in its Strategic Plan 2014 and one of the CUA's 6 goals listed on its website. Granted, most other healthcare providers know that urologists are surgeons, but many of our patients and members of the general public do not appreciate what urologists do and may not realize that urology is a surgical specialty. What better way to communicate the fact that urologists are surgeons than proactively and provocatively changing the name of our specialty from urology to urosurgery?

The CUA has an opportunity to lead the way for this shift away from the status quo, specifically in the renaming of our specialty. We therefore invite the CUA and its executive to discuss the renaming of our specialty to urosurgery and to then put this proposal to its general members for discussion. It would be interesting to see how our members view a proposed name change. A final principle taught in MBA programs: great leaders know when to follow. Steve Jobs was a great leader and demonstrated the value of a strategic name change. Could, and should, the CUA follow his lead and change the name of our specialty to urosurgery?

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