

**Statement of the Georgia Chapter, American College of Surgeons**

**to the**

**Health Strategies Council**

**Presented by**

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**Governor, Georgia Chapter, American College of Surgeons**

**Statement on  
General Surgery as a Single Specialty and the Authority of this  
Council to make that Declaration**

**Friday, February 17, 2006**

Dr. Rahn, and members of the Health Strategies Council, my name is Thomas Gadacz, MD, FACS. I am a general surgeon from Evans, Georgia, and Professor Emeritus of the Department of Surgery at the Medical College of Georgia (MCG) in Augusta. I received my Board certification from the American Board of Surgery in 1975. From 1991 to 2005 I served as Professor and Chairman of the Department of Surgery at the MCG, and also served as the Director of the Surgical Residency Program during that time. Prior to that, I was a Professor of Surgery at The Johns Hopkins Hospital.

There are two issues that concern this Council that I will address this afternoon. The first and most crucial is the status of General Surgery as a single specialty. The second is the authority of the Department of Community Health to classify general surgery as a single specialty.

General surgery is a single specialty. The training of a general surgeon consists of an individual who has graduated from college with specific requirements in science courses. Based on academic performance the individual is accepted and completes four years of medical training in an accredited medical school and receives an MD/DO degree. The individual then applies to a general surgery residency program and is accepted based on a high level of academic performance (at least a 3.5

out of 5 grade point average), national standardized examinations, and personal interviews. Once accepted into an accredited general surgical program the individual receives specific education and training over a minimum of 5 years. The education and training requirements are the same for all general surgical programs and are unique to our specialty. After 5 years of training and approval of the program director, the candidate then takes a written examination and if successfully passed takes an oral examination. If successfully passed, the individual is then certified to be a general surgeon.

This process is governed by the American Board of Surgery which is one of twenty four specialty boards that make up the American Board of Medical Specialties. It is the American Board of Surgery that sets the standard for training and definition of a general surgeon. The areas of knowledge and operative experience are specifically stated by the American Board of Surgery and include head and neck, breast, skin and soft tissues, alimentary tract, abdomen, vascular system, and the endocrine system. It also includes the comprehensive management of trauma, burns, emergency surgery and surgical critical care. Some of the other specialties that are part of the American Board of Medical Specialties include Family Medicine, Ophthalmology, Radiology, Orthopaedic Surgery, Urology, Neurologic Surgery, Colon & Rectal Surgery and others.

General surgery is recognized across the country as a single specialty except in our state of Georgia and only in the CON context. The Georgia Department of Human Resources identifies it as one of the specialties that can be listed on an ambulatory surgery center license. Even Georgia Hospitals recognize General Surgery as a single specialty because they define the scope of practice of a general surgeon in their hospital. This accomplished through a privileging procedure and is in keeping with the guidelines of the American Board of Surgery. I have to fill out a privileging form of which procedures I am competent to perform as a general surgeon. I can do operations on the intestines, vessels and other areas defined by the American Board of Surgery and listed in the hospital credentialing procedure. I cannot operate on the brain but the neurologic surgeon can. Insurance companies also restrict the procedures that it will pay for if you are a general surgeon and these are procedures are derived from the requirements specified by the American Board of Surgery. They will not pay for an orthopedic procedure that I might bill. Likewise they will not pay for a gallbladder removal performed by an orthopaedic surgeon.

Why is this recognition of general surgery so important? Why is the failure of this Council, the Department of Community Health and the State of Georgia to recognize General Surgery as a single specialty so detrimental to the general surgeons? It is because it has singled out general surgeons as multispecialists and is not treating general surgery in a similar manner as all the other medical specialists. The General Surgeon does not have the same rights and privileges in this state that other medical specialties enjoy. This has prevented general surgeons

from delivering cost effective surgery and has contributed to the high cost of health care in this state.

The faulty designation as a multispecialist has prevented general surgeons from opening ambulatory surgery centers where lower cost surgical care can be practiced. This has upset many of the general surgeons in this state and is leading to a loss of general surgeons from Georgia which already has a 20% shortage of general surgeons according to the Georgia Board for Physician Workforce. We believe that this issue is compromising the excellent general surgical care in this state. The Department of Community Health and the Health Strategies Council has not acted in the best interests of the citizens of this state in the past. We do not think Governor Perdue would not be proud of this Council's past actions.

We do not know why has this Council has failed to define general surgery as a single specialty. It has chosen to define general surgery as a multispecialty based on faulty technicalities. The source of this definition was given as the American Society of General Surgeons; however this is not the definition of General Surgery on their website. The Council received letters from the American Board of Surgery and other official sources stating that General Surgery is a single specialty, yet the Council ignored this input. It based its opinion on uninformed and perhaps prejudicial individual comments and ignored authoritative sources. I hope the members of the Council at that time don't seek their personal medical care in the same way.

On October 24, 2005 at the State Commission on the Efficacy of the CON, Dr. Chris Smith and I testified regarding General Surgery as a Single Specialty with letters from the American Board of Surgery, the American Board of Medical Specialties, the American Medical Association, the President of the Georgia Chapter of the American College of Surgeons and the President of the Georgia Surgical Society. The Commission refused to recognize General Surgery as a single specialty and postponed any decision until 2007. We also believe that Dr. Medows, the new Commissioner of the Department of Community Health, recognizes general surgery as a single specialty.

I urge you today to end this travesty and end the embarrassment and define General Surgery as it is known everywhere else - a Single Specialty.

As I mentioned the one other issue I wish to address is the authority of this Council and the Department of Community Health to determine the status of General Surgery as a Single Specialty. We understand that an opinion was obtained from Mr. Sidney Barrett at the attorney General's office by Mr. Neal Childers opining that this Council and the Department of Community Health Board did not have the authority to determine General Surgery as a single specialty: this had to be changed by the state legislature and the determinations of health care matters are statutory in nature. This is the opinion of one lawyer. An opinion with

which we General Surgeon hardly disagree. Quite to the contrary, the State Legislature has given authority to the Department of Community Health to regulate state health care statutes. That is the main reason the state legislature created the Department of Community Health.

We disagree with this opinion which Dr. Rahn relies on to maintain that this Council has no authority to recommend changes to health care regulations especially when they are wrong. We base this opinion on four facts. First, the Health Strategies Council is given the responsibility by the governor to act in the best interests of the citizens of the state. Second, we have a written opinion from Mr. Michael Bowers, former Georgia Attorney General, stating that the Department of Community Health has the authority to make regulatory changes. Mr. Bowers was the Attorney General for over 20 years and the former boss of Mr. Barrett and Mr. Childers.

Third, we have an opinion from the Georgia Supreme Court affirming that the Department of Community Health has the authority to make changes in health care regulations. And fourth, recently the Health Strategies Council did exercise its authority in regulating the performance of invasive cardiac procedures performed by cardiologists without the need for in-house cardiac surgery presence and backup. By approving, this the Council made an exception to the current regulations of invasive cardiac procedures by cardiologists. If the Council can exercise its authority to make an exemption to this regulation why can't it act to define general surgery as a single specialty? The current view of this Council and the Department of Community Health seems to be prejudicial toward general surgery. You do have the authority and opportunity today to change this and we ask that you please do so.

So much for what you should do and why you should act this afternoon.

What are the consequences if you don't act? This is a situation we surgeons face every day. If a patient has obvious appendicitis and we don't act promptly, the outcome will be bad.

We are already seeing the consequences of our state not recognizing General Surgery as a single specialty and they will continue to escalate. Our reputation is being tarnished with national surgical organizations (not just General Surgery but also other Surgical Specialties). The Directors of the American Board of Surgery and the American Board of Medical Specialties find it unbelievable that our state does not recognize General Surgery as a single specialty. This detracts from our ability to attract and retain General Surgeons. What surgeon wants to come to a state when he/she is not recognized as a specialist? Who will be providing our general surgical care in the future?

The restrictions placed on General Surgeons as a result of not being recognized as a single specialty has led to the increasing costs of surgical care in our state. It is much higher than surrounding states and is resulting in highly qualified and trained general surgeons leaving our

state. The high costs for surgical care generated by hospitals is straining our state budget and contributing to the economic crisis in health care. Ambulatory surgical centers have proven to be more cost effective. However, general Surgeons cannot open single specialty exempt ambulatory surgery centers because of being classified as multispecialists.

Since our state is considered hostile to General Surgeons the American College of Surgeons has decided not to consider Georgia as a site for its Annual Clinical Congress which means an economic loss to this state of (\$30 to 60 million dollars. Other surgical and medical organizations are considering similar action. There will be very significant income lost to the state because of its hostility toward general surgery.

In closing I would reiterate that the Health Strategies Council approve the correct definition of General Surgery and forward this decision to the Board of Community Health for its approval and action. You have the authority and the responsibility to do so, and we urge your support for this.

I thank you for the opportunity to address you this afternoon and am glad to answer any questions you may have regarding this issue.