



PRESIDENTIAL ADDRESS

YOU CAN MAKE A DIFFERENCE

by Claude H. Organ, Jr., MD, FACS, Oakland, CA

Editor's note: *Dr. Organ presented this Presidential Address on October 19 at the Convocation in Chicago, IL.*

Fellows of the American College of Surgeons, Regents, Officers, Honorary Fellows, and other interested readers, permit me first to express appreciation to Dr. Sabo for his year as President of the College. Although he assumed this position on short notice, the transition was smooth, and the succession of leadership was uninterrupted, as he performed his presidential responsibilities effectively, admirably, and with dignity. Richard and Melanie Sabo have been true ambassadors for the College, and we thank them.

Join me also in expressing appreciation to the many spouses, parents, teachers, and friends for their support of our new Fellows during their long formative years.

I am honored to join the long line of distinguished leaders who preceded me in this position. When I surveyed the highly talented and distinguished men and women in the audience the night of Convocation, I was reminded that when President Kennedy was host to an impressive array of Nobel Prize winners in the White House dining room, he looked at the audience and said, "I think this is the most extraordinary collection of talent, of human knowledge, that has ever been gathered together at the White House, with the possible exception of when Thomas Jefferson dined alone."¹

Few of us recall the names of the speaker(s) at our previous graduations or what they might have said. Except for brevity, perhaps this address is no different. In one-and-a-half pages, Ernest Miles described the abdominal-perineal resection for which he was awarded knighthood.² Professor Henri Hartman's description of his pouch consisted of only 12 sentences.³ And Lincoln's Gettysburg address of 271 words was brilliantly brief and historically enduring.⁴

Integrity above all else

I am an educational and cultural descendant of Charles Richard Drew, MD. Though his professional life was cut short at the age of 49, he was and continues to be an inspiration for me. As a visionary, educator, surgeon, researcher, and founder of the modern blood banking system, Drew

deservedly is the father of African-American surgeons. He believed that excellence of performance would overcome the social and legal restraints then imposed by society. Drew possessed those noble Roman virtues of dignitas, honestas, gravitas, and simplicitas. To our new Fellows, I encourage you to embrace the highest ideals of our profession and avoid the traps of mediocrity and greed.

The world has become smaller, and distant countries are now our neighbors. Improved methods of communication and transportation have brought us closer together. Education, research, and improved patient care are the common bonds that unite us across these boundaries. You represent a rainbow of cultural, ethnic, educational, and geographic diversity, uniquely equipped to assume positions of leadership in the twenty-first century. Patients will be the beneficiaries of your skills and knowledge. Surgery is not a spectator sport, and your involvement in College activities is needed. You can make a difference.

Over dinner recently, a close surgical colleague shared with me that effective July 1, he would no longer receive or treat Medicaid and Medicare patients. Although we have heard these sentiments from our colleagues before, his pronouncement had a ring of disturbing finality. The reimbursement and paper hassle justifications were not new information. Obviously, one cannot financially sustain a practice with a disproportionate number of pro bono patients. However, I trust that the new Fellows will remember *where* they came from and *from whom* and *on whom* they learned the discipline of surgery.

While the serious issue of underfunded health care is being slowly resolved, surgeons must determine their fair share of responsibility for treating the "walking wounded." The admonition of Hippocrates is as clear today as ever: "Sometimes give your services for nothing and if there be an opportunity of serving one who is a stranger in financial straits, give full assistance to all such, for where there is love of man, there is also love of the art."⁵

What's next?

Now that the new Fellows have been welcomed into this organization, they might wonder, is there more? They undoubtedly will continue to develop their practices and enjoy the spoils of their profes-

sional efforts, which include becoming a specialist on nights, holidays, and weekends. But as they enter into this Fellowship, they should take away something more than this honor and a certificate.

As a Fellow, I admonish all surgeons to refrain from selfish isolation and remain a part of our educational process. Surgery is a lifelong learning experience. In 10 to 15 years, much of one's current knowledge will not be operative. The best guarantee of maintaining a relevant knowledge base is to remain active in the educational process. Surgeons should also give some of their skills and knowledge back to the system. Remember, you were once a student and a resident. You can make a difference in their lives, and they, in turn, will enrich yours.

Many new Fellows also may be wondering what the College represents and what it holds for its members. Are we a "good ole boys" network dedicated to preserving the status quo? On the contrary, the College is an organization that is in the process of significant transformation to address the needs of our Fellows and our discipline. The College is no longer a sleeping giant.

Our activities are being intelligently blended with those of other professional organizations to more effectively influence issues of mutual concern. Thomas Russell, MD, FACS, Executive Director of the College, is representing our interests and increasing our friendships productively and with distinction. These efforts go beyond just improving the image of the College. Our influence extends into serious policy-making decisions. This objective has been accomplished without losing our identity or sacrificing our principles. The College cannot, and should not, stand alone.

The benefits of College membership are constantly expanding. Consult the Member Benefit Hotline at 800/621-4111. A variety of informational services are available to you, including resources and materials on advocacy and health policy issues, research, optimal patient care, publications, scholarships, education, liaison with multiple organizations, and innovative products.

Historical highlight

Several events highlight our history. In 1905, Franklin Martin, MD, FACS, created *Surgery, Gynecology & Obstetrics (SG&O)*, which later became

the *Journal of the American College of Surgeons (JACS)*. In 1910, the Clinical Congress was organized. In 1912, the American College of Surgeons was incorporated. In 1916, the first medical motion picture was presented at a session during the Congress. The efforts of the College, beginning in 1918, to improve the quality of care in hospitals led to the creation of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

In 1920, our colleagues from the United Kingdom presented us with the Great Mace. In 1923, the Junior Candidate Group was established in an effort to bring young surgeons into College fellowship. The Forum on Fundamental Surgical Problems was initiated in 1941, and the Surgical Education and Self-Assessment Program (SESAP), now in its eleventh edition, was established in 1971.

Although we are not living in a completed society, the College is increasingly recognizing the diversity of our membership. I am particularly pleased with the progressive involvement of women and underrepresented minorities in College leadership activities. Our Australian colleagues have provided sterling examples in this area for us: (1) a woman was appointed medical director of the Australian Health Service; (2) the Australian Medical Association elected a woman as president in 2003; and (3) the Royal Australasian College of Surgeons recently elected its first woman president. These honors were hard-earned and well-received.

Research and technology

And now, I'd like to say a word about research. Modern science is preoccupied today with basic mechanisms at the level of the gene, molecule, atom, and fundamental particle. Our current clinical practices are dictated by the research of yesterday. Tomorrow will be no different.

Although the accomplishments of our predecessors in modern surgery have been monumental, we must not rest on our laurels, but continue to develop proactive research initiatives designed to improve quality patient care. You are armed with the skills necessary to intelligently pry into the secrets of nature and may be rewarded with one of its deepest secrets.

Unfortunately, though, the technology that research has created too often has become a substi-

tute for good surgery. This is the fault of the surgeon, not of technology. We have spawned a generation of surgeons who are the high priests and priestesses of laboratory and radiographic triage. This trend has not only been costly, but has served to diminish our profession as a cognitive discipline. While embracing technologic advancements, we need not become technology addicts. Virtual reality, as an example, provides great promise. Simulation will be developed based on patient-specific data, while individualizing each surgical procedure.

A former President of the College, James Thompson, MD, FACS, educator and surgeon-investigator extraordinaire, got it right. He recommended the following rules for the investigator:

- The first challenge in research is being part of the right team and being public.
- Choose important questions and a model that is simple.
- The controls are just as important as the experimental group.
- Statistics help to decide what is real.
- Unpublished research is research undone.
- Master the art of obtaining funding.
- Work hard and with enthusiasm.⁶

Deterrents to caregiving

Osler has reminded us, "...medicine is an art, not a trade; a calling, not a business: a calling in which your heart will be exercised equally with your head."⁷

So much of our orientation today serves to erode our spirit as caregivers. As surgeons we have experienced and understand the sensitivity and complexity of our relationship with our patients. Too often administrators of our health care delivery systems have neither experienced nor understood that relationship. Our culture as caregivers is being replaced by an overemphasis on process. We are dominated today by a business culture that is eroding our healing relationship with patients. Efficiency and the "bottom line" philosophy must not be ends in and of themselves, but means to an end. The moral code that guides our ethics ultimately lies in our own spirituality. Our challenge is to actively participate in the necessary synthesis of these two discordant cultures.

Surgery is under increased public surveillance. We are consumed by endless paperwork, adminis-

trative hassles, bureaucracy, a professional liability crisis, inadequate reimbursement, limited access, impersonalized processes, and burdensome documentation. We are facing additional federal mandates in the Health Insurance Portability and Accountability Act, the Emergency Medical Treatment and Active Labor Act, and the Program for Appropriate Technology in Health audits.

Despite the negative feelings these problems stir, our learning environments must be converted from crucibles of cynicism into cradles of professionalism if we are to close the gap between rhetoric and reality. It is neither wise nor prudent to isolate ourselves in operating rooms, clinics, and research laboratories, all the while disregarding societal needs and trends that negatively impact our discipline.

To preserve the integrity of our profession, we must view with concern and be prepared to deal with those elements in our society who would limit our personal and professional liberties. Activism in support of our discipline is a legitimate expression of professionalism that will not be met with universal acceptance. However, we must join the dialogue, help frame the issues, and refrain from being radical nonparticipants.

The abolitionist Frederick Douglass got it right, too, when he said: "Those who profess to favor freedom and yet depreciate (sic) agitation...want crops without plowing up the ground, they want rain without thunder and lightning. They want the ocean without the awful roar of its many waters.... Power concedes nothing without a demand. It never did and it never will."⁸


Your involvement can make a difference! One vote gave Oliver Cromwell control of England; caused Charles I of England to be executed; gave America the English language instead of German; changed France from a monarchy to a republic; conferred statehood on California, Oregon, Washington, and Texas; elected Adolf Hitler to leadership of the Nazi party; and won John F. Kennedy the presidency by a margin of less than one vote per precinct.⁹

The Fellowship Pledge you have embraced this evening is the essence of our profession. It involves the surgeon's relationship with the patient, society, and our professional colleagues. Haile Debas, MD, FACS, surgeon, educator, researcher, and recently retired dean of the University of California,

San Francisco, got it right, too. In an eloquent address to the Pacific Coast Surgical Association in 2003 he stated that our “professional status is not an inherent right but one granted by society.... This obligates surgeons to put their patients’ interests above their own.”¹⁰

This evening, I urge you to embrace a deeper professional purpose. You too can get it right and be the complete, concerned citizen of society.

This is the last of your springs. In the serenity and quietude of our profession, test the depth of truths, feel the hem of heaven, and as you leave, don’t forget why you came, believing that “every man is my brother,” and “each man’s burden is my own.” Where poverty exists, all are poorer; where hatred flourishes, all are corrupted; and where injustice reigns, all are unequal.

Thank you for this honor, and please join me in welcoming our new Fellows to the halls of learned, caring men and women where you can make a difference. 

References

1. Remarks at dinner honoring Nobel Prize winners of the Western Hemisphere, the White House, April 29, 1962. Public Papers of the Presidents: 1962, p. 347. Popular quotations of President Kennedy, John F. Kennedy Library and Museum Web site, <http://www.cs.umb.edu/jfklibrary/jfkquote.htm>.
2. Miles WE: The radical abdomino-perineal operation for cancer of the rectum and of the pelvic colon. *Br Med J*, 2:941, 1910.
3. Hartmann H: *Chirurgie du rectum*. Paris, France: Masson et Cie, 1931.
4. Lincoln A: Address delivered at the dedication of the cemetery at Gettysburg, November 19, 1863. Lincoln’s Gettysburg Address in Translation—English. Library of Congress Web site, <http://www.loc.gov/exhibits/gadd/4403.html>.
5. Hippocrates: *Precepts* (Jones, WHS, trans.), chap. 6. Cambridge, MA: Harvard University Press, 1984.
6. Thompson JC: Lessons from a life in research: Getting things straight. *Pharos Alpha Omega Alpha Honor Med Soc*. 651:20-25, Summer 2002.
7. Osler W: The Master-word in medicine. Address given to undergraduates at the medical school of the University of Toronto, October 1, 1903. In: *The Master-word in Medicine*. Baltimore, MD: John Murphy, 1903, p. 29-30. American College of Physicians Web site, <http://www.acponline.org/medquotes/index.html>.
8. Douglass F: The significance of emancipation in the West Indies. Speech, Canandaigua, NY, August 3, 1857. Collected in pamphlet by author. In: *The*

Frederick Douglass Papers, Series One: Speeches, Debates and Interviews, 3:204. Web site: http://www.publiceye.org/building_equality/Quotes/Frederick_Douglass.htm.

9. League of Women Voters of the Salinas Valley and of the Monterey Peninsula: One vote makes a difference. Web site: <http://www.mockelection.org/k12/onevote.html>.
10. Debas HT, Freischlag JA, Schecter WP, et al: Panel on surgical practice. *Arch Surg*, 138:977-986, 2003.

Dr. Organ is emeritus professor, department of surgery, University of California, San Francisco, CA, and is the 84th President of the American College of Surgeons.

