

## *Why young surgeons must get involved*

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**A**ge doesn't always bring wisdom; sometimes age comes alone." My cousin, who sends me most of the fodder for my OR humor, sent these insightful words in an e-mail the other day with a series of other great quotes. I have no idea who authored it, but decided it was an appropriate segue into a discussion about young surgeons. As a corollary, one could say that wisdom and experience sometimes come without age. I believe that despite our youth, we young surgeons have much to offer the American College of Surgeons. There are ample opportunities for us to become active and involved in helping to direct and shape the practice of medicine for today and tomorrow. The wise surgeon will recognize this opportunity early in his or her career and will become active in determining his or her own future. Let me outline some of the ways to become involved.

### ***My story***

I became involved as a young surgeon when my partner, the then-president of our state chapter, nominated me to attend the College's Young Surgeon Representatives Meeting. Frankly, I was not a fan of the College at the time and wasn't really sure what it had done for me. I was not familiar with the services the College offered and felt that it merely represented the chairs of the large academic centers. Despite these feelings, I decided to attend the meeting.

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The annual Young Surgeon Representatives Meeting, which is held annually in April in Chicago, is hosted by the College's Committee on Young Surgeons (CYS). Each chapter may send one or two young Fellows who are 45 years of age or younger and who have not previously attended the meeting. The program's sessions are varied and tailored to address the needs and concerns of surgeons who are new to practice and to familiarize them with the College and the services it provides. In recent years, there has been a great focus on socioeconomic issues, for obvious reasons. I was impressed by the time and energy spent to create such a worthwhile program, which featured topics such as contract negotiations, ethics, avoiding a lawsuit, documentation, and coding—all issues that are so important to the practicing surgeon but rarely addressed elsewhere. I also learned about the opportunities for individuals to become involved at the state and national level. Indeed, many former young surgeon representatives go on to serve in official positions in the state chapters and nationally.

This meeting changed my view of the College. I realized it is a proactive organization that strives to represent all surgeons in both the federal and local public arenas. The College is also an educational body that seeks to meet our clinical, educational, and scientific needs. The College is composed of individuals who are willing to take extra time to advance the profession. Therefore, when I was later asked to serve on the CYS, my decision was also clear. Yes, it would be a time commitment, but one that would be essential to my personal growth and the advancement of the profession.

### ***Committee on Young Surgeons***

The CYS was formed as an ad hoc committee in 1969 and was made a standing committee in 1973 for purposes of establishing a better relationship between the College and residents, candidates, Associate Fellows, and young Fellows. Its goal is to provide active participation in College affairs and increasingly make the organization responsive to the needs of young surgeons. The members of the committee represent different geographic, specialty, and practice types. We are active in Washington, we serve as members of several key College committees, and we represent young surgeons at the Board of Regents' meetings.

In addition to hosting the meeting I described previously, our committee plans and presents a program for the Initiates to introduce and welcome them to the College each fall. So, one can see the young surgeon who is involved in ACS activities has ample opportunity to hear and be heard within the College's hierarchy.

### ***AMA's Young Physicians Section***

Another role the CYS has begun playing is it selects an ACS representative to the Young Physicians Section (YPS) of the American Medical Association (AMA). For years, the College has sent delegates to the AMA, but only recently have we sent a delegate to the YPS. My impression is that for many years the College, being such a strong voice and very focused on the needs of surgeons, did not push its representation within the AMA. This posture has undergone reevaluation and for good reason. The AMA is a major policy-making body for all physicians. It also is a powerful lobby and frequently influences how medicine is practiced. While the College, too, is a force to be reckoned with, it just stands to reason that our role within the AMA can only work in our profession's favor. Policy is made by the AMA and the government with or without us.

The AMA Young Physicians Section was established in 1986 to increase leadership opportunities for young physicians (defined as under age 40 or in their first five years of practice). Not unlike the CYS, it was designed to focus on the concerns of young physicians and to promote their participation in the organization. The AMA-YPS Assembly consists of representatives from each state and 34 specialty societies, including the College. They represent *one-quarter* of all practicing physicians.

Some of the accomplishments of the YPS include initiating the 1993 legislative drive that gave physicians equal pay under Medicare during their first four years of practice. They have worked with the AMA to develop a publication on contracts for the young physician negotiator. A recent accomplishment was the passage of an ACS-sponsored resolution by the YPS (and subsequently by the AMA House of Delegates) directing the AMA to inform all physicians that the Health Care Financing Administration (HCFA) considers it fraudulent to submit claims for newer partners using another partner's Medicare provider number. It also asks

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the AMA to work with HCFA and Medicare carriers to simplify and expedite the process of obtaining Medicare provider numbers. This resolution was particularly pertinent not only because it asks Medicare and HCFA to follow the rules they created, but because the College's CYS introduced it. This became the key resolution brought by the YPS to the AMA House, and it passed without debate. This is tangible evidence that young surgeons can, and do, influence policy.

That is not to say that the AMA YPS is all warm and fuzzy. Like all political bodies, members engage in great debates, and often forces work in opposition to what is best for surgeons. Having attended the AMA House of Delegates meeting, I can attest to the frustrations of trying to represent surgeons and their interests. We are not a majority and, until recently, have not been very vocal. But, even though we are not always going to win, we will always be heard. Sometimes a lone "NO" vote speaks volumes.

### **Potential action**

Where will young surgeons go from here? The major issue facing the AMA (and the College, to a lesser extent) is dwindling membership. There are many reasons for this trend, including apathy, cost, feelings of nonrepresentation, increased hours spent caring for patients, and increased demands outside of medicine. A common cry at the national meetings is, "How many members have you recruited?" Physician groups can be almost cult-like in their fervor on this issue. Behind the frenzy, though, is a real concern about the future of organized medicine. Without members there are no leaders, and without leadership there is no voice. Fact: the First Continental Congress had four physicians out of 56 members. Of the 435 U.S. Representatives and 100 Senators in Congress today, only nine are physicians. We can fret all we want to about nonrepresentation, but only active participation will ensure our future. Advances are being made. The former head of the YPS is a general surgeon and a Fellow, as is the current president of the AMA, Randy Smoak, MD, FACS (a fellow South Carolinian, I might add).

The CYS plans to introduce more resolutions at the interim meeting of the AMA in December. We are drafting resolutions to request that the AMA make available data from third-party payors re-

garding CPT modifiers that are not accepted and that the AMA advocate on behalf of physicians when the modifiers are denied. We are also drafting a resolution to encourage HCFA to hire a knowledgeable physician to serve as a liaison to medical specialty societies and carrier medical directors.

The CYS representative from the College will also be organizing the first surgical caucus within the YPS, similar to the AMA surgical caucus that for many years has provided a forum for reviewing resolutions and solidifying positions on issues of concern. Considering that nearly 25 percent of the delegates and alternate delegates to the AMA-YPS are in surgical specialties and subspecialties, there is abundant potential to guide and shape the future of the YPS, the future of the AMA, and the future of medicine in general.

The College, too, is advancing the role of the young surgeon within its ranks. The recent establishment of the Candidate and Associate Society of the ACS (CAS-ACS), under the guidance of the CYS, is giving an expanded voice to the youngest members of the College. The CAS-ACS is open to all surgical residents and Associate Fellows. Its charge is to familiarize these surgeons with the College's mission and services and to provide programs specific to their needs. It provides leadership opportunities for them and a forum in which their concerns can be heard. This is a natural evolution for the College and one that works in the best interests of the young surgeon.

There is no question that with age comes experience and, thus, often wisdom. But, one does not *continued on page 35*

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