Presidential Address

Omnibus per artem fedemque prodesse: *To serve all with skill and fidelity*

by

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I find myself in a position I never dreamed would come my way. It is indeed an honor to be named President of the American College of Surgeons (ACS), an organization that has the utmost respect of surgeons throughout the world and of the entire medical profession for its role in the advancement of medical knowledge toward safer and more effective care of surgical patients. Among the members of this College are many who could just as well be in the position that I find myself, and I will be forever grateful to the Fellows of the College for electing me your President.

It is the very pleasant duty of your President to be the first to congratulate each of you new Fellows of the College and to add my recognition of your accomplishments. You are surgeons who have the respect of your peers; following the establishment of your practices, you sought Fellowship in the College, underwent a rigorous credentialing process, and won election to Fellowship. To your families, I express my appreciation for your patient support of these young men and women who have endured the long, expensive, and exacting process of obtaining a first-rate education in medicine and surgery. The educational preparation to practice surgery at its highest level requires time and determination, but it is necessary and personally rewarding.

Although the audience is varied and includes those newly initiated as Fellows of the College, their families, friends, and many leaders in surgery from around the world, I address my remarks primarily to the new Fellows. In so doing, perhaps others among you will better understand the role of the American College of Surgeons in the steady improvement in medical care during the past century.

This College is the largest surgical organization in the world with over 60,000 Fellows throughout the U.S. and Canada, as well as many other nations. In November 1912, when the articles of incorporation of the American College of Surgeons were filed, it was stated:

"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."

The Seal of the College was adopted in 1915, following a competition among Chicago artists for the design of a Great Seal to represent the College. On it are two figures, Aesculapius and a Native American medicine man, seated beneath the Tree of Knowledge. The words "American College of Surgeons" appear in an arc around the upper portion of the emblem, and below appear the words "founded in 1913" and "*omnibus per artem fedemque prodesse.*" Translated from the Latin, these words mean "to serve all with skill and fidelity." These broad guiding principles have served this College and surgical patients throughout the world for 87 years. I have chosen them as the title of my remarks because I believe that the course set 87 years ago was appropriate and honorable and has been followed very well.

It is my desire to provide examples of the impact that the College has had on the practice of medicine and, thereby, exhort you to become active in the proceedings of the College. Through the involvement of its Fellows, the College will continue to provide impetus and direction for the medical and surgical profession. One of the unique features of the College is that the majority of its work is accomplished by volunteer surgeons. A year ago, when James C. Thompson, MD, FACS, took office and addressed the new Fellows of the College, he eloquently chronicled the role of research in advancing medicine, and surgery in particular, in the last century. It is comforting to know that your College was a proponent of the constructive changes in medicine and health care during that time.

Throughout its history, the College has initiated many programs that subsequently proved their worth to practicing surgeons and surgical patients. I have selected four areas from the many that could be included for discussion.

The first topic is education. As many of you know, the origins of the College actually sprung from a Clinical Congress of surgeons who met annually in Chicago to attempt to provide postgraduate education to physicians who practiced surgery, and to help them elevate the quality of their practice. The Clinical Congress of the American College of Surgeons continues as the most important educational activity of the College. You have just been a part of the 86th Clinical Congress. The ACS Clinical Congress represents the most comprehensive surgical education program anywhere in the world. It is a week-long program devoted to research reports, scientific exhibits, postgraduate courses, movies, lectures on ethics and history, and updates on technologic advances not just in general surgery but in all surgical specialties. In addition, the Spring Meeting is now devoted to general surgical postgraduate education and has been highly successful in that regard. Every two years, the Surgical Research and Education Committee holds a conference for young surgical investigators to help prepare them for grant submission and improvement in the design of their research protocols. Many other educational programs occur throughout the year. Many workshops have been held to help surgeons with their office management and to achieve a better understanding of the coding system.

At the time the College was formed, attention was specifically directed to an educational campaign against cancer. At that time, the focus was primarily on cancer in women. This early work resulted in the formation of the American Society for the Control of Cancer, and a permanent cancer committee of the College was created in 1921. Today, that activity is known as the work of the Commission on Cancer. The College was instrumental in the construction of a cancer database throughout participating hospitals and has continued to stress early detection and diagnosis of malignant disease.

As I am sure you are all aware, in recent years the American College of Surgeons submitted a grant application to the National Cancer Institute to perform a very comprehensive set of clinical trials in the management of patients with neoplastic disease. That grant was subsequently funded, and the program is up and running. It is now felt that the clinical trials group will function better if housed in an academic environment. As a result, the group will be moving to Duke University as of the first of the year. The College will continue its involvement, and all Fellows will have the opportunity to participate in the various trials. But much of the infrastructure necessary to conduct clinical trials will not have to be duplicated in the College offices. As a result, considerable cost savings will be realized for the College.

Under the leadership of Charles Locke Scudder, MD, FACS, the College embarked on an exhaustive study of the treatment of fractures early in its history. The Fractures Committee, now the Committee on Trauma, continues to be extremely active and very important throughout the world in the management of patients with traumatic injuries. A previous undertaking, the publication of a manual for the training of ambulance attendants, and the ongoing Advanced Trauma Life Support® courses have touched the lives of untold thousands of patients and have resulted in a marked improvement in their chances of survival. The National Trauma Data Bank™ and multiple educational programs add to the impact the College has had on improving the management of trauma patients.

The very first nonadministrative committee formed by the American College of Surgeons was the Committee on the Standardization of Hospitals. One of its charges was to: "Formulate a minimum standard of requirements which should be possessed by any authorized graduate in medicine who is allowed to perform independently operations in general surgery or any of its specialties."

It had become quite apparent that most hospitals were not equipped or conducted in such a way as to give the patient the benefits of the best in medicine. Other organizations were approached to cooperate in the survey of hospitals and to establish standards for their operation, but none were able or willing to join in this venture. For a number of years, the American College of Surgeons, at its own expense, carried on surveying hospitals and reporting on whether

or not they met the established standards. This activity continued and hospitals improved. The program subsequently evolved into the Joint Commission on Accreditation of Hospitals in 1952.

The College is also a sponsoring member of almost all American boards of surgery. For 10 years, prior to the formation of the first Residency Review Committee in 1950, the American College of Surgeons had an ongoing program of inspection for surgical residency programs and issued an annual list of those approved programs. From this activity, the Tripartite Residency Review Committees evolved. Today, they continue to reinforce the high standards necessary for achieving excellence in surgical education. Technologic advances challenge surgical educators to maintain the timeliness and effectiveness of their programs. The College's Committee on Emerging Surgical Technology and Education responds to this need by structuring programs for incorporating new technology into existing educational programs and for verifying that these new methods are reliably communicated and learned.

Each of the programs highlighted in this article represents an enormous amount of work by volunteer surgeons who have chosen to participate. In doing so, they continue the original mission of the College and maintain the same high standards as our clinical methods evolve along this continuum of research and education. In order to accomplish this work, Fellows have taken time away from their practices and made themselves available for the purpose of furthering the College's efforts to improve surgical care. Such volunteerism is an extremely admirable activity for the membership of any organization. However, volunteerism also meets the criteria set out in the original statement of purposes that the activities of the College should not be for pecuniary profit. These programs, along with countless others, clearly demonstrate adherence to the College's original purposes. We should all have a sense of pride in considering the fact that these accomplishments have been sustained over so long a period of time.

I want to encourage you to become involved with the College. In order to do that, you need to have some idea of how the College functions. There are a number of ways in which you can begin your involvement with ACS activities. Of the 99 chapters of the College, 67 are in the United States and are very active and extremely important politically. Within our organization, all the specialty societies and chapters are represented on the Board of Governors, which is where much of the groundwork is done related to new initiatives of the College. The Governors represent the real liaison between the Fellows of the College and the Board of Regents, the final decision-making body of the College. In addition, the Committee on Young Surgeons, for those who are 45 years of age or younger, is very active and has direct input to the Board of Regents. I encourage you to examine these avenues as rewarding prospects for involvement. Obviously, the educational programs, not just at the Clinical Congress but throughout the year and at a number of venues, are all opportunities to become involved in the Fellowship of the College.

Because Fellowship in the American College of Surgeons includes all specialties in surgery, we can project our voice with greater authority than if we attempted to express our concerns through various individual specialty societies. Whether this voice is heard by the government, industry, or by the general population, it is imperative that we speak with unity regarding the concerns of all surgeons and that our patients have access to safe, high-quality surgical care. In our daily practice, as we attend to the needs of one patient at a time, we see the impact of our work on individual lives, and this is a gratifying experience. By becoming active in the American College of Surgeons, each of you has an opportunity to exert your influence on countless numbers of patients and to have input into the development of a health care system that will flourish in this new century.

I do not know what the agenda will be for the College in the future, but I do know that you must help to set it. I am confident that you will give that agenda your attention and will set priorities consistent with the mission of the College. I would like to comment on two areas that I think will occupy your attention as new Fellows.

One is not a new problem and has been discussed by others who have spoken from this podium. That is the problem of increasing fragmentation and specialization within the field of surgery. The net result of this problem is that each specialty or subspecialty or possessor of a specific technology has a voice that is relatively small in the overall picture of determining health care policy. Certainly, as our knowledge increases, those individuals who devote their time and energy to a narrow part of the surgical world will become more proficient, more knowledgeable, and more likely to advance the knowledge and technological features of that specialty. That outcome is clearly desirable and serves mankind well. What it does not serve well is the medical profession in general and surgery in particular. The result is a loss of influence and respect from society, from government, and the capitalist marketplace.

The other issue that merits attention, not just of surgeons but all of medicine, is the perceived decline in professionalism. Our professions grew out of guilds in which craftsman banded together and earned a specific place in society. This unique status was allowed by government on one hand, and capitalists on the other. Both government and capitalism had enormous influence on the fate of guilds and they both continue that influence today on the fate of professions. Professions are allowed to have their place in society but are given certain criteria that have to be met in order for society to allow their special status to continue. Professions are allowed to set up their own educational programs and replenish themselves. They are allowed to set their fees, within reason, and are expected to provide a service to society that is essential. In addition to these things, they are responsible for regulating themselves to ensure that standards continue to be met and that society can expect a given performance from members of that profession.

In the recent past—not just in the United States but in many nations—the medical profession in particular has come under serious attack by both government and industry. With the advent of Medicare in the mid-1960s, there was a good bit of concern about the government's role in paying for health care. In a very short time, the medical profession prospered by having more patients' care paid for in a guaranteed fashion. While this was a good result for the medical profession in the short term, it clearly opened the door for government agencies to begin to exert pressure on the process of setting professional fees. As a result, an enormous amount of activity has occurred in recent years as organized medicine has responded to this pressure in an effort to establish the appropriate fee for a given medical intervention.

As an accompaniment to the increasing fragmentation and subspecialization in medicine, we have experienced the flourishing subspecialization of the billing structure. What once was a single fee for a given operative procedure, for example, now results in multiple fees: to the surgeon, the perioperative medicine specialist, the anesthesiologist, the consultants, the laboratory, radiology, the intensive care physician and, in the case of many patients, a separate emergency room physician. It is easy to understand that when a government agency or an insurance company looks at the overall cost for the care of a patient it looks at the compilation of all of the fees, which is a large number. It will continue to be important for the College to be involved in the resolution of these issues, but not at the cost of losing the respect of government and society by having surgical fees be our primary focus. We base the activities of our Washington Office on the premise that the College seeks a positive role in constructing a new health care system. Commensurate with our historical mission, we are motivated not by financial interest but by our desire to improve surgical care so we can provide all members of our society with access to the best surgical care that can be obtained. I think that by shouldering this responsibility the College has earned a level of respect in Washington that we can all be proud of. It will continue to serve us well if we maintain our commitment and strive in our own time for the goals established by the founders of the College 87 years ago.

In recent years, we have witnessed a major shift from fee-for-service medical care to managed care. This charge has been fueled by for-profit market forces and government involve-

ment. The obvious selling feature was that by managing the care of patients carefully, cost to society could be reduced. In fact, the reduction in cost has not been significant, and some members of American society are concerned that the system of health care delivery may itself become obstructive to the degree that the flow of patients to appropriate medical care is slowed, if not prevented.

I sense an opportunity for the College to play a major role in defining our health care system for the future. In order to do that, we must maintain the respect of society: government, industry, and the general populace. We have to accomplish that goal by looking carefully at the requirements of being members of a profession and behave in a manner that will encourage government and industry to allow us to continue. In order to succeed in that regard, the College must continue its efforts in education; we must all recognize that education does not end with medical school and residency training but continues throughout our professional lives. We need to set up programs that make continuing education more meaningful. Registering at a meeting and receiving continuing medical education credit hours will not suffice in this period of rapid advances in medical knowledge. Technologic advances must be taught throughout the profession and not just to the new generation coming along. I think that the College must work with the boards of surgery to ensure that learning does not end with completion of the residency.

We must also do a better job in regulating ourselves. Part of our education should caution us against insular thinking. We need to set up more meaningful methods of granting surgical privileges in hospitals and in outpatient surgery facilities. We must convince society and industry that we can establish a fair and equitable system to ensure that members of our profession are, in fact, practicing at the high level of competence that we desire. Having said that I, again, want to encourage you to embrace the College's mission, and I want to wish you great success in your professional careers.

I have a friend who tells the story of his mother's definition of success. They were at the dinner table in the evening when he was a young man, and the discussion concerned the definition of success. Financial success was mentioned, recognition by your peers was mentioned—all of the usual things that are thought of when the term "success" is used. The conversation ended when he asked his mother how she defined success. Her definition is one that I think we all should pay attention to. She said simply that success is "peace of mind." I hope you will have peace of mind in knowing that you have provided the very best surgical care to the patients that you will see during your careers. Ω

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