

From my perspective

So often these days surgeons speak of the many socioeconomic challenges facing their profession, their practices, and their patients. Generally, these discussions focus on discouraging subjects, such as declining reimbursements, the growing medical liability crisis, unreasonable regulatory and administrative burdens, and other issues that are making the practice of surgery so difficult. Nevertheless, at this time of year when it's common to reflect on what has been accomplished and to make plans for the future, I find myself feeling very positive about the progress we've made and our prospects for the future.

Surgery has, in fact, increased its public profile and is beginning to emerge as an effective force with regard to advocacy. This progress is due partly to new programs implemented by the College and by other specialty societies. But, in large part, it is also due to the greater personal investment individual surgeons are making by keeping themselves informed and by participating actively as their own advocates.

For the College's part, there is no question that our outlook has changed and that we are committing greater resources toward advocacy efforts. From past mistakes, we learned that divisions among physician groups serve only to harm our effectiveness on Capitol Hill. As a result, we are devoting considerable effort toward promoting closer collaboration and coordination among medical and surgical groups on our common issues. Our Health Policy Steering Committee is one vehicle that helps us to accomplish this goal in a proactive way. We have made new grassroots advocacy tools available for our Fellows to use. And, we have established an affiliated organization—the American College of Surgeons Professional Association—with a more flexible 501(c)6 tax status that allows surgery to participate in a wider range of lobbying efforts as well as in political activities. We've also restructured the staffing of our former Chicago-based Department of Socioeconomic Affairs and have created a primarily Washington-based Division of Advocacy and Health Policy. As a result, the College is able to devote more “shoe leather” to lobbying the halls of Congress than all but the very largest health care organizations can.

As important as all these steps have been, what's most impressive is the tremendous response we have had from our members. As has been said fre-



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quently over the years, the College's status in Washington as an organization representing more than 60,000 surgeons means little if the membership cannot be mobilized in a grassroots effort that demonstrates its strength. I'm happy to report that this past year, surgeons have proven their commitment and their muscle.

For example, the College's e-mail system has been used frequently to send legislative alerts to our Fellows on such critical issues as medical liability reform and Medicare's dysfunctional physician payment system, and surgeons have responded by the thousands. In one week before Congress adjourned for the holidays, more than 6,000 e-mail messages were sent by surgeons to their legislators asking them to address the physician payment issue before the end of the year. Congress responded

by providing a modest, two-year period of relief from the downward payment spiral.

Last summer, the College activated a network of surgical specialty societies that co-host a Surgery State Legislative Action Center to allow their members to write to selected members of the National Conference of State Legislators (NCSL) about medical liability reform. At NCSL's meeting in San Francisco, I was able to personally deliver paper copies of more than 11,000 letters that had been faxed to these state policymakers over a single weekend using this new grassroots activation tool.

Earlier in the summer, the annual Leadership Conference for Chapter Officers and Young Surgeons was held for the first time in Washington, DC. Attendance at this meeting was about 50 percent higher than is usual for this annual event, and all participants had the opportunity to meet individually with their legislators and staff on Capitol Hill. In fact, the meeting was so successful, we plan on holding it in Washington again this year.

In the fall, each of our members received sample copies of a College-developed patient education brochure on the medical liability crisis, along with an invitation to order more copies at cost to make available in their waiting rooms. Six weeks after this mailing was sent, over 12,500 copies of the brochure had already been ordered.

These activities and more occurred during just the last six months of 2003. Perhaps a sign of our troubled times—but also, I believe, an indication of greatly heightened awareness—this kind of broad-based, grassroots participation by surgeons simply would not have occurred just a year or two ago. Clearly, our profession is assuming more responsibility for its socioeconomic fate and becoming more activist.

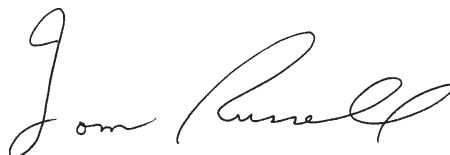
Of course, many of our greatest policy challenges remain, despite these efforts. Nonetheless, I am optimistic about the future. Surgeons have demonstrated that they are knowledgeable about the issues and that they are a force to be reckoned with. Policymakers who fail to appreciate our perspective may now find themselves an uncomfortable target of a focused educational campaign. On the other hand, those policymakers who do share our views are beginning to appreciate that our support is meaningful and makes a valuable contri-

bution to the effort.

So, despite the intransigence of many of the issues confronting us, surgery has reason to celebrate its recent accomplishments and to anticipate growing influence in the future. All of us owe a debt of thanks to those Fellows who have made the commitment to become involved. As for the rest, I encourage you to join your colleagues and help us make a difference.

Editor's note

To ensure the timeliness of our messages and to make it easy for our members to participate in these activities, we send most of the College's legislative alerts via e-mail. To optimize the effectiveness of these efforts, Fellows who have not yet done so are encouraged to provide us with their current e-mail address, by going to the College's home page at www.facs.org and clicking on the "Members Only" link at the top of the page. You will need your ACS ID number or password, if you have chosen one, when you log on. Or you may e-mail rtornhout@facs.org; please include your Fellowship ID number in your note.



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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.