

## From my perspective

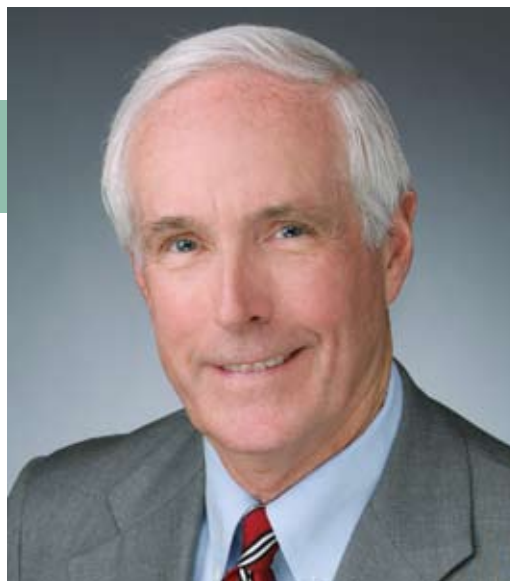
**H**aving been out of practice for more than eight years now, I understand that some members of our profession may believe that I am no longer in touch with the day-to-day hassles and worries of running a practice in this century. While it is true I no longer play a hands-on role in patient care or practice management, I make sure to stay abreast of many concerns within the surgical community through my participation in ACS chapter meetings, national and regional conferences, and one-on-one conversations with College members.

Many surgeons use these opportunities to voice their frustrations with reimbursement, workforce, liability, and other socioeconomic issues. Other surgeons, however, share their experiences in trying to adapt and make the most of the evolving health care climate.

In the September 2007 issue of the *Bulletin* (pages 4-5), a rural surgeon, Kent Kessler, MD, FACS, wrote a guest "From my perspective" column at my request about the strategies he and his colleagues in Kentucky are implementing to cope with the challenges they are facing. Based on the positive response to this guest columnist experiment, I have decided to periodically use my space in this publication as a venue for practicing surgeons to present their ideas about how to maintain a financially and professionally rewarding career in this time of transition.

This month, I have asked Paul H. Lin, MD, FACS, a general surgeon in Spokane, WA, to discuss the changes he has witnessed in the course of his 15 years of private practice in a metropolitan location. In his commentary, which appears on pages 4-5, Dr. Lin shows how the composition of the surgeon population in Spokane has become more specialized. He discusses how his small group practice merged with two others to create one stronger and more diverse general surgery group. In addition, Dr. Lin explains how he and his colleagues have helped the city avert an emergency workforce crisis while simultaneously improving their lifestyles by creating a surgeon-hospitalist program.

These are some of the fresh, forward-thinking concepts that surgeons are most likely going to need to develop and implement in the coming years. Although many of us are understandably



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reluctant to change the way we do things, many signs are pointing to the fact that change may well be inevitable, making it difficult to maintain the status quo. As Dr. Lin's experience shows, by coming together, surgeons can help each other succeed and find ways to maintain a viable and healthy practice.

A handwritten signature in black ink that reads "Tom Russell". The signature is fluid and cursive, written in a professional style.

Thomas R. Russell, MD, FACS

If you have comments or suggestions about this or other issues, please send them to Dr. Russell at [fmp@facs.org](mailto:fmp@facs.org).