The Responsibility of Leadership

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I AM VERY SENSIBLE of the great honor that has been conferred upon me in elevation to this high office and of the responsibility of leadership in an organization that has attained so pre-eminent a position in its influence upon surgery in America and upon the better care of the surgical patient. I can but hope that in this symbol of office from the long line of distinguished predecessors there may emanate an aura of statemanship and clairvoyance to fortify and strengthen whatever attributes I possess in fulfilling the duties and responsibilities that lie ahead. For the opportunity for further service in this great College of Surgeons, I am most humbly grateful.

You, too, who have just received Fellowship in this magnificent guild stand at a threshold of wider horizons of opportunity and responsibility in the practice of surgery. Membership in this College brings with it not only the recognition of your special qualifications, but also added responsibility, the responsibility of pre-eminence, of leadership in the groups and in the communities where your happy lot is cast. It would seem fitting that as we mark this milestone in our careers, I should discuss with you some of the responsibilities to which I am referring.

As Whitaker has well said, "This country is rapidly developing the kind of economy and society which will make it necessary for each person to be trained for as much responsibility and leadership as he is capable of handling."

As surgeons at the operating table, by training and practice, prompt decision and action are a daily requirement. The need for making the correct decision not only to save life but to cure the sick patient is in almost constant demand. The training of a surgeon, therefore, places him in a high priority of qualification, for assuming responsibility. Leadership would seem to be a closely associated ancillary attribute.

In the establishment of this College of Surgeons, certain objectives were clearly outlined. These were:

"To elevate the standards of surgery, to establish a standard of competency and of *character* for practitioners of surgery, to provide a method of granting Fellowships in the organization, and to educate the public and the profession to understand that the practice of surgery calls for special training, and that the surgeon elected to Fellowship in this College has had such training and is properly qualified to practice surgery."

Address of the President

This address was presented at the Convocation of Fellows, Clinical Congress, American College of Surgeons, Atlantic City, New Jersey, October 18, 1957, when Dr. Estes took office as president. He is consultant in surgery and chief surgeon emeritus at St. Luke's Hospital, Bethlehem. He is an emeritus member of the A.C.S. Committee on Trauma, and was from 1950 to 1952 chairman of the Board of Governors. In 1954 Dr. Estes was first vice president of the College.

The purposes of the College are, threfore, *concerned* with the *character* as well as the training of a surgeon, with the betterment and improvement of hospitals where the surgeon's work is done, and of the postgraduate teaching facilities in both medical schools and hospitals, and with the protection of the public from incompetent service, to the end that there may be increasingly better care of the surgical patient. Applicants are judged as being morally, ethically, and professionally acceptable. Hence the responsibility of Fellowship is to promote at the local level the betterment of hospital and patient care and the teaching programs in hospitals, as well as the maintenance of high personal proficiency in surgery.

In early years recognition of the need for the establishment of hospital standards arose from the case records submitted by candidates for Fellowship, which indicated a lack of systematic organization of medical staffs and of the proper keeping of records, and in many areas inadequate laboratory facilities.

Hence, a minimum standard for hospitals in various categories was set up. The acceptance of these standards by hospitals was voluntary, but it was not long before over 2,000 had earned certificates of approval, as having met these standards in their organizations. In 1956 a total of 3,759 hospitals in the United States and Canada received approval out of 6,946 eligible for accreditation. (54.1 per cent).

The benefits to the public in the early years, from setting up these standards, were believed to

be, (1) a greater safeguard to the patient; (2) average stay of the patient in the hospital reduced; and (3) lowering of the hospital's mortality rate.

In recent years the field for standardization has so extended that to strengthen this important auxiliary activity of the College it has seemed wise to broaden the base of responsibility and to set up what is now known as the Joint Commission on Accreditation of Hospitals,* to cover both the United States and Canada, in which the American Medical Association, the American Hospital Association, the American College of Physicians, and the Canadian Medical Association have joined the American College of Surgeons in the continuation and furtherance of the administration of the hospital standardization program.

This has made it possible for the College of Surgeons to concentrate its energies more thoroughly and specifically upon its original objectives, the better training and education of surgeons at all levels, the maintenance of high standards in surgery, and the constant improvement in the care of the surgical patient. But broadening the base of management does not absolve the individual surgeon from effective participation in the maintenance of high standards of efficiency in the hospitals with which he is associated. With the mantle of membership comes the responsibility and the high resolve actively to uphold the traditional level of institutional excellence.

In addition to the maintenance of standards of performance, there are responsibilities to the practice of surgery itself which we as members of the College cannot ignore. The extraordinary position which surgery has attained today is of tremendous significance. The successful invasion by the exploring scalpel of realms believed a short interval ago unassailable, impregnable to attack, has been so surprisingly and bewilderingly rapid that there has been little time to pay homage to the newer truths and techniques that made it possible. The great growth of research laboratories manned by the skilled medical scientists which our present-day training develops, where surgical technique and procedure can be worked out, perfected, and made safe for application to human anatomy, has been a fascinating factor. Parallel developments in anesthesiology, physiology, biophysics, and biochemistry have added increments that make the application of these techniques increasingly safe.

The pace of accomplishment seems continuously stepped up. The tempo has been exhilarating. Vast new fields for inquiry and exploration have been uncovered. The burning question today is, "Have the rapidity of discovery and the development of facilities outstripped our ability to man the ship and maintain at adequate if not high speed the voyage into those untraveled realms which are exposed to view from the Balboan mountaintop which is our present day vantage point?"

Concern has recently been expressed that at even high school level there has been a falling off of interest in science and that fewer of the ample numbers of applicants for medical schools seem interested in pursuing a career in medical science. By precept and example those whose talents and training have equipped them for high achievement in original investigation must be kept available to maintain vigilantly the advances in knowledge and better application of new techniques to the sick patient.

The promotion of science health fairs in which high school students compete for prizes for the best exhibits submitted, and programs by industry, universities and laboratories to introduce youngsters of high school age to participation and thereby insight into scientific research problems, are indications that there is widespread interest and effort in this recruitment problem. The Forums at our annual Clinical Congresses are designed to afford young scientists an opportunity to report original investigations bearing upon surgical problems. The ever increasing number of completed projects submitted for the consideration of the Forum program committee bears testimony to the effectiveness of encouragement to young surgeons active in research. An important element of our chapter activities has been the establishment of essay contests for surgeons still in training and the opportunity for them to attend the meetings and to participate in the programs. It would seem timely that not only at our annual conclaves and chapter meetings but at every center of surgical activity, interest in the future of the young surgeon should be evidenced, with careful planning to aid him maintain his skills, enthusiasm and approach to the development of a practice wherein the high ideals of our profession shall be perpetuated.

It is magnificent to be aiding in and a contribu-

*The Joint Commission on Accreditation of Hospitals officially took over the American College of Surgeons' hospital program in December, 1952.—*Editor*

tor to advancing the thresholds of knowledge but the testing and improvement of existing methods and techniques in the great crucible of experience are an equally important element in obtaining the final answer for what is best for the patient. It is in this area, this category, that all of us who are the practical workmen in the realm of surgery can play a part. Clinical research, the review of end results of operations, improvement in pre- and postoperative care, and of methods and accuracy of diagnosis, and effectiveness of therapy can be handmaidens to us all, in demonstrating what in our hands serves best for our patients. Meticulous study of the details of preoperative and postoperative care to elaborate more effective methods for their application and to develop greater skills in their use, pays great dividends in the reduction of mortality and of morbidity in any surgical procedure. It must be emphasized, however, that it is not merely familiarity with their use that is a requisite, but the actual and successful application of these techniques must be based upon a broad understanding and consideration of the patient himself. This is the responsibility of the operating surgeon. The high level of patient care tends to deteriorate when it is delegated to others.

It is well to remember that the establishment of tumor clinics in all approved hospitals through the College's Committee on Cancer has afforded a medium whereby broader clinical experience in the knowledge and therapy of neoplasms may be shared by the entire medical staff. Likewise, the Committee on Trauma through its regional committees has developed programs for the care of the injured that have made extraordinary contributions to the better handling of casualties. Participation in these activities is again a responsibility of all concerned in the improvement of patient welfare.

While the numbers of qualified surgeons and surgical specialists are annually increasing and the economic pressure of the urban centers is thrusting them farther afield, should we not recognize the great opportunity that exists in well organized and splendidly equipped community hospitals, and the need for bringing to the outlying and rural seg-

Scientific Exhibition at 1957 Congress Well Attended

Aortic homografts to trachea and esophagus are the subject which drew this crowd to the exhibit presented by Dr. Joel J. Pressman, of Los Angeles, at the Scientific Exhibition in Atlantic City. There were over 80 exhibits.

ments of the country the advances in surgical science as they are produced, and deliberately encourage not simply the creation of surgical competency, but an increasingly better distribution of this essential commodity?

There is reason to believe that the widespread establishment of rural clinics for group practice has also provided a medium for raising the caliber of medical care and an environment to promote opportunities for the well-trained surgeon. The trend of young surgeons toward the suburban sections of our centers of population could well be duplicated in the less densely populated areas of the country. To that end the College has inaugurated a registry to list those areas or communities throughout the country that have been recorded as desiring or requiring a well-trained surgeon or surgical specialist. Information will then be available to those beginning a surgical practice or desiring to change location as to the communities that seem in need.

The greatest problems that face the practice of surgery today stem from the trends in world and domestic economy. These trends have tended to create a consciousness of cost. The great advances in medical and surgical knowledge have been accompanied by a gradually increasing cost in their application to the patient because of the need for hospitalization as well as definitive medical care. The introduction of hospital and health insurance whereby this cost can be largely underwritten has been a great godsend, but has added a new element of confusion in the interpretation of surgical fees in the minds of those insured. In our concentration upon, devotion to, and accurate application of the potentials in diagnosis and therapy, there has been built up a reluctance and distaste for direct consideration with the patient, of the financial background of medical care. However, a frank discussion before operation with the patient or his family of the probable total cost of the intended surgical procedure and what part insurance will play in defraying the expense should have universal application, in order to eliminate this source of potential surgeon-patient misunderstanding, as well as worry concerning the financial obligation involved.

In the better care of the patient, we cannot afford to ignore his economic problems any more than his health deviations. One may very well depend upon the other. A straightforward explanation of the hospital costs and surgical fees, preferably before operation, or in the case of emergencies at a properly selected interval, should serve to eliminate this great element for misunderstanding and grave source of public antipathy and condemnation.

At the organizational meeting to form this College some 44 years ago, a declaration against the division of fees, the paying in any guise of a commission for the referral of patients, was enthusiastically adopted. The *Principles of Medical Ethics* of the American Medical Association, which rule all phy-

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What's New in Surgery?

At 1957 Congress, (left-right) Drs. Clarence Dennis, Brooklyn, Robert E. Gross, Boston, Warren H. Cole, Chicago, and Bradford Cannon, Boston, discuss what's new in surgery. Other participants in this session were Drs. Samuel A. Vest, Charlottesville, William H. Sweet, Boston, and J. Garrott Allen, Chicago. Dr. Harris B. Shumacher, Jr., Indianapolis, presided.

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sicians' actions, have always held this practice to be unethical. The recently revised version of this code states,

"In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him or under his supervision to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for the referral of patients."

Division of fees is not only unethical but leads to the deterioration of patient care. Yet it is well known that there are some few areas in which this "abomination in the economics of medicine" still exists. It must be recognized that a declaration against fee splitting will not alone suffice to eliminate this blot on the escutcheon of our great medical fraternity. Techniques by which it can be eliminated are on record, but the underlying economic false premises in the areas where it exists must also be dealt with. That these can be readily refuted and a sound satisfactory ethical inter-relationship amongst all elements of the medical family established, with no exploitation of the patient, must be the concern of all of us who have assumed the responsibility of membership in this College of Surgeons. Fee-splitting can only be eradicated at the local level. It requires sound patterns of procedure, initiative, and intestinal fortitude to work out, but if we are to fulfill our destiny, it must be done.

Bulwark of High Standards

In outlining a few of the responsibilities of membership in the American College of Surgeons, I have attempted to indicate that while these responsibilities are acquired by actual membership itself, their fulfillment results from direct action by each individual member.

This membership is now yours. What will you do with it?

Our magnificent organization through its astute leadership down the years has stood as a great bulwark in the establishment of high standards and better and better environment for the practice of surgery. Our oriflamme has been the rallying point for those committed to the attainment of ever higher levels of professional proficiency and conduct, to serve better the patients committed to their charge. Our interests have crossed the seas to include members in many sister countries. It is to be remembered that our founding fathers came from both sides of that border that may be political but has received no recognition as separating the interests of professional brethren and ardent friends, fellow workers for those great ideals and objectives which have a common source in both Canada and the United States.

In recent years by action of the Board of Regents this College has been strengthened by the activation of the Board of Governors as a deliberative and investigative body and the widespread formation of chapters as local units of the College. The structure is now complete whereby the efforts of each individual member on behalf of the College can have expression. It provides the young novitiate in surgery and surgical specialties an early opportunity to be subjected to the philosophy and background of high standards in surgery.

Intelligent Disciples

How well this dispersion of College activities will develop from the national to the local district level and the better integration of the chapters with our over-all college organization, will depend upon how thoroughly you, the youthful new increment, will take up the cudgels. You who are, as Haggard has reminded us, "the intelligent disciples of all great minds who have glorified time."

It has been said that in this generation we have become skilled in the art of evading responsibility. However, the future of this great College rests upon how successfully these tasks that lie ahead are recognized and the eagerness with which they are pursued.

We are free, and perhaps prone, to move in our own confined orbit, happy in the daily routine—only aroused when some disturbing element appears to upset our planned procedure, but "freedom," as Peter Marshall has observed, "is not the right to do as one pleases, but the opportunity to please to do what is right." Osler believed "we are here not to get all we can out of the life about us but to see how much we can add to it." "Do not pray for tasks equal to your powers, but pray for powers equal to your tasks," Phillips Brooks advised.

As Wilson Compton would persuade us, "Colleges do not grow by themselves, they are built by people who believe in them." Yours is the opportunity to make this College of Surgeons not simply

an accolade for personal prowess, but a living force for the good and the betterment of our profession and our patients.

We do not gain an objective by waiting for it to appear over the horizon, but by working toward it.

In becoming, therefore, a member of the American College of Surgeons you have not simply been given certain privileges, but are now called upon for extraordinary service.

Not as a ladder from earth to heaven,
Not as a witness to any creed,
But simple service, simply given
To our own kind in their common need.

Four-day Trauma Course Scheduled For April by Chicago Committee

A COURSE on fractures and other trauma will be given by the Chicago Committee on Trauma from April 16 through April 19. It will be held in the John B. Murphy Memorial Auditorium, 50 East Erie Street, Chicago.

While much emphasis will be placed on fractures and other injuries of the hand, all phases of trauma will receive attention. They will include head, eye, face, laryngeal, chest, abdominal, urogenital, and vascular injuries, burns, and athletic injuries, according to Dr. John J. Fahey, Chicago, who is arranging an outstanding faculty for this four-day course.

Teachers from five medical schools and the chiefs of service from leading hospitals in the Chicago area will participate.

Authorities from various parts of the country will also take part. Included in this group are Drs. Walter P. Blount and Albert C. Schmidt, of Milwaukee, who will conduct a symposium on the subject of fractures in children. From St. Louis, Dr. H. Relton McCarroll, will come to speak on compound fractures and fractures of the forearm. Dr. Joseph H. Boyes, Los Angeles, past president of the American Society for Surgery of the Hand, will give several lectures on the treatment of hand injuries.

Dr. Don H. O'Donoghue, Oklahoma City, an authority on the treatment of athletic injuries, is to take up injuries of the knee and ankle.

This course is dedicated to the late Dr. Dallas B. Phemister, who for many years participated in the activities of the Chicago Committee on Trauma, and whose "guidance, enthusiasm, and knowledge contributed immeasurably to its success." One of the high lights of the April meeting will be the Dallas B. Phemister Memorial Lecture to be given by Dr. C. Howard Hatcher, of the University of Chicago School of Medicine. Formerly associated with Dr. Phemister at the university, Dr. Hatcher succeeded him as professor and chief of orthopedic surgery there.

Drs. Fahey (left) *and Banks, Chicago*

The registration fee will be fifty dollars. However, all residents, interns and students are to be admitted free, provided they furnish letters from their chief of service or dean.

Dr. Sam W. Banks, chairman of the Chicago Committee on Trauma, is directing this second postgraduate course to be given by this group. The interest and enthusiasm exhibited by participants and the unexpectedly large number of registrants in the first course, presented in early 1957, prompted this return engagement. Based on information taken from questionnaires filled out by registrants at the first course, the 1958 course is geared to their expressed wishes, according to Dr. Banks.

Further information may be obtained from Dr. John J. Fahey, 1791 West Howard Street, Chicago 26, Illinois.

Dr. Holinger to Direct Course

THE NEXT POSTGRADUATE COURSE in laryngology and bronchoesophagology to be given by the University of Illinois College of Medicine is scheduled for January 27 through February 8, 1958. The course is under the direction of Dr. Paul H. Holinger.

Interested registrants will please write directly to the Department of Otolaryngology, University of Illinois College of Medicine, 1853 West Polk Street, Chicago 12, Illinois.