

Report of the *Executive Director*

by *Thomas R. Russell, MD, FACS,
Chicago, IL*

It gives me pleasure to give a brief report on the status of the American College of Surgeons as I finish my fourth year as Executive Director of the organization. I would like to reiterate that this is your College, and we are trying to make it relevant to the needs of surgeons all over the country—for that matter, all over the world—regardless of their practice location or specialty.

Clinical Congress

At this year's Clinical Congress we instituted a change that, I think, made it possible for more new Fellows to participate in the Convocation without disrupting their practices. We presented the Convocation on Sunday, as opposed to the last night of the Congress. I think that was a good thing to do. We will continue to analyze the effects of time constraints on surgeons' ability to participate in the Congress and make additional changes as necessary based on your needs.

I would like to point out other significant changes in the actual content of this year's Clinical Congress, which were instituted under the leadership of Edward Copeland III, MD, FACS. Based on everything I have heard this year, I think it was a very successful enterprise with respect to the subject matter presented and the issues discussed at many of the symposia.

Meeting contemporary needs

As many of you know, the College reorganized in September of 2001 into the four Divisions of Education, Research and Optimal Patient Care, Member Services, and Advocacy and Health Policy. We recruited new people to head the first three of these divisions, and I believe that we are becoming a more productive organization that, hopefully, is meeting the contemporary needs of surgeons with respect to their concerns about practice and political issues.

It is clear to the College's leadership that many of the problems surgeons face today are political in nature. Senate Majority Leader Bill Frist, MD, FACS (R-TN), during the American Urological Association Lecture, pointed out some of the political problems and the fact that the American College of Surgeons can't resolve these issues alone. We have to work in concert with other groups. Although one voice may not be speaking for all of American medicine, at least we are talking to the other professional associations about how we can overcome some of the challenges. We anticipate that this dialogue will lead to the development of meaningful policies and that the creation of a political environment promotes professional liability and tort reforms. As J. Patrick O'Leary, MD, FACS, outgoing Chair of the Board of Governors, indicates in his report on page 32, these are the number one and two issues of concern to our Fellows. The professional liability situation has taken on crisis proportions, and, as you know, each year it is getting worse and worse. Something has to happen, and, hopefully, the College will be able to make a difference.

I think we are also becoming much more proactive in our approach to political issues. We used to react to difficulties, trying to fix existing problems. Today, with the Health Policy Steering Committee ably chaired by Josef Fischer, MD, FACS, I think we are trying to handle situations before they become problematic. For example, we have developed a draft of a health system reform proposal, which the College believes addresses concerns about health policies of the future.

So, I see great energy and great enthusiasm among the Fellows, and I see the College taking steps that may have been unwarranted in the past, but that are important to the profession's political viability today. For instance, I believe the establishment of a political action committee through the American College of Surgeons Professional Association, also mentioned by Dr.

O'Leary, exemplifies how the College is using new strategies to weigh in on issues.

Fiscal affairs

I would be remiss if I didn't say something about the fiscal affairs of the American College of Surgeons. I can tell you that financially the College is in great shape. We have a sizable endowment, which we use effectively to fund scholarships and other investments in the future.

We have great real estate here in Chicago, and one of our historically significant buildings, the Nickerson Mansion, has been transferred in a partnership arrangement to another principle—Richard H. Driehaus, founder and chief executive officer of Driehaus Capital Management, Inc. As part of this agreement, Mr. Driehaus has agreed to invest somewhere between \$15 and \$20 million to refurbish the mansion and the Murphy Auditorium. No College money will be spent on this effort. While Mr. Driehaus will have ownership rights to the Nickerson Mansion, the College will be able to use the building for any of our functions. We will retain ownership of the Murphy Auditorium. By this time next year, the restoration project should be well under way.

Long-term vision

One thing that I remind myself of on a daily basis in this job is that we have short-term goals, and we have long-term goals. The short-term goals are to help ease the burdens surgeons shoulder because of day-to-day worries, such as reimbursement cuts and the liability crisis. While these issues ultimately need to be resolved with long-term solutions, right now, surgeons really need short-term fixes to make practice more appealing.

But it is the way the College handles enduring issues that will define our legacy as a professional organization. Richard Cruess, MD, this year's Martin Memorial Lecturer, mentioned some of these perennial concerns—professionalism, ethics, oaths, and so on. These are the matters to which the College must devote a significant amount of energy.

The connection between patient safety and quality improvement is, of course, another important area. We are working diligently in this high-stakes arena. The fact of the matter is that we have reached a point where errors or mistakes in hos-

pitals are unacceptable and can have significant consequences, not only for the institution where the mistakes occur, but for the individual provider as well. During the Clinical Congress, we had a very good discussion about what our safety center will perhaps look like in the future and how we will need to develop it with input from organizations that represent other parts of the surgical team, such as operating room nurses, anesthesiologists and anesthesiologists, pharmacists, and other health care professionals.

In conclusion, I would like to thank all the Fellows of the American College of Surgeons. Our greatest asset is our Fellows who volunteer their time and expertise to the organization. I also want to say that we are blessed at the American College of Surgeons with a fantastic and very dedicated staff, many of whom have worked for 30 or 40 years at the College, and I think we have an environment today where they can flourish and carry out the work that needs to be done to assist the Fellows. □

***Dr. Russell is
Executive Director
of the College.***

