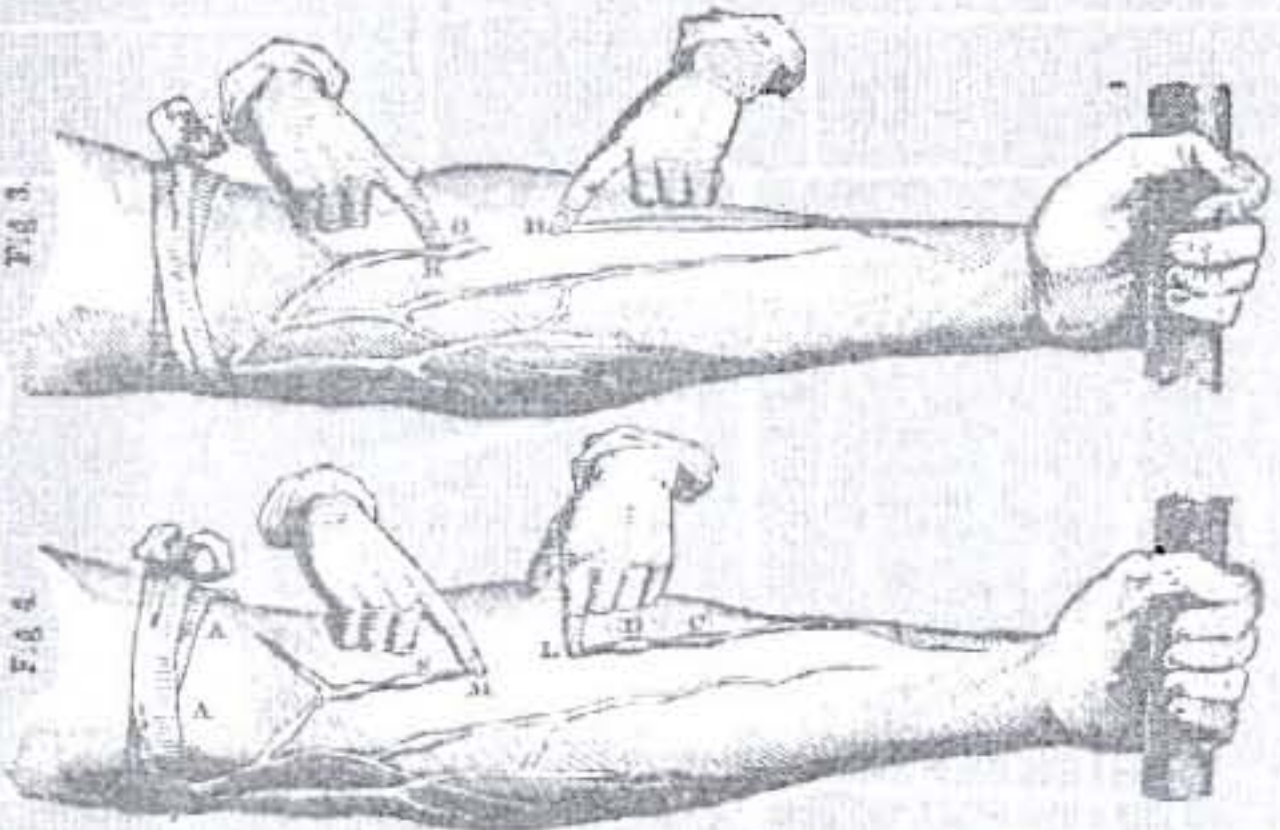
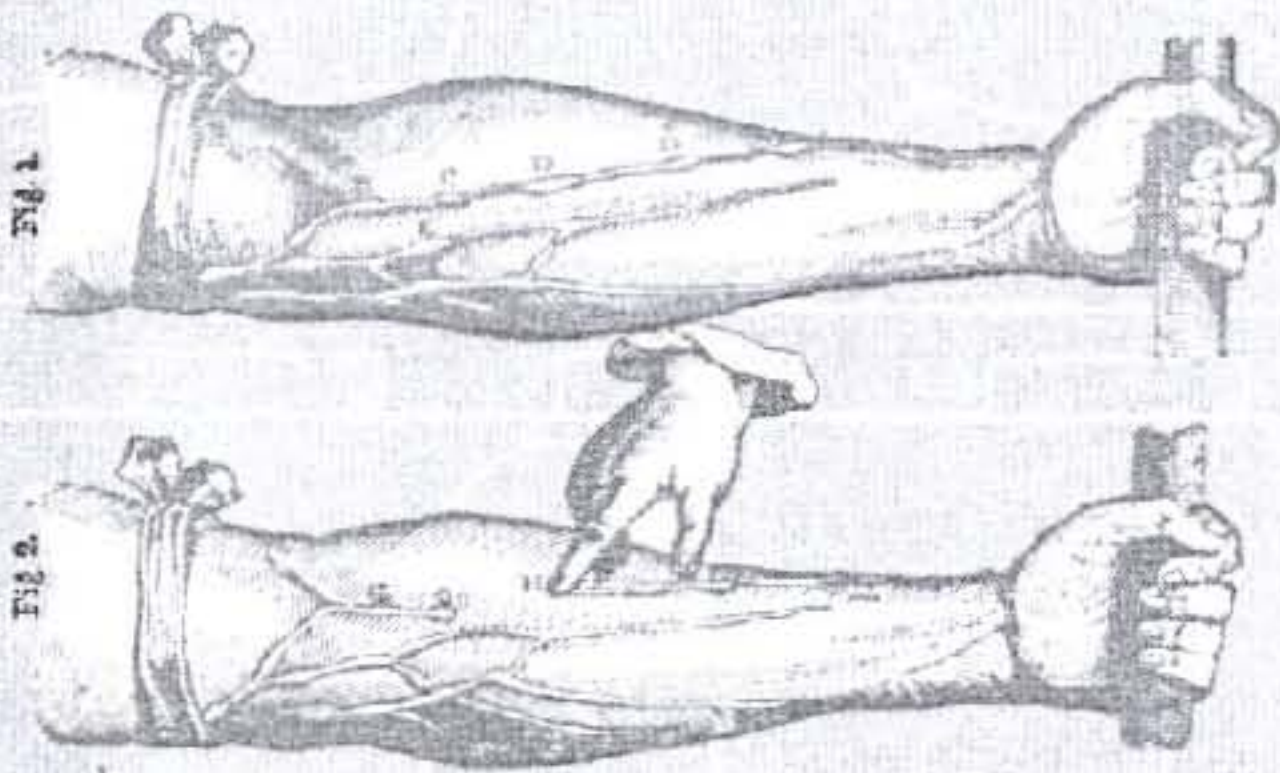


# Credo, conduct, and credibility



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**Editor's note:** This Presidential Address was delivered during the 81st Convocation of the American College of Surgeons on October 16, 1997, in Chicago, IL.

I am indebted to the Fellowship for the opportunity to serve in this position because it allows me to continue a long-term, ongoing dialogue with the American College of Surgeons (ACS), a dialogue that I would suggest each of the Initiates pursue with vigor and enthusiasm because the personal satisfaction consequent to active participation is immeasurable. I speak on this occasion with the realization that the audience is mixed—mixed in age, mixed in focus, and, most significantly, mixed in their interests related to the potential of a Presidential address. Certainly, the overwhelming majority in the audience is made up of the newly initiated Fellows and their guests. For them, this ceremony represents an indication of personal achievement and a milestone in their careers. They individually may reflect on the past that prefaced this event, but they undoubtedly hope, probably in unison, for brevity to prevail, for the rapid utterance of this final statement that will join most of the preceding Presidential Addresses in the realm of the soon-to-be-forgotten.

But scattered among the audience and among those seated on the podium are members of my family, my friends, and associates who have provided me with great personal support and stimulus. They share with me the emotional gratification of the honor that I have received and the grandeur of this ceremony. It is to this group that I am impelled to express deep appreciation for providing the underpinnings of each and every progress that brought me to this moment in time. My wife, who has been a constant and extended support and, incidentally, an actively participating Fellow of the American College of Surgeons since 1961; my three sons, their wives and children; my close medical friends (some in the audience, some seated with me, and some sadly departed); my surgical colleagues at the University of Rochester and that departmental staff; and the staff of this College, have all added growth factor to the soil that nourished me.

So you see, there is a conundrum. Do I satisfy

the more detached majority or cater to the preferences of the closely and emotionally involved minority? This is a major problem, approaching the proportions of that which confronted Solomon concerning the baby and the two vying mothers. But, I am reminded of another biblical story that I have told on the occasion of a dilemma.

In the course of leading the Jews out of Egypt to the Promised Land, there came a time of crisis when Moses, as leader, was confronted with the Red Sea. That body of water was blocking their progress while the Pharaoh's troops were rapidly approaching from the rear. In his role as Chief Executive Officer, Moses convened his department chairs, who suggested a six-week retreat, a Delphi approach, and assured Moses that, in time, they would come up with a consensus regarding a resolution of the problem. As Moses looked over his shoulder and saw the Pharaoh's troops in the rapidly diminishing distance, he felt the need for more immediate action. He then called together his system analysis engineers, who proposed a time-in-motion study, the data from which could be fed into the burning bush. That bush, serving as a mainframe computer, would then spew forth a result that would have a statistically significant  $p$  value of  $<0.05$ . Moses's frustration increased and, sensing impending doom, he called upon Samuel, better known as Sam, the PR man. After regarding the Red Sea in front and the proximity of the Pharaoh's troops to the rear, Sam came to a rapid conclusion that he imparted to Moses. Sam said, "Moses baby, you have a hell of a problem, but if somehow you can get those waters to part temporarily and get the Jews to the other side, and have the waters rejoin so that the pursuers are thwarted, I can guarantee you 10 pages of print in the Old Testament." Fortunately, in this regard, I have an advantage over Moses in that I am already guaranteed publication in the *Bulletin* of the College.

So, I can now set the theme and suggest the title, "Credo, Conduct, and Credibility." Three words—a verbal triptych, if you will. I believe that this theme permits a timely reaffirmation because we are approaching a transition. I realize that the word "transition"



has been overused and, therefore, defined cynically as a period of time between one transition and another, but the College will be undergoing a meaningful transition.

I was pleased to have participated in the recruitment of Samuel A. Wells, Jr., MD, FACS, as the next Director, and anticipate that his imprimatur will add to the embossment of the American College of Surgeons' image. This is the last such ceremony that Paul A. Ebert, MD, FACS, will grace with his presence as Director. He joins a small list of individuals in that position who have shepherded the development and accomplishments of the College. I have served with two Directors, each characterized by a distinct style, both with memorable achievements.

C. Rollins Hanlon, MD, FACS, directed the process of strengthening the role of the College with regard to standards of care for our patients, ethical standards for practicing surgeons, and the continuing education of surgeons in a time of explosive growth of scientific knowledge, a time that succeeded in accomplishing Theodor Billroth's expressed desire to "make out of the surgical art a science." Doctor Paul Ebert has literally reshaped the College with the purchase and move to a new building that is not only functionally but also financially advantageous to the College. But buildings are ephemeral, and Dr. Ebert will have as his epitaph, "They listened to him and acted accordingly." In a time marked by revolutionary changes in our health care system, Dr. Ebert's voice has been not only one of the most sought-after, but also listened to by those government agencies that are responsible for effecting change. He has been unquestionably the right man for a trying time.

In that regard, there is a lesson to be learned—that the reason the voices of the American College of Surgeons have been heard above loud declarations of others is, in one word, credibility. By definition, credibility is the quality, capability, or power to elicit belief. The theologian, Richard Hooker (1554-1600), in his *Ecclesiastic Polity* of 1594, wrote: "... things are made credible either by the *known condition and quality of the utterer*, or by the likelihood of truth which they have in themselves." I have underscored the pertinent part of the quotation

*"the known condition and quality of the utterer"* because it is central to the theme of this thesis. Similarly, John Pearson (1613-1686), perhaps the greatest theologian of his time, wrote in 1659, "The credibility of objects . . . is distinguishable . . . according to the *different authority of the testimony* on which it depends." The American College of Surgeons' authority to speak for surgeons in their quest for optimal patient care is well recognized.

The voice of the American College of Surgeons as it relates to socioeconomic affairs, has been, will continue to be, and should be listened to only if it is not a self-centered expression of a vested interest and only if it is appreciated that the College has a higher principle. To define that principle, we have only to go back to the credo that was stated forcefully at the beginning in 1912.

The word "credo" in Latin means "I believe." "Credo" is the first word in the Apostles' and Nicene Creeds. J. Still wrote in his 1587 "Hymn agst. Spanish Armada": "We will not change owre Credo for Pope, nor boke, nor bell;/ And yf the Devil come himself, we'll hounde him back to Hell." This sentiment speaks to the intrinsic, pervasive, and permanent characteristic of a credo.

Let us consider the American College of Surgeons' immutable credo, and I quote from passages in that original expression of purpose:

The purpose or purposes for which the corporation is organized is to establish and maintain an association of surgeons, not for pecuniary profit but for the benefit of humanity by advancing the science of surgery and the ethical and competent practice of its art; by establishing standards of hospitals, . . . by engaging in scientific research, . . . by aiding in better instruction of doctors, . . . by formulating standards of medicine and methods for the improvement of all adverse conditions surrounding the ill and injured wherever found. . . . (Articles of Incorporation filed with the Secretary of State of Illinois, November 25, 1912, as amended to October 1, 1959.)

What is readily apparent is the evidence that the *conduct* of the Fellows of the American College of Surgeons has been a continuous enact-

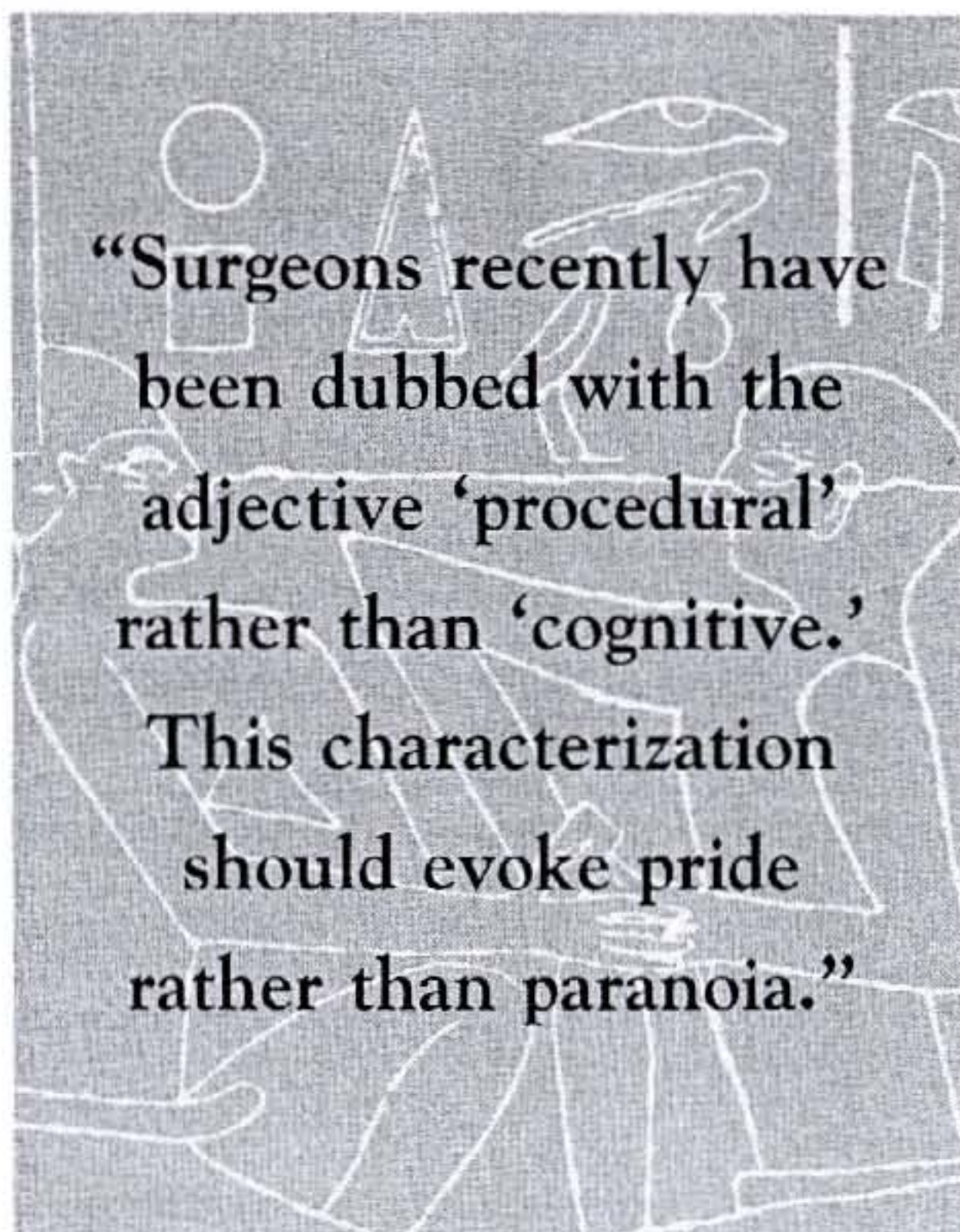


ment of this credo. "Conduct," the keystone of the verbal tryptych, is the way a person acts from the standpoint of morality and ethics.

Surgeons recently have been dubbed with the adjective "procedural" rather than "cognitive." This characterization should evoke pride rather than paranoia. William Shakespeare wrote in *Henry VIII*, Act III: "And 'tis a kind of good to say well: And yet words are no deeds." Surgeons, under the umbrella of the ACS, have responded to the exhortation of Ralph Waldo Emerson in "Ode, Concord:" "Go put your Creed into your deed." Typically, as William E. Tanner wrote in "Sir William Arbuthnot Lane, Epilogue," "The surgeon's ideas, even if abstract, must be put into practice before they can be judged. The man who puts his thoughts into action will always excite more opposition, for the mind is more conscious of the effect of deeds than of words."

And so we come to the conduct of the American College of Surgeons, as manifest by its actions and accomplishments. I will present you with a list. As a high school student, I spoke, rather than sang, because I had a disconcerting if not irritating monotone, the role of KoKo in Gilbert and Sullivan's *The Mikado*. The major soliloquy, if you will, was "I've Got a Little List." It started, "I've got a little list of society offenders who might well be underground, and who never would be missed, who never would be missed." Fifty years later, in the context of this presentation, I would paraphrase the libretto, "I've got a bigger list of this society's endeavors that are visibly around and surely would be missed, surely would be missed."

The American College of Surgeons' Education and Surgical Services Department addresses educational activities for general surgeons at the Spring Meeting and through postgraduate courses, most of which focus on topics of current interest. The Committee on Emerging Surgical Technology and Education assesses new technology, educates surgeons related to new technology, and develops standards. Courses in image-guided breast biopsy and the use of ultrasound by surgeons recently have been developed. Guidelines for standards of assessment of and credentialing in these arenas have been defined.



The Surgical Research and Education Committee convenes a biennial conference for young surgical investigators to introduce them to the labyrinthine arena of grantsmanship. A conference on the design, implementation, and analysis of clinical research proposals is being planned. The College's five-day "Surgeons as Educators" course and its course on "Surgical Education: Principles and Practices" provides testimony of interest in these fields. A major current project is an assessment of learning objectives for the fourth year of medical school and the first year of residency.

All of these activities are underwritten by the Fellowship and in no way financially enhance individual Fellows. Similarly, the activities of the College's Commission on Cancer typify service, commitment, and volunteerism. The Commis-



sion defines and evaluates compliance with standards for cancer management encompassing 80 percent of cancer patients diagnosed annually in the United States. An estimated 440,000 hours of physician-volunteer time are expended annually to provide multidisciplinary consultation in cancer conferences and on tumor boards. In cooperation with the American Cancer Society, the American College of Surgeons established and maintains the National Cancer Data Base, and, as a consequence of analyses, performs site-specific patient care evaluation studies. No pecuniary gains to the Fellows accompany these efforts.

Paralleling the Cancer Commission's activities are the efforts of the Committee on Trauma. The development of the National Trauma Data Base to provide information that will lead to improved care; the inspection of institutions to define their capability of rendering care and at what level; and the ongoing internationally acclaimed ATLS program are all directed at our patients' care and not toward our own gains.

The standards that were articulated in 1912 have not changed over the ensuing 85 years, but, instead, they have been significantly amplified and extended. The ACS is a sponsoring member of the American Board of Surgery and almost all other surgical specialty boards that ensure the competency of individuals who are completing training. The College also is represented on the Residency Review Committees that assess the appropriateness of training programs. It sends three representatives to the Joint Commission on Accreditation of Healthcare Organizations, and two Fellows have chaired that commission, which is dedicated to the principle that hospitals and other health care facilities must meet desirable standards. Once again, the Fellows have voluntarily given of themselves, not for themselves. In addition, the College has unselfishly provided scholarships and fellowships for research projects.

The current flagship and actually the historical genesis of the American College of Surgeons is the Clinical Congress, which antedated the establishment of the College. The Clinical Congress remains the venue for dissemination of in-

formation, be it in the realm of basic research, clinical research and technical instruction, ethical and humanistic concerns, socioeconomic issues, or practice management. For those who attend, it is an incomparable learning experience. Reinforcement of learning is provided by the SESAP program, while appreciation of the holistic needs of surgeons is evidenced by the College's expressed concern for impaired physicians.

The currently evolving initiatives of the College include: the identification of the College, in association with the National Cancer Institute, as the nucleus of the pseudopodal process of conducting clinical trials related to a broad spectrum of malignancies, and the assessment of the management of inguinal hernias, in concert with Veterans Affairs. There is also a proposed expansion of the College's informatics capability with the goal of facilitating the dialogue between the Fellowship and the central offices. Finally, there is the anticipation of transforming the *Journal of the American College of Surgeons* into a journal "for all seasons for all surgeons."

All of these activities represent expenditures on the part of the College and its Fellows, and not one of these activities constitutes a source for personal financial gain for individual members. They bespeak a concern for patients, medical students, residents, fellow physicians, and society. They are unequivocally emblematic of altruism.

Altruism is the great moral principle of society. The word was introduced by the 18th century French philosopher Auguste Comte and derives from the word "autrui," meaning "of or to others." There is a French legal phrase "l'autrui," referring to "le bien, le droit d'autrui"—the good, the right of others.

In that regard, the appropriateness, if not genius, of the founding fathers of the College in designating the term "Fellow" for the members becomes readily apparent. The word "fellow" comes from a combination of two old English words, "fel" or "feogh" meaning "fee," and "low" from "lag" meaning "lay." Combining the two roots, we come to "laying down money," and not taking in money. The first definition of "fellow" that appears in the *Oxford English Dictionary* is: "One who shares with another in a possession, official dignity, or in a performance of any work."



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The second *OED* definition is: "One united with another in a covenant for common ends." The members of this College are truly Fellows.

**T**he American College of Surgeons floats and sails on a ship that is more akin, allegorically, to that of the late Jacques Yves Cousteau's *Calypso*, plying the seas in order to expand knowledge and preserve the meaningful environment: an altruistic goal, rather than that of a tanker carrying a commodity to enrich the owner.

The panoply of the College's meaningful contributions to society transcends all surgical specialties. The American College of Surgeons is, in essence, the cement substance that brings and binds all surgical disciplines and proceeds from that commonality. As such, it is unique in its capability to articulate the position of Surgery, with a capital S, in the governmental halls of Advice and Consent.

I submit, based on instinct, logic, and personal dialogue with senators and members of the House of Representatives, that it is the appreciated altruistic posture of the American College of Surgeons, its credo manifest in the conduct of its Fellows, that leads to solicitation for its voice, its position, and its advice. Credo and conduct—that is, the evidence that the credo is adhered to and acted upon—constitute the prologue to credibility.

I began on a note expressing personal gratification. I end, somewhat in violation of the oratorical and music compositional dictates to conclude on a dominant chord. But, as I bring this message to a close, I am impelled to return to a personal feeling. The third law of Newtonian Physics states that for every action there is an equal and opposite reaction. Applying this law to the metaphysics of emotion, this moment of unmatched personal satisfaction does have an obverse, a modicum of melancholia—if you will, a musical coda. The genesis of this reaction was captured by René Magritte in his painting *Reproduction Interdite*. It is related to the realization that most of the past and present efforts have emanated from those of us who are privileged to have a position on this podium. The time approaches when the future of this organization is to be left to others. The present state of the

American College of Surgeons has far outstripped the past. The future, in your hands, will be one of exponential growth and luminescence. Ω

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