
The young surgeon advocate experience

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Several months ago, we were invited to serve as Young Surgeon Representatives for the Oregon Chapter at the College's 2004 Chapter Officers and Young Surgeons Leadership Conference in Washington, DC. As recently initiated Fellows of the College, we were pleasantly surprised that the organization was interested in including young surgeons in this forum.

We did not know what to expect at the meeting but thought the agenda looked interesting. Nowhere on it were sessions regarding the utility of a new device, drug, or procedure. Instead it addressed change, the foundation of medicine, and how we can effectively play a role in the evolution of surgical practice in this country.

The leadership challenge

Importantly for us, the program for Young Surgeon Representatives outlined the role of an effective leader at the local, regional, and national levels. The talks entitled "Dealing with Change—Leadership Skills to Overcome Obstacles" and "New Arenas for Achieving Change" certainly dealt with issues that we encounter almost daily as surgeons in Oregon, where the socioeconomic climate continues to become more hostile toward medicine.

As we have noted in conversations with some of our peers, although our surgical residencies trained us well in the workup of esophageal disorders and in how to competently perform a Whipple, none of our training programs had provided us with formal background in leadership skills. We have become painfully aware of this omission from

our education now that we are attempting to take on various leadership roles and to institute policy and practice changes in our respective hospitals.

During the conference, we learned that competent leadership requires a willingness to embrace change. Although this point may seem obvious, the frenetic pace of surgical practice makes it easy to forget that if surgeons and other members of the medical community don't make the decisions about practice and patient care, someone else will make them for us. As surgeons we often feel that we lack the time and energy to address these issues. Something else always appears to be more important, or at least more urgent. Unfortunately, because we have not invested a serious group effort in the political arena, the government and other parties often make these choices for us, and their decisions are not necessarily the ones we would make ourselves.

Capitol Hill visits

Capitol Hill runs a lot like a large hospital. People come and go, performing a myriad of jobs and promoting many different, and sometimes opposing, agendas. When we visited Capitol Hill, people were lobbying on behalf of just about every special interest imaginable.

Traditionally, surgeons have had a rather muted voice in the offices of our respective legislators, but we can play an important political role. We need to express our concerns because very few nonphysicians will pick up the torch for our cause. No one is better able to educate politicians and society about these issues

and how they affect our ability to practice medicine.

All of the ACS Fellows who participated in the Capitol Hill visits had the opportunity to discuss medical liability reform, Medicare reimbursement, and trauma funding with their respective senators, representatives, and/or their health legislative assistants. We met with the aides to our legislators and found these individuals to be very knowledgeable and genuinely interested in our agenda, despite some differences of opinion about how to solve the problems. For example, Capitol Hill staff cited a variety of reasons for their legislators' unwillingness to support liability reform. Imperfections in the current bill were the most common reason, along with a moral dilemma about setting caps on noneconomic damage awards. We came upon similar explanations for opposition to the current attempts at Medicare reform.

Although we cannot say whether our discussions will have any bearing on the way our members of Congress vote in the future, we are certain that we would not have had any influence with regard to change without these conversations. The immediate resistance that we encountered may be discouraging, but surgeons must bear in mind that we are one of many voices trying to bend an ear in this very charged and competitive environment.

Furthermore, politics is a different game than the one we play in the operating room, so we are out of our element. Washington operates under a set of rules governing the advancement of any agenda. Politicians think about not only

what is the best for society, but about what will ensure their reelection as well. We may not understand it, but most elected officials and their staffs like being part of the government and want to enjoy another term. If that means casting a vote in opposition to their personal beliefs, they sometimes are willing to pay the price.

Our job as advocates is to show them just how important those votes regarding health care are to us and, ultimately, to society. We must participate in the political promotion of medicine. It is important that we succeed, but it is even more vital that we try. Participation and “grassroots movements” are the foundation of our government. Armchair quarterbacks sitting in the physicians’ lounge pining for the “good old days” will accomplish nothing meaningful.

Only the beginning

Since returning from the meeting in Washington, we have sent follow-up letters and plan to visit our Oregon representatives when they are in the local area. All senators and representatives have offices in their home states, and surgeons should arrange visits with their elected officials when they are in town.

Surgeons also should contribute to the American College of Surgeons Professional Association’s political action committee (ACSPA-SurgeonsPAC), which contributes to the campaigns of candidates who support our views. The PAC is an easy and effective way to ensure that surgery’s voice is heard. The College has a cadre of lobbyists who work to



Drs. Laurel and Scott Soot at the 2003 Convocation.

educate Congress on these important issues, and their access to congressional leadership has improved as a result of the contributions from ACSPA-SurgeonsPAC.

Conclusion

Surgeons are all leaders by the very nature of the profession they have chosen. We frequently manage life-threatening emergencies, and consulting physicians often look to us for guidance. Politics is a different arena than the hospital, but it is one where we can use these same skills to become very effective community leaders. Per-

sistence, patience, and a positive attitude are all that is necessary.

As ACS Executive Director Thomas R. Russell, MD, FACS, so succinctly said, “You cannot practice surgery effectively while looking through the rear view mirror.” Change is inevitable. As Fellows of the American College of Surgeons, we must stand up and voice our perspectives to protect our patients and what we have worked so hard to obtain.

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