

PRESIDENTIAL ADDRESS

THE AMERICAN COLLEGE OF SURGEONS

1974

HERE DWELLS OUR STRENGTH

by

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Omaha, Nebraska

Doctor Welch, Doctor Stinchfield, distinguished guests, Fellows of the College, new Initiates and friends:

It is a heartwarming experience for me to be presented to you by Harry Spence, a friend and distinguished colleague, and to receive this Medallion of Office from Claude Welch who has served this College so well.

Thirty-seven years ago, I became a Fellow. Like most Initiates, I knew surprisingly little about the American College of Surgeons. Fellowship was a goal to be achieved by completing all the necessary requirements. Gaining some knowledge about the organization one had joined was something to be left to a more leisurely future.

At that time, a concern much more pressing than achieving Fellowship was the stark necessity of establishing a surgical practice that would permit me to survive in the midst of a devastating depression. Remaining in a full-time academic environment was out of the question, for medical schools totally lacked funds permitting them to recruit young staff members.

Of the title and the substance of the Presidential Address delivered that evening, nothing remains in my memory; perhaps not an unusual experience. However, one event occurred during that Clinical Congress which has made my life as a practicing surgeon, much happier.

Doctor Owen Wangensteen advised me as a young Initiate that I should never consider any of my patients permanently mine. Instead, he said, live with a clear understanding that at any given time, a number of people will entrust their surgical care to your hands. Accept the fact that no matter how successful your management, you will later see some of your former patients in the hands of your surgical colleagues.

The passing years have proven the wisdom of his advice. We can save ourselves much heartache if we accept this migration of patients as a fact of life. It is my sincere hope that each of you may take home from this Congress, in addition to scientific data, an idea or a precept that will stand the test of time as well. I well remember mine.

It is my first official duty and great privilege to welcome your class of 1901 superbly trained young men and women into Fellowship. This evening, I will speak primarily to you, the newest transfusion into the heart's blood of this organization. Looking over this assembly, I am awed when I reflect on the innumerable hours of dedicated work, study, and lost sleep that your number represents. This is a night of satisfaction for all of you on achieving the second of the great objectives which loomed ahead as you finished your residency training. Qualifications from the standpoint of training behind you, tonight you gain admission to this College.

We are mindful that many of you have been able to arrive at this important point in your professional careers only through the support and encouragement of your wives and your parents. Many of them are here tonight and rejoice with you.

The fact that you are now entitled to affix the letters, F.A.C.S. after your name, indicates that your training and experience are consistent with the high standards of our College and that your moral and ethical fitness, and your professional competency, have been attested to by other Fellows in your community who personally know your work. Finally, you have signed previously, and tonight repeated, a pledge that in your dealing with patients and colleagues you will be governed by the principles that this College considers essential for obtaining and maintaining Fellowship.

It is therefore reasonable to ask what you know of the structure, performance record, and the goals of this organization which you have just joined. Equally fitting is the question: are you ready to accept the responsibilities of Fellowship so that this may be a stronger and more effective College because of your support?

The principal objectives of the American College of Surgeons, now in its 61st year, are exactly the same as stated originally, "To elevate the standards of surgery and to establish a standard of competence and character for practitioners of surgery." From a modest beginning with a few dedicated surgical

leaders, this College has today become the largest and most influential surgical organization in the world with over 36,000 members. About 2,000 of these are Fellows from abroad who represent more than 100 different countries.

Let me briefly review with you the structure and functions of this organization which speaks with such authority in both national and international surgical circles.

The business and affairs of this College are managed by a Board of 18 Regents, with the President serving as the 19th member of the Board. At least two Regents must be Canadians. Regents are selected by a committee of the Board of Governors. About half of the Regents are general surgeons, and the rest are surgical specialists. None may serve for more than nine years. Merely attending official College functions requires that a Regent spend the equivalent of about one month each year in fulfilling the obligations of his office. Regents are not compensated for their service and it is noteworthy that absence from a regental meeting or called conference is unheard of except for serious illness.

The work of the Board of Regents is expedited by numerous regental committees, the major ones being the Executive, Finance, Central Credential, and the Central Judiciary.

Our Board of Governors, now numbering 191 members of whom eleven are Canadians, represent the various States and Canadian Provinces, the major national surgical societies, the Military Services and several foreign countries. Governors provide a vital liaison between the Board of Regents, the Chapters, and Fellows.

The Board of Governors recently reduced the limit of service for Governors to six years or two three-year terms. This important decision will permit half again as many to serve as Governors in the next decade, to lend their expertise to the deliberations of the Board, and to serve the College directly.

The Board of Governors is today an important forum in the College structure, and its various committees conduct "in-depth" studies on timely and controversial

subjects to assist the Regents in their deliberations. This vigorous role of the Governors is a development of only the past 15 years, and has added both strength and stature to this College.

The Officers of the Board of Governors attend all meetings of the Board of Regents, serve on Regents' committees and are called upon for advice in regental deliberations. Immediately after each Regents' meeting, the Chairman of the Board of Governors prepares a newsletter which is sent to all Governors and Chapter Presidents so that the Fellowship may have, besides the College Bulletin, an additional means providing prompt information about major actions by the Board of Regents.

No comment on College structure would be complete without stressing how much our 82 Chapters increasingly contribute to the strength and unity of this College. Every State is now represented by one or more Chapters and there are three Chapters in Canada. This is the true "grass roots" element in our structure, and the active participation of all Fellows in Chapter activities is vital to us. Among other functions, the Chapter serves as a meeting place for young surgeons who may not have gained membership in more limited sectional surgical societies, and it affords them a place in which to share thoughts and experiences with surgeons of all ages in their areas.

Through his Chapter President or Governor, any Fellow may initiate an inquiry which will promptly come to the attention of the Executive Committee of the Board of Governors and, if indicated, to the Regents. Chapter Presidents are invited each year to sit with the Board of Governors at its annual meeting and Chapters are increasingly availing themselves of this additional opportunity to participate in and learn more about College affairs.

The full-time Administrative Staff of our College is truly unique in American medicine. Our Director, C. Rollins Hanlon, a distinguished surgeon and gifted administrator, six able Assistant Directors and a staff of approximately 125, provide administrative support to the Regents, Governors and Chapter

Officers. No more dedicated group of people are to be found in our profession; we owe them a real debt of appreciation.

The establishment and conduct of many major projects have been accomplished by this College over the years. I need only mention hospital accreditation in the United States, the Surgical Boards, the Graduate Education Committee and the tripartite Residency Review Committees, the Cancer, Trauma, Transplant, and Motion Picture Committees, the Surgical Forum, and the Continuing Education and Refresher courses at the Clinical Congress and Interim meetings.

In addition, this College has been and remains the strongest moral force in American medicine, vigorously combatting fee splitting, itinerant and ghost surgery, surgical incompetence, unnecessary surgery, and all unethical practices unacceptable to our high standards.

The multitude of issues and tasks the College has to deal with daily are the concern of some 300 active committees. Few appreciate the number of hours the Fellows contribute without compensation in carrying out their assignments. For example, some 947 Fellows, including 63 from Canada, were involved in reviewing the credentials of your group of 1901 Initiates.

Another impressive example of the substantial support this College receives from its Fellows is the Surgical Education and Self-Assessment Program. The first assessment known as SESAP I, in which over 14,000 surgeons participated, is now completed. SESAP II, which will be released this October, is the result of more than two years' work by more than 70 Fellows. Each of these donated the equivalent of two weeks of 40 hours each during the past calendar year, and in addition, was away from home a total of nine full days to complete this task.

The College does not require seniority in age or achievement when it seeks support from its Fellows. Today the average age of an Initiate is 37 years. The Board of Regents, recognizing the increasing importance of having young surgeons contribute to College affairs, established, in 1972, the Young Surgeons' Meeting

for Fellows under 45 years of age. The enthusiastic reception this venture has received from a wide cross-section of younger surgeons, in both community and academic practice, assures the young Fellows a distinctive role in College affairs. It is our hope and expectation that all of you will lend your talent and support to this program.

This organization, whose structure I have briefly outlined, is your College, regardless of your specialty in surgery and no matter whether you work in an academic environment or entirely in private practice. It has contributed more to the high standards of surgical practice, to surgical education and to improvement in the care of the surgical patient than any other organization in the Western Hemisphere, and gives meaning to the words, "Here Dwells Our Strength." As Fellows of this College, we must recognize that our collective power and influence lie in this association which gives direction to our surgical practice.

Our Past Presidents have been distinguished surgeons, most of whom were academicians and outstanding clinicians from American and Canadian Universities and Clinics. Initially, most were general surgeons; now an increasing number very properly represents surgical specialties.

I am a surgeon, primarily in private practice, and I can speak from nearly four decades of experience for those among us who spend the energies of our professional life outside a strictly university environment.

It is a great privilege to represent the community surgeons in this College, whether they voluntarily teach in affiliated community hospitals, direct training programs in an entirely non-academic hospital setting, or practice in areas far removed from any academic influence.

Those of us who are primarily surgeons in private practice with a loosely defined association with Academia, often hear our colleagues express the opinion that all surgical organizations are controlled by the so-called "full-time" university surgeons. Admittedly, the majority of positions in organized surgery are filled, and capably so, by men with academic appointments. It is extremely

difficult for a surgeon practicing alone, in a partnership, or in a group, to give the time for active participation in the work and deliberations of this College. Serving this organization requires a considerable sacrifice of time and money on his part and, very often, on the part of his associates as well. Yet, unless we community surgeons are willing to contribute our talent and our time to the College, in spite of the demands at home, our segment of the Fellowship, which is sizable, will lack adequate representation among officers and committees. If we do not contribute, we can ill afford to criticize those who do the necessary tasks.

All of us in this College take pride in the leading role it has played in the training of surgeons and the care of the surgical patient. Yet at the same time, our very success in these two areas confronts us with a number of major new problems.

Health care is today one of the largest industries in the United States. The Social Security Administration's preliminary figures show that the nation's outlay for health in 1973 was 94 billion dollars, an increase of 11% over fiscal 1972. In the past year, 60% of the spending was private money and 40% was public. It appears that the public funds will soon make up a much larger part. (1)

Dramatic changes are occurring today in basic medical education in this country. These changes will have far-reaching effects. If the United States merely maintains its current capacity to train health professionals, by 1985, we will produce 50% more physicians, 50% more dentists, and 60% more registered nurses than we had in 1970. These facts suggest that we might have a true physician surplus toward the end of the next decade, coupled with a population growth which is rapidly stabilizing. (2)

Even if Federal monies were to be drastically reduced, the accelerated educational process now set in motion will obviously continue for some time before any striking reduction in student numbers is evident.

Of special interest to us as surgeons, is the accelerated educational process so very evident in our graduate training programs. Figures show that many of our specialty boards are now increasing individuals certified by approximately 10% per year. This trend, if continued, could ultimately inundate our population with an excess of surgeons and surgical specialists. Within 10 years, we may well have a ratio of surgeons and surgical specialists approaching 165 per 100,000 population; a striking figure when one considers that today the figure for all physicians in the United States is 163 per 100,000. (3)

As surgeons, we have a deep concern that the production of young surgeons in each of the surgical specialties be properly managed, so as to meet the demands of our people realistically. Overproduction is as undesirable as is a deficit in numbers, but increased emphasis must be focused on methods to provide a better distribution of talent. It is noteworthy that recently announced Federal goals seek to have 50% of every graduating medical school class enter the fields of internal medicine, pediatrics and family practice.

Today in the United States, approximately 92,000 practitioners of medicine perform surgery. Of these 50,000 are board-certified, 20,000 adequately trained but not certified, 10,000 are family practitioners or osteopaths with a primary or secondary interest in surgery, and 12,000 are residents in surgical training.

Of the approximately 50,000 board-certified surgeons in all specialties, about 3,000, or 6%, are foreign medical graduates. If one projects the rate at which foreign medical graduates are now passing American surgical board examinations, about 20% of all board-certified surgeons in the United States will have come from foreign medical schools by the year 2000. Figures from the University of Michigan indicate that approximately 75% of all foreign medical graduates who come here for graduate training remain in this country. (3)

It is noteworthy that only about 10% of the surgical training positions in our university or affiliated hospitals are filled by graduates of foreign medical schools while in non-affiliated hospitals, over two-thirds of the surgical training positions are occupied by these young men. (4)

There is rather clear evidence that deficiencies in undergraduate background, together with inequities in training and education offered to the foreign medical graduate in some areas of the United States, have materially contributed to his problems and his high failure rate in qualifying examinations. The quality of these programs must be improved or they should be discontinued, for we are not at this time, prepared to turn our back on all exchange programs or on the training of physicians from abroad. We should try to avoid, however, the spectre of the foreign medical graduate who has taken multiple qualifying examinations, and repeatedly failed. This is an economic disaster for him and a frustrating embarrassment for us. It cannot be solved by the acceptance of a double standard which provides for second-class medicine. (5)

The ultimate role of the foreign medical graduate in this country will probably be determined by accrediting bodies or by government agencies who supply much of the funds; or both together may determine how many physicians will be trained, how they will be selected, and where this training will take place. (4) (5)

Excepting for surgeons in military or government service, most of us are in civilian practice, free to choose our own city, our own associates, the type of practice we wish to do, and even to select many of our patients. As DuVal stated so well; "We are able to utilize all the tremendous, modern scientific advances that make our practice more accurate and more effective, but if this set of circumstances is the source of our success, it is also the root of our problem." (6)

It should be evident to everyone concerned with health-manpower problems that increasing the aggregate supply of doctors has not and will not solve the problems we face in distributing health services adequately and in making them universally available to the people of this country. Since the public is underwriting the education of health professionals, it is beginning to wonder

if it might not justifiably have the right to commandeer some of the professional expertise for a time. The United States today remains one of the few nations in the Western Hemisphere that does not conscript physicians for non-military purposes. (6) (7)

Because of concern with these problems, and their ramifications, the College of Surgeons in association with the American Surgical Association, has been deeply involved in an in-depth study of this problem during the past three years. This project is known as the Study on Surgical Services for the United States, or SOSSUS, and its conclusions are becoming available. The College will certainly be called upon to implement some of this study's major suggestions.

As surgeons, we have a long tradition for leadership with respect to education, certification and quality control. It is imperative that we again take the initiative through positive action in effecting what society now feels is much needed reform in establishing numbers, types, quality and distribution of surgical specialists.

In all humility, we surgeons, in addition, must address ourselves to some of the critics of American medicine. Frankly, we must admit that in certain areas these criticisms have some basis in fact. Certainly, in this great country, it would be difficult to deny that some unnecessary surgery is performed and that it may be done by those who are incompetent or inadequately trained. Our response as members of this College must be as it always has been, to recognize honest criticism when correct and then, as surgeons, take prompt and forceful remedial action through our organization.

With William Longmire, the late Louis Rousselot, and others, I believe that there are several major areas in which the strength of the American College of Surgeons can be a decisive force in establishing guidelines for solution of some of our urgent problems. In cooperation with the AMA, the surgical American Specialty Boards, the tripartite Residency Review Committees and, perhaps, the

AAMC, these proposals demand our prompt attention: (8) (0) (13)

1. By supplying relevant data, attempt to limit the number of medical school graduates who may enter surgical specialty training to the number required to meet the nation's anticipated health needs, encouraging others to enter fields where there is a talent deficit;
2. Decrease the production rate of surgical specialists likely to be deficient in knowledge and skills, by reducing the number of those residency programs which do not meet standards fully, or are unsuccessful in producing candidates who can pass the required examinations;
3. Cooperate in the establishment of a Division of Surgical Practice within this College that will supply the data necessary to improve the distribution of residents among communities where their services are needed most;
4. Establish in this College a Department of Education with a full-time associate director in charge. The goal of our College in continuing education for both general surgeons and surgical specialists should be to provide opportunities for a lifetime of learning in their respective fields.

These problems and many others of national interest loom large and are now coming before this College for consideration and action. However, they may be overshadowed for the individual practicing surgeon by an array of new challenges which will certainly alter his very way of life. Trained basically to give excellent care to the surgical patient, today's practicing surgeon finds himself confronted with the complexities of PSRO, recertification, HMO's, excessive premiums for malpractice insurance, increasing problems in admitting patients to a hospital, and public indifference to or suspicion of our professional tasks. How very essential it is that we, as individual surgeons, join hands with our many colleagues in united support of this College so that we may, as a cohesive body, be kept informed and meet the challenging problems of our decade with strength.

The rapid accumulation of surgical knowledge which today has a half-life of somewhere between five and ten years, has inevitably made our surgical service more effective and at the same time, increasingly impersonal. Critical analysis shows that 20 years ago, 30% of the patient's total medical contact was directly with his physician while today, only 7% of actual patient contact is with one's own doctor. Today, we with M.D. degrees, constitute only 8% of the total health work force.

We must accept the inevitability of these changes in the delivery of modern surgical care; but they emphasize the necessity of giving high priority to a greater surgeon-patient dialogue. The art of caring for people, and conveying to them our sincere interest in them as individuals is, in the final analysis, the very essence of the surgeon-patient relationship. It is so very easy for us to be highly scientific, detached and impersonal, yet so very important to take the time to explain repeatedly, if necessary, our procedures and why we do them.

Journalists Harry Schwartz, James Kilpatrick and Jonathan Spivak, all friends of medicine in varying ways, have recently written of our shortcomings, but at the same time emphasized our great strength as a profession. The message one gets from their writings is that our profession has too long been on the defensive and this posture is not appealing. In today's environment, they suggest that we, as surgeons, must give a number one priority to the job of communication and in this, we must be aggressive. (10) (11) (12)

Francis Moore has defined politics as, "The process of bringing others to our view." In a splendid defense of American medicine, he recently said, "Physicians in politics will always be accused of speaking for only themselves as providers, when in point of fact, there is no one else who can speak so eloquently for the consumer, the patient, based on centuries of collective experience. It is only the physician who sees and works daily with the lame, the old, the halt,

the blind, the suffering, and the dying, and it is part of our professional commitment to speak for them in the political arena." (13)

The case for American medicine, certainly as fine as any in the world, must be presented equally to the public, the Congress, and to the intellectuals; especially those connected with the mass communications media. Never has this been more important and who can do this better than the practicing surgeon.

I propose that each day every one of us take the time to frankly discuss with a patient or friend, one of our pressing current problems, such as professional liability, hospital over-utilization, the distribution of medical manpower, and just why medical care is so expensive.

All people connected with the news and mass communications media have, at some time or other, personal contact with a surgeon. The same is obviously true of the members of Congress. A surgeon called upon to care for one of these individuals has an opportunity to discuss with him or her, some of our major professional problems face to face. Admittedly, to carry on such a dialogue, one must be well informed and this is our individual responsibility. Certainly, much more might be accomplished in this direct and personal way than by an expensive advertising campaign which is impersonal, and often ineffective.

Assembled here tonight are surgeons from the far reaches of the world, brought together at this Clinical Congress for a common purpose: to better serve the surgical patient. Ours is a unique profession which transcends national boundaries, language barriers, religious and cultural backgrounds and political philosophies.

Rudyard Kipling affirmed our role as surgeons when he once addressed a similar assembly of the Royal College of Surgeons of England: "Is it any wonder, gentlemen, that your calling should exact the utmost that man can give - full knowledge, exquisite judgment, and skill in the highest to be put forth, not at any self-chosen moment, but daily at the need of others? Such virtue is not reached or maintained except by a life's labor, a life's single-minded devotion.

Its true reward is the dearly prized, because unpurchasable, acknowledgement of one's fellow craftsmen." (14)

All this, I maintain, is the goal which you as Fellows of this College, should strive to attain.

Goodnight, God Bless.

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