Presidential Address:

Professionalism in the 21st century

PROFESSIONALISM · REFORM · HERITAGE

by

LaMar S. McGinnis, Jr., MD, FACS

***Editor's note**: Following is an edited version of the Presidential Address given by Dr. McGinnis on October 11 at the Convocation in Chicago, IL.*

It is my great privilege to address this most distinguished Convocation class of 2009. While I am speaking directly to you tonight, I hope to be speaking through you to all of our 74,000 Fellows worldwide and to other interested parties.

On behalf of our College, Fellows and staff—a sincere "thank you" to John Cameron, MD, FACS, Immediate Past-President, L. D. Britt, MD, FACS, Immediate past-Chair of the Board of Regents, the Regents and Governors, and to Thomas R. Russell, MD, FACS, Executive Director, for your exemplary leadership.

I must express how honored I am to be the 90th President of the College. I feel especially honored as a simple, community general surgeon to have been so chosen. I should note that our archives reveal only six community surgeons to have been honored with this presidency in our 96-year history, with the first being J.M.T. Finney, MD, FACS, as so clearly depicted by Dr. Cameron in his Presidential Address last year. I feel that I stand here representing the thousands of community surgeons who rise daily, well before dawn, serve their patients with dedication, skill, and compassion, arrive home late in the evening, often returning as needed for further care, with little heed to nights, weekends, holidays, and special occasions.

Let me offer a specific example—Anne Williams, MD, FACS, a California native and Parkland-trained general surgeon, who has practiced in Glasgow, MT, for more than 20 years (see photo, page 10). I made her acquaintance last spring as we worked together on Operation Patient Access. She is the only surgeon in a 500-mile range, on call 24/7/365, yet she loves this practice. She does not feel oppressed; her only concern is who might join her or replace her when she must ultimately leave her practice. Dr. Williams may be in the extreme; however, she is but one of the many community surgeon heroes and heroines across our land. I proudly accept this office in their stead.

My heartfelt congratulations to our most distinguished Honorary Fellows, and to you new Fellows seated before me on this memorable evening. You have chosen your career well. You have spent many years preparing yourself to be a surgical professional. You are indebted to many on this night—your spouse, your children, your parents, your mentors, your peers, and, yes—even your creditors. We wish you Godspeed, fulfillment, and pride in your accomplishments to date and in those to be anticipated in the years ahead.

I also take joy in expressing my gratitude to all who have directed, assisted, supported, and guided me along my life and particularly along my surgical professional life. A sincere thank you to my mentors, peers, associates, and staff, in all venues. My profound gratitude extends to my devoted, self-sacrificing parents and to my wonderful children. However, my principal debt and gratitude extends to one. I met her in the latter part of the last millennium when she was a student nurse at the Royal Victoria Hospital in Montreal, where I was interning. Two years later, I returned to Canada on a ski vacation at Mont Tremblant. Now a graduate nurse, this lovely person was also there skiing as a guest of the McGill Redbird ski team. We became reacquainted and were married three months later. That was 52 years ago, and my love and admiration for her continues to grow. Her name is Julia, my wife and my love, here with us tonight.

We live in interesting times, particularly as related to our chosen profession, medicine, and, more specifically, surgery. Despite the remarkable advances that have occurred over the last century, I believe that never before have opportunities been brighter for surgeons to care for sick and injured patients than are now occurring and will continue in this first century of this new millennium. Admittedly, change is upon us, possibly even epochal change, but when viewed objectively, the convergence of ideas—scientific, technological, social, economic, and political—that are occurring have the true potential for turning our present "sick care" system into a true health care system, with benefit for all. The uniqueness of the surgeon will persist following this evolution. Surgeons are different; we have different abilities and skill sets. We think differently, approach problems and deal with patients and their families in a

surgical way. We are not interchangeable with others; you cannot call in a primary care doctor, a nurse, a technician, a nurse practitioner, or a physician's assistant to fill our shoes, even though they are all most important and essential members of the perioperative team.

Our heritage is our greatest strength

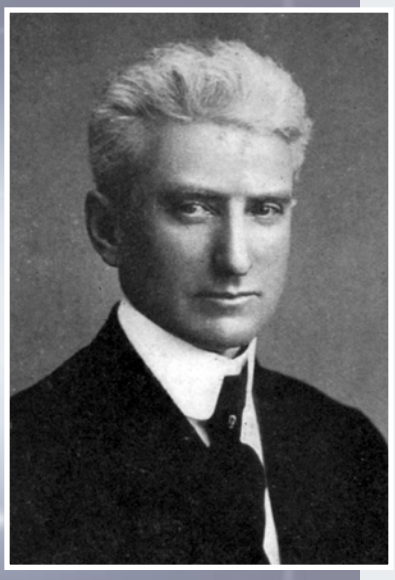
So my early message is: surgeons will continue to be valued and sought out in this 21st century and to be important players as we move to more integrated systems of health care delivery, often delivered by teams. Readily available, near real-time, risk-adjusted outcomes data and appropriate response to that data will result in greater health care value, and the integral role of the surgeon will persist.

Someone once said, "Without a heritage, every generation starts over." The profession of surgery, and our College in particular, has a proud and abundant heritage. Carl Becker, a University of Chicago economist and Nobel Laureate, once remarked that "The most significant accomplishment of the 20th century, a century filled with accomplishment, was the doubling of life expectancy." It is a truly remarkable fact, considering the state of health care and of the surgical care of patients as the last century began. Hospital care, surgical care, and medical education were in an appalling state. In this country, leadership appeared. Abraham Flexner, a Louisville, KY, educator with a Carnegie Foundation grant (see photo, page 11), visited all of the medical diploma mills extant at that time, wrote a scathing report issued in 1910, and turned medical education upside down. Franklin Martin, MD, FACS (see photo, page 11), a Chicago gynecologist, wished to improve the practical education of surgeons and founded the journal *Surgery, Gynecology and Obstetrics* (now the *Journal of the American College of Surgeons*), and the Clinical Congress of Surgeons of North America, which has grown into our annual Clinical Congress: the single largest annual educational venue for surgeons in the world.

This dynamic red-haired Wisconsin farm boy was filled with energy and ideas, and along with other surgical luminaries of the time, fathered this, our American College of Surgeons (see painting, page 12). Our College was modeled after the historic Royal College of Surgeons of England, who, in 1920, presented this Great Mace to us in a meeting in Montreal (see photo, page 13). From the vision of that group of founding fathers, and as a result of initial committees appointed, major impactful forces evolved. A committee on the standardization of hospitals, led by E. A. Codman, MD, FACS, of Boston, MA (see photo, page 14), resulted in what we know today as The Joint Commission, surveying and accrediting more than 15,000 health care organizations worldwide. Dr. Codman's further idea of a registry for tumors has resulted in our extensive system of cancer registries and databases and indirectly, in 1959, in the formation of the American Joint Committee on Cancer, our important cancer staging body. Thomas Cullen, MD, FACS, of Baltimore, MD (see photo, page 14), chaired a committee to educate the public on cancer and the importance of early detection and treatment. This activity grew into the American Cancer Society, the largest voluntary health organization in the world. Simultaneously, at Johns Hopkins Hospital, William S. Halsted, MD, FACS(Hon) (see photo, page 14), established the surgical residency training program that has been so admired and widely emulated. In 1922, the Committee on Fractures,

Dr. Williams

Dr. Flexner



Dr. Martin

driven by Charles Scudder, MD, FACS, of Boston (see photo, page 15), was formed and renamed in 1939 as our Committee on Trauma. Likewise, in 1922, the Committee on the Treatment of Malignant Disease was appointed, chaired by Robert Greenough, MD, FACS, also of Boston, MA (see photo, page 15), later becoming our Commission on Cancer. The Committee on Trauma and the Commission on Cancer have had a most significant impact on the care of trauma patients and cancer patients and continue to evolve, not only nationally, but internationally.

So, in the early part of the 20th century, surgeons were instrumental in forming our own American College of Surgeons, The Joint Commission, the American Cancer Society, and the surgical residency program. Also, beginning with the American Board of Ophthalmology in 1916, all surgical specialties have subsequently formed boards. Imagine how different surgical education, training, practice, and care would be without all of these organizations. I ask you, have patients benefited?

Over the last century, the resulting influence and benefit from that early 20th century foundation has continued to flow. Our College's educational, oversight, accreditation, research, and patient care programs, and now advocacy activities, have been, and continue to be, monumental! Our surgical forefathers set the model and the standards for our professionalism. Our heritage is our strength!

With our founding heritage undergirding us, post-World War II saw the burgeoning of scientific surgery. Anesthesia and antibiotics opened the door to opportunity. The chest and the cranium joined the abdomen as sites for surgical adventure. The holy heart could be manipulated, and blood became readily available for extension of our scope of activity. With each subsequent war, our ability to care for the traumatized patient has expanded and improved. Eyes and ears are mended and made new. Organs and tissues are transplanted almost at will—when available. Bones are mended and extended, and new joints are very much in vogue. The field of surgery has been exploding, with the doors opening ever more widely. As Michael DeBakey, MD, FACS, said in 1995, "More progress has been made in medicine in the last 50 years than in all of recorded history." Not only is our lifespan extending, but the quality of these extra years is greatly enhanced, and much of this is attributable to surgical care.

Oh yes, I have not mentioned the minimally invasive surgical approach and now single orifice and natural orifice surgery; robotic surgery, tissue engineering, and on and on, are examples of how technology has run rampant. Our cup runneth over.

But the bell tolls—health care costs worldwide have increased 2 percent per year for 20 years. Health care costs in this country approach 18 percent of gross domestic product, estimated to be 20 percent by 2020, and 50 percent by 2050. The Institute of Medicine began a series of landmark reports in 1999 that turned heads. Perhaps *Crossing the Quality Chasm* and *To Err*

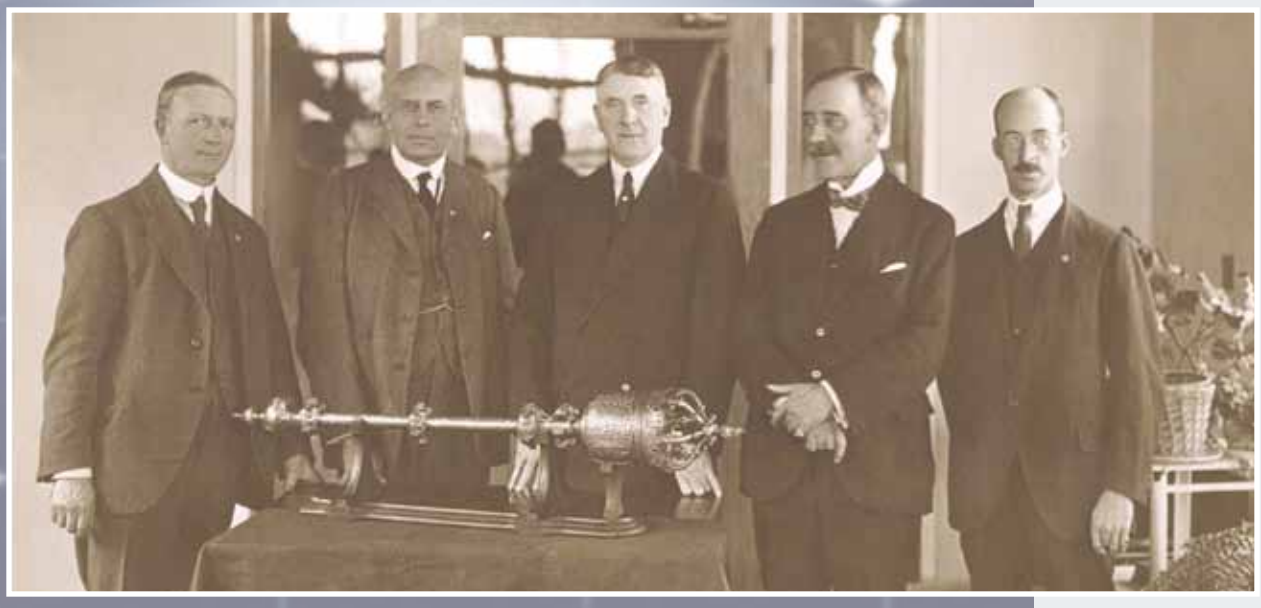
The first ACS Board of Regents: Drs. Albert Ochsner, Charles Mayo, John B. Murphy, Franklin Martin, George W. Crile, William D. Haggard, and William Mayo.

Is Human: Building a Safer Health System are the most impactful of these reports. Quality and safety concerns became a focus, and never events such as wrong site surgery and wrong patient surgery are no longer reimbursed, much less tolerated, though still occurring (estimated at 40 per week). Our critics abound. The American public loves their doctor, but is frustrated by our "sick care" non-system, and the associated, continually burgeoning costs.

These cyclic, recurrent concerns have been voiced for more than 150 years in most of the developed world, but at this point in time, in this country, the forces for change are dominant, and some change will occur. Most people in our profession agree that change is needed. Our College supports change and has been joined by 19 surgical specialty organizations in seeking the right kind of change: change that will benefit our patients and the public's health overall. Health measures, where the U.S. is often found lacking—such as neonatal death rates, complications of pregnancy, obesity and its accompanying complications, and chronic disease management—are not primarily surgical problems, not even totally medical problems, but, rather, social, socioeconomic, and educational issues, and issues of personal responsibility, as well. Let me note that the cost issue in health care is not significantly impacted by the oft-maligned discipline of surgery. Nonetheless, we are part of this complex medical system, and must be part of any sustainable set of solutions.

Professionalism will guide our future

This brief overview of the past brings us to this new century and beyond. What is it that sustains us, embodies us, invigorates us, and carries us onward? I maintain that our underlying professionalism and humanism will see us through this epochal time at the dawn of the 21st century and beyond. Our historic evolution as a profession is our greatest strength. Though we often think of our College as old and established, we are, in fact, relatively new, even as we approach our centennial in 2013. Despite our rich history and traditions, we are young, especially when contrasted with the Royal Colleges and societies of the world.



The presentation of the Great Mace, Montreal, 1920: Sir William Taylor, Dr. George Armstrong, Sir Berkeley Moynihan, Mr. Albert Carless, and Dr. Francis Scrimger.

But even in our relative youth, we share in the history of the long-acknowledged classical professions of the world: the ministry, law, and medicine, with surgery evolving a bit later as we emerged from a guild status.

What is a profession? What is professionalism? What are the distinguishing characteristics of this noble order that you join tonight? What are the characteristics and principles that will carry us through the millennium, though ever evolving and strengthening, though periodically challenged and attacked?

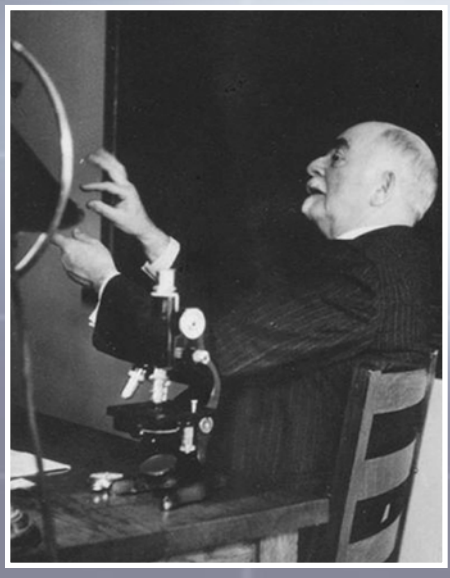
The Council of Academic Societies attached professionalism to a "set of values reflected in the philosophy and behavior of individuals whose calling is first and foremost to serve individuals and populations whose care is entrusted to them, prioritizing the interests of those they serve above their own." But as Haile Debas, MD, FACS, has stated, "Professional status is not an inherent right, but one granted by society. This obligates surgeons to put their patients' interests above their own." Past-President George Sheldon, MD, FACS, has stated that "Ethical codes are the major characteristics that differentiate professions from occupations."

Other elements inherent in professionalism include the acquisition of special knowledge and skills, advanced and continuing education, ethics, and evidence of competence (including licensing and certification). Certainly a professional manner and a professional appearance are other visible and palpable elements of professionalism that are expected by our patients and by the public. Terms often significantly associated with professionalism include altruism, honor, compassion, integrity, dedication, empathy, responsiveness, prudence, trust, and an ethos of self-regulation. The ability to communicate clearly and to be humble in the face of adulation or scorn will prove to be an asset.

Do remember, Hippocrates admonished us to "sometimes give your services for nothing and if there is an opportunity of serving one who is a stranger, in financial straits, give full assistance to all such, for where there is love of man, there is also love of the art." Never forget, though science and technology are enthroned in our armamentarium, art is ever-present in what we do and how we deal with those we serve.

What greater trust and bond exists among humans than that between a patient and their

Dr. Codman



Dr. Cullen

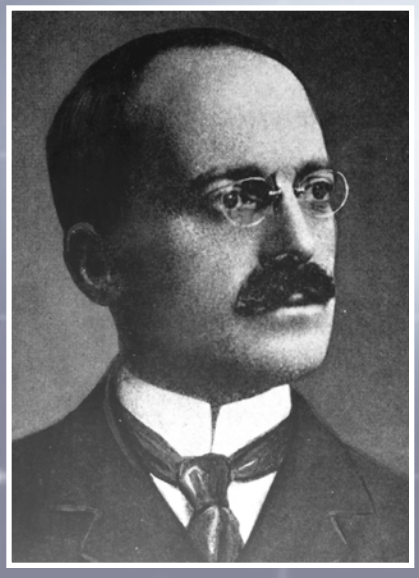
Dr. Halsted

surgeon? Perhaps this bond is only exceeded by that between a parent and a child. That is the joy of being a surgeon, a professional. Yet, that joy is bridled by the enormity of our responsibility. No assault by government, managed care, the insurance industry, trial lawyers, or other maligned entity will ever break that bond.

The joy of being a professional is what keeps us going. It is what inspired William Mayo, MD, FACS (see photo, page 15), to say, "There is no fun like work," and also, "The best interest of the patient is the only interest to be considered." And another great professional, but in basketball, Julius Irving (a.k.a. Dr. J.) offered, "Being a professional is doing the things you love to do on the days (nights, weekends, holidays) that you don't feel like doing them."

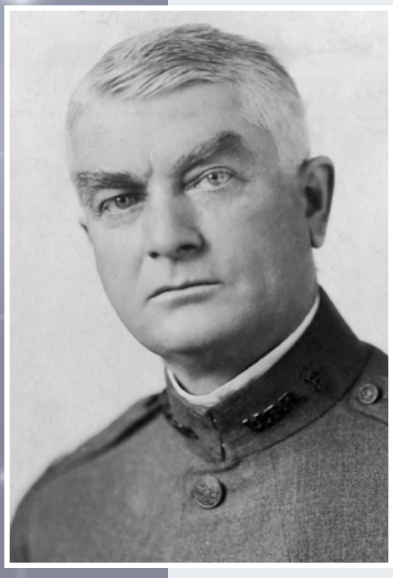
You men and women seated before us tonight join the legions preceding you in the proudest profession. Embrace the honor, the traditions, and the responsibilities of your chosen profession. Accept the mantle proudly, with dedication, and, through your own individual efforts, further advance, enhance, and romance all that you are becoming a part of. Stand tall, let your chest swell as you proudly declare, "I am a surgeon, a professional!" Treat your patients well, your family even better. Pass on the heritage burnished brighter than you received it, and grow old in the joy of being a surgeon.

Some recent College presidents have focused on the topics of humanism, mentoring, and role modeling. Several former presidents have addressed the subject of ethics. I believe that these most important subjects are embraced in the concepts embodied in surgical professionalism. Out of concern that professionalism has been under assault and fading in significance from external pressures and forces, major significant bodies such as the American Surgical Association, the American Board of Surgery, and the American College of Surgeons have focused on this issue. I would direct your attention to the 2004 *ASA Blue Ribbon Committee Report on Surgical Education*; to Fred McCulloch's 2006 *Lancet* article, "Surgical Professionalism in the 21st Century"; to Wiley Souba and Stephen Steinberg's *ACS Surgery* chapter, "Professionalism in Surgery"; and to a number of activities devoted to the subject by a College task force led by Alden Harken, MD, FACS, and Ajit Sachdeva, MD, FACS, FRCSC—including an ACS Code of Professional Conduct, an ACS DVD entitled



Dr. Scudder

Dr. Greenough



Dr. William Mayo

Professionalism in Surgery Second Edition, and an earlier DVD entitled *Medical Professionalism in the New Millennium*, each presenting professionally related vignettes in a CME format (see photo, page 16). You will gain significant insight and benefit from viewing these resources that are available from the College.

These precepts of professionalism extend beyond the operating room, the clinic, and the hospital, to your family, your peers, and other professional associates, your casual contacts, your community, and wherever you venture. You are specially acknowledged, privileged, and remunerated, but this must be constantly earned. This is the embodiment of the surgical profession, now and persisting on through this new millennium. Each generation has this obligation to our past, to the present, and to the future.

Where are we today? On the positive side, the science and the technology surrounding us is abundant, in full-flower, and growing toward unimaginable new opportunities. A professional's hunger for knowledge and improved skills never abates, thus highlighting the need to continue to enhance our knowledge and our skills. Our College is ready and determined to assist you in an abundance of ways in this regard. Know that most of what you have learned will be passé shortly. Only principles, and your ability and capacity to learn and to relate to and communicate with your peers, patients, and associates, will persist. So, evolve a regular program of professional enhancement and advancement and adhere to that program diligently. A professional is never a finished product. That incessant search for knowledge and skill improvement is what makes our life so exciting.

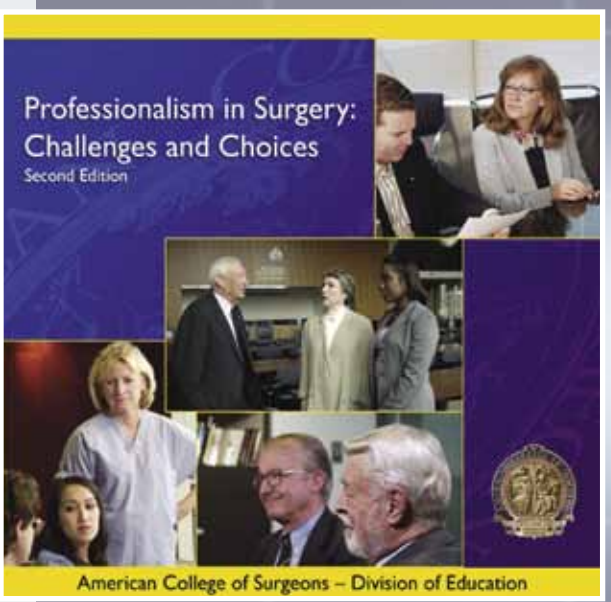
The health care reform debate is on in full fervor. Our College is engaged and active. We believe that health care reform is vital and needed—the right kind of reform, reform that benefits patients, the public, and surgeons, and that will result in a true system of "health care," rather than continuing an excellent but dysfunctional "sick care" system. I believe that we will be happier within a system where all citizens have access to health care, where disparities in care and in outcomes are but dim memories, where we are informed by, and responsive to, reliable, risk-adjusted, near real-time data that will guide and improve our actions; where we practice hassle-free; where our health care is widely viewed as

safe and of the highest quality without regional variations; where value is unquestionable and where the best and the brightest—like you—will continue to be attracted. This is not beyond our reach! We can help make this happen if we are all actively engaged. This is a pivotal point in our nation's history, perhaps somewhat akin to the 1910–1915 era, when our College was forming.

You might ask—how do we engage and participate? First, be engaged and active in the full spectrum of your profession and especially within your College. Seek out opportunities, locally, regionally, nationally, and internationally. Further, let me briefly introduce another element of professionalism, that of civic professionalism. This differentiates physicians and surgeons from other knowledge workers. Because of our relative autonomy, our self-regulation, our focus on service, care, and the public good, void of self-interest, and our focus on quality and continual improvement, we are not typical knowledge workers—we are expert, but we are more. Thus, we have a responsibility to keep in mind and act upon our broader societal obligations and expectations.

Our focus has been, and should remain, on our individual patients, but do we not also have a civic professional duty to embrace the public good more consciously, and to help improve the system and society on matters of health? Our surgical forefathers were so involved. Some recent, and present, surgeon examples might include Surgeons General C. Everett Koop, MD, FACS, and Richard Carmona, MD, FACS, and Sen. Bill Frist, MD, FACS, and Rep. Tom Price, MD, FACS. But more relevant may be this example: Jim Pope, MD, FACS, of Carrollton, GA, has been on the state board of education for 25 years, following in the footsteps of his senior partner. Next year, he will become the chairman of the Georgia Board of Education.

Our history is full of surgeons serving as health board chairs, school board chairs, mayors, county commissioners and on—true civic professionals. Each of us has a role to play. LaSalle D. Leffall, Jr., MD, FACS, and Edward Cornwell, MD, FACS, of the District of Columbia offer more contemporary role models, as does Steven Chen, MD, FACS, of California, a member of this new class of Fellows.



The cover of the ACS *Professionalism in Surgery* course CD-ROM.

Change is on the horizon

Now let us look ahead. As that great American philosopher Yogi Berra once said, "The future ain't what it used to be." This is an appropriate statement for a new beginning for this millennium, whether looking at health care, health care delivery, surgical care, or any other aspect of our society.

But as the sage and prescient futurist Peter Drucker once said, "The best way to predict your future is to create it." And as Will Rogers so aptly stated, "Even if you are on the right track, you will get run over if you just sit there."

Health care delivery will change, and in the short term. Health care policy is presently under intense debate represented by polar opposites. Something will happen over the next few months. The College leadership, our Division of Health Policy and Advocacy, the Health Policy Advisory Group, and the Health Policy Research Institute are fully engaged and participatory. Each of you, as a part of civic professionalism, should likewise be fully engaged, informed, and participatory. Communicate clearly with your patients, legislators, and friends, and

do not be self-serving. Let us work to come out of this debate with an improved system that benefits patients, the public, surgeons, and society as a whole.

Medical education and training are under intense scrutiny and study. The Halsted paradigm that has served us so well is changing. The demographics and work hours of our surgical workforce have already changed, but we need to adapt even further, and more rapidly, to these realities. Our College is becoming the leader in simulation technologies, in evolving regional training centers, in encompassing young surgeons as scholars within the College, and in many other areas that will offer opportunities for enhancement of knowledge and skills. Our National Surgical Quality Improvement Program is becoming the "gold standard" for risk-adjusted outcomes data to be utilized for improvements in quality care and safety. Large databases in cancer and trauma likewise are utilized for analysis and for care improvement. The College intends to be the lynchpin in comparative effectiveness research for surgery.

United Healthcare, along with CISCO Systems, is working to enhance virtual care with multi-million dollar investments in electronic medical records and more millions in Tele-Health and in an activity entitled Connected Care. Intel Corp., along with General Electric, is investing $250 million in developing technologies for home care and monitoring. The Medical College of Georgia has been in the forefront in evolving Tele-Health in my state, nationally, and internationally, in collaboration with our military services. Imagine the changes that this will entail and how health care delivery will change—and this is just the beginning.

An Emory and Georgia Tech biomedical engineering collaborative is working on cutting-edge science that offers the potential for miracles such as neuro-imaging techniques to assess learning and skill evaluation as a potential means for student and trainee selection. Also, in collaboration with the German Aerospace program, a new revolutionary surgical robot termed "Miro" is forthcoming that will offer haptic feedback in contrast to present intuitive models. This device will be mounted on the OR table, imaging compatible, lighter and more flexible, and will offer a modular platform for ease of exchange between surgical specialties. Advanced imaging techniques are being developed to assist surgeons intraoperatively. Soft-tissue regeneration, innovative vein couplers, computational imaging models for surgical planning, and more are in the works. How will surgeons utilize nanotechnology? Personalized genomic surgery is at hand.

These are but a few of the many examples of evolving science and technology happening worldwide. Will globalization of health care further flatten the world of surgical care?

A more exciting time for surgery has never existed. As Bill Cance said in his Society for Surgical Oncology Presidential Address, "We are moving from tradition, through transition to transformation." More personalized, tailored treatments will become the norm. How will "microRNA" transform our view of disease? How profoundly will "disruptive innovation" alter the changing processes of health care delivery? Transparency of data and shared decision making based on evidence that will include patient input derived from long-term follow-up will directly impact surgical therapeutic choices and reimbursement policies.

Suffice to say that change will occur even more rapidly than we can imagine—from evolutionary to revolutionary. As surgeons, and as a College, we might consider becoming even more proactive regarding change, as well as anticipatory and proactive rather than reactive. Should we not formalize a process that will keep us at least even with, or better still, ahead of evolving thought on a broad plain? This will not occur easily. It is not a part of our history or of our rigid psychological makeup. We can—perhaps we must—do this.

But, as historian Daniel Boorstin said, "Trying to plan for the future without a sense of the past is like trying to plant cut flowers."

It is my desire and hope that you will agree that professionalism has been, is presently, and will be the bulwark that enables us to thrive and to stand tall in any storm. It sets us apart.

Our great seal, chosen from a competitive design process at our founding, embodies what we are all about—Aesculapius and an Indian medicine man under the tree of knowledge—the

old world and the new world, with the admonition to serve *all* with skill and fidelity.

Conclusion

Let me close with the following suggestions to this new class of Fellows, to our College broadly, and to its leadership.

- *Our past:* Though we are a young organization, let us remember to demonstrably value our heritage. It has afforded a strong foundation that has served us well and continues to evolve. A new College history is being skillfully written by David Nahrwold, MD, FACS, and is anticipated to be available for our centennial celebration. Make our heritage readily available and it will be utilized. Treasure it and remember lessons learned, not to be re-learned.
- *Our present:*

1. Live vigorously in the present. Be surgical and civic professionals. Continue innovation, discovery, and surgical advancement. Apply advancement only with a strong evidence base. Be patient centered. Be proactive participants in evolving a true health care system in an ongoing manner. Be a team player and a leader (the two may coexist). Things will not be as they have been. We all know that improvement is always necessary and essential. Be a part of it!
2. Look at our American College of Surgeons organizationally. What should change? How do we improve? Our vast educational endeavors must always be contemporary. How might chapters be more activated, strengthened, and empowered? How might individual Fellows, from all over, be made to feel a part of, and a participant in, our great College endeavor? How do we enhance our collaborative, representative, and advocacy role as an umbrella organization for all of surgery? Should our College governance structure be reassessed? What have we learned from our recent history? How might we function better, at all levels?

- *Our future:* This century will be a century of change like no other. Successful paradigms of the past and of the present will rapidly fade. Medical education, training, and delivery of health care will radically change, perhaps change akin to that which occurred in the first two decades of the last century. Our College should proactively lead this change, looking ahead to the near-term, the mid-term, and on into the misty future. A formal futuring exercise is essential to begin now and to be built into all of our activities as an ongoing function.

We are challenged. We can and must respond to that challenge.

I love this College. I love surgery and still dream of operating. I love being a surgical professional and a civic professional. We are all so fortunate and blessed by God. You before me have labored long and hard. You have also been given much. Now begins your opportunity to give back. In that vein, let me close with these comments from John Wesley, an Anglican minister and the founder of Methodism:

Do all the good you can
By all the means you can
In all the ways you can
In all the places you can
To all the people you can
As long as ever you can.

Once again, I congratulate you Honorary and new Fellows on this special night in this city of our founding. I thank all of you for this most special honor and opportunity. Ω

Dr. McGinnis *is senior medical consultant and advisor for the National American Cancer Society, and clinical professor of surgery, Emory University, Atlanta, GA. He is the 90th President of the American College of Surgeons.*