

Credo

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IT IS THE FIRST PLEASANT DUTY of the office, which I have the great honor to hold, to address you who have now become Fellows of the American College of Surgeons in the 50th year of its existence. You and I have assumed responsibilities and obligations which we must discharge to the best of our abilities. We cannot be satisfied with less than excellence.

It will help us as Fellows of this College, cast in the image of its two venerable British sister colleges, to put two questions to ourselves. What is the reason for the existence of the American College of Surgeons? Why did each of us voluntarily seek its Fellowship?

Perhaps each of you has answered these questions. If you have, will you pardon me for stating my own answers? If you have not, my beliefs may help crystallize your thoughts, although you may reject them in part, or totally.

The American College of Surgeons was founded 50 years ago for the sole purpose of elevating the standards of the care of surgical patients. There was no other purpose then, and the goal has remained the same.

I fear to sound trivial in mentioning the immense debt every patient owes to the men who conceived and founded this College. Then, as now, shoddy intellectuals tried to convince the uninformed that there was no reason to aspire to a higher level of surgical care for the patient. With vulgar cynicism, their attacks were tangential, selfish, personal, petulant, pettifogging and peacockish.

Against almost insurmountable opposition to change in the status quo, the founders of the American College of Surgeons overcame frustrations and obstacles in a period when a surgical philosophy

was hard to come by. They recognized that although they might afford the luxury of pessimism about surgery, they could not afford to fail to act upon that pessimism. They had undertaken to be members of a profession; therefore, they must take all parts of it, the good and the bad, the pleasure and the pain, the profit and the losses, all together, and not pick and choose.

So it was that in addition to annual gatherings at which they exchanged knowledge, talents, skills, individual characteristic traits and mannerisms, Fellows of the College attacked the problem of establishing minimum standards for the hospitals to which their patients were admitted for surgical treatment. Some insisted that the initial reports of the investigation were so damning that, if published, the ultimate goal would be defeated. So the papers were burned, it has been said, in the furnace of a New York hotel. There was the minority who, because they held so deeply that indifference becomes a crime, believed that it was a mistake to be moderate in condemning.

It was 50 years ago that this group of men created the first opportunity for a discussion of cancer before a public audience, enlisted the help and interest of a popular author to write about the disease in lay magazines and encouraged some of its Fellows to form an independent society with the purpose of controlling cancer.

Rapid strides were being made by industrialization of the United States, and great changes were occurring in the speed of transportation. Recognizing these advances, the College instituted panel discussions on the problems of the patient injured accidentally. The contributions made to the improvement of the immediate and definitive treatment of the injured patient and to the continuing education of the medical profession and the public about the surgical, social and economic problems of trauma have been monumental.

Immediately less successful, its eventual implementation shared, the original and imaginative suggestion was made that a progressive educational and training program be instituted by medical schools for graduates who aspired to become surgeons. The fundamentally important principle included in the proposal was that the medical school faculties should prescribe the postgraduate curriculum and determine its fulfillment. That medi-

Address of the President

WHEN DR. LOYAL DAVIS, professor and chairman, Department of Surgery, Northwestern University became president on October 12, 1962, he made the accompanying address at the Convocation. A member of the Board of Regents since 1950, Dr. Davis was chairman from 1960 until he became president.

cal school faculties did not accept the challenge has been forgotten among the confusing claims of priority and the multiplicity of examining bodies which, it is ironically charged, resulted because the American College of Surgeons did not grasp its opportunity. Thus, at least tacitly, the origin of the proposal of the need for further education and training to become a surgeon is admitted.

The Regents of the College believed that contributions to the advancement of knowledge in the medical sciences would inevitably lead to the more extensive use of hospitals and that an elevation in living standards would be accompanied by wage increases and a rise in hospital costs. As a result of these beliefs, in 1934 the Regents proposed a health insurance program to be planned and administered co-operatively by the medical profession and insurance companies. This admittedly undetailed, but creative, suggestion was greeted by a flood of resolutions introduced in other medical organizations, now a familiar technique, attacking not the inexactness of the principle but the jurisdictional right to enunciate it.

THEY AGREED ON ETHICS

The first meeting of the Board of Regents was devoted primarily to discussion of the principles of ethical and financial relations among the patient, the surgeon and the family doctor. The minutes of that meeting, written in longhand, are eloquent evidence of the personalities of the individual Regents. There was no division of opinion, only differences about how to express themselves forcibly and unmistakably. Those among them, noted for their showmanship and facility of expression in their operating amphitheatres, were more conservative in describing rules of ethical conduct. Those of mild manner, quiet in speech and affectionately regarded by their colleagues, were vociferous in their demands to protect patients from being referred to the highest bidder.

However, the majority of the medical profession held that doctors were not subject to the temptations of average human beings and would resist the lure of silver. There were some among these who argued that although God did reveal the Ten Commandments to Moses, it requires thousands of laws to try to have them followed unsuccessfully, therefore, it is futile to prescribe disciplinary measures to enforce ethical principles of financial relations between the surgeon and the referring physician.

The times, occasions and crises are innumerable upon which the College has emphasized the dignity of the family doctor and insisted that he be accorded his rightful share in the material and esoteric credit for restoring the patient's health. It has persisted in the belief that the physician must always display his self-respect and professional independence, and the surgeon must aid him in declaring his equality in responsibility and importance. The Regents were fully aware 50 years ago that the time was passing rapidly when a doctor could maintain that he was both physician and surgeon and provide the best possible care for the patient.

EAGLES WHO DON'T BITE FLIES

The basic medical sciences were contributing so rapidly and significantly to improvement of the care of the patient that the need for men to devote many postgraduate years of education and training to become sufficiently skilled to give the patient the best surgical treatment became evident. It was a declaration of the belief, that the "on-the-job" training method of becoming a surgeon, which stressed the technical aspects of surgery only, would be replaced by a progressive plan of education encompassing the complete care of the surgical patient, which drew the wrath of individuals and organizations in the profession who were unimaginative and motivated only by a desire to maintain their status. You and I can be proud that the founders of this College were men who, to use a fractured Latin quotation, were eagles who did not bite flies.

Without a sense of history, no man can understand the problems of his times. It has been said that man is spoken to from the past and that all history is the result of ambitions to reach goals pictured in men's imaginations and frustrations; of natural obstacles and those placed by lazy minds whose primary characteristic is jealousy; of an inherent human disposition toward mistakes, intellectual confusion and a moral disorientation of unbelievable dimensions.

Thus, the American College of Surgeons has always expressed a predominant, fundamental interest in appraising and speaking about all matters which affect the provision of the optimum quality of surgical care for the patient.

It is apparent that the development of present surgical practices has had an important influence on social and economic patterns of life. Reciprocally, governmental, social and economic factors are influencing surgical practices. Modern care of the

surgical patient is composed of the art of applying the accumulated knowledge and techniques of the medical sciences to the patient's illness in diagnosis, preoperative preparation, surgical performance, postoperative care and rehabilitation.

CARE MEASURED BY QUALITY

By voluntarily devoting additional years of education and training to your professional lives, you have placed yourselves upon record as being dedicated to measuring surgical care only by the yardstick of quality. By voluntarily seeking and accepting Fellowship in this College, it would appear to me that you have publicly expressed your further dedication to support actively, and defend against attack, your belief that the best surgical care for the patient demands more than a legal license to practice medicine and surgery. This College should never be regarded as a haven for status seekers; rather it is a Fellowship of surgeons whose reach should always exceed their grasp.

In one respect, all state licenses to practice medicine and surgery are alike. They permit unlimited practice, thus perpetuating the pattern of medical practice established in colonial times. The holders of a medical license in various states are legally qualified to undertake hypophysectomy, pneumonectomy, prostatectomy, gastrectomy and that lightly regarded "ordinary" appendectomy. They

Dr. Davis Becomes President



Dr. Loyal Davis (left) receives Lister gavel from then President Robert M. Zollinger shortly before accompanying address was made at 1962 Convocation. Gavel is 1914 gift from Sir Rickman Godlee, nephew of Lord Lister, who made and used it. Dr. Davis is 43rd president.

are legally qualified to administer a "shot" of penicillin after a quick-look diagnosis and prescribe a physic. The license may not be revoked for undertaking a procedure for which the holder is totally unqualified by education and training. The only restraining influences are the doctor's own conscience and the more effective and material danger of a suit for malpractice.

This lack of legal restriction upon the practice of surgery creates, potentially, legalized mayhem. We all know that many surgical operations are performed in the United States today in hospitals of varying sizes by doctors who have not been educated and trained progressively in their postgraduate years to be surgeons. No one knows how many of these operations are bungled, and by no means do all of them result in disaster.

Some of this surgery is acceptable, and some of the operators gained competence during years when progressive education and training in surgery were not available to them. It is not to be concluded that educated and trained surgeons never have surgical difficulties and disasters. The great difference between the educated and trained surgeon and the operator is that the former is able to recognize and correct an error at the time.

AND OPERATION IS ONLY PART OF CARE

It is your responsibility, I believe, to educate the public and the members of the boards of governors of your hospitals that it is false to accept the premise that the operation is the only important factor in the surgical treatment of the patient. Many doctors may become deft, skillful performers of operations which proceed routinely. However, the patient may suffer grievously if the operation is unnecessary, if it is not preceded by careful preoperative studies and evaluation, if the wrong procedure is employed, or if the postoperative management is inadequate because of ignorance or lack of a surgical conscience.

Your potential audience should be told that no operation is ordinary or minor. All the more is this true when the doctor who has privileges granted by the governing board, or by his colleagues, to do certain "ordinary" operations and denied the right to perform others, is the patient. When he is to be treated surgically, he meticulously and agonizingly chooses among the best. "Ordinary" operations performed by underprivileged surgeons force the patient to take all the risks.

You must prepare to meet the challenge that

the end results of operations performed by doctors who have the legal right to operate upon patients are equally as good as those performed by educated and trained surgeons. The end result may well be indistinguishable. The question is: What were the complications, the suffering, the economic loss and the residual handicap borne by the patient?

You should constantly call yourself to your own attention because those things within you are the most important factors which govern the realistic actions which you must perform daily. There is a tendency in these days to find it to be more profitable to pretend to commonness and to ignore the abilities and accomplishments which entitle men to esteem and respect. Perhaps it is more democratic that we cannot tell the difference between a statesman and a swamp root oil salesman, but this is to be doubted.

SIT TALL IN THE SADDLE

It may help to imagine an analogy between the dress of the Victorian era and the cloak, comprised of years of education and training voluntarily assumed, which each of you wears. The silk hat and Prince Albert coat were a kind of regalia which denoted dignity and were worn by gentlemen of certain callings which entitled them to be looked upon by their neighbors with unusual respect. The Baptist clergyman made his calls in this attire. The banker never appeared in any other costume. In hot weather, the family doctor may have arrived in his shirt sleeves to visit his patients but never without his plug hat. He was entitled to be dressed in this manner, and custom decreed that retired gentlemen of advanced years and venerable traditions were so clothed. You must never forget that your sacrifices made voluntarily to become educated and trained as a surgeon should make you walk more erect, give you increased self-confidence in which your patient will appreciatively share and, to borrow a phrase from current television Westerns, make you "sit tall in the saddle."

You must decide whether or not you subscribe to a substitute for a progressive program of education and training, which you assumed, and whether or not you will participate in a haphazard type of preceptorial training for surgeons. The decision may be difficult for you when you are faced with a slim larder and when you can have gastric operations referred to you in return for assisting and instructing the referring physician to perform "ordinary" herniorrhaphies and appendectomies.

It is not my belief that one can do "just a little surgery," a phrase of matchless elasticity. To perform surgical operations, one cannot be half trained or have a smattering of knowledge of surgical therapy proportionate to the demands made by the nature and extent of his practice.

You will be called upon to state your principles about granting surgical privileges of minor and major degree to members of your hospital staff who wish to perform surgical operations under your supervision until they graduate from one category to another. They desire to do this without interrupting their practice in the other fields of medicine less endowed with built-in potentialities increasing their status. An interesting psychological study might well be made upon these individuals who are not willing to make the sacrifice necessary to be educated and trained completely in surgery, but who believe they gain a more enviable position in their professional life if they "do their own surgery."

You should be the first to agree with those economic status seekers in our profession who argue that progressive education and training in surgery consume precious years of life, that they are burdensome financially and not immediately rewarding materially. It does not follow logically, however, that there must be a painless, short-cut, earn-while-on-the-job method of becoming a surgeon, if the primary consideration remains the best treatment for the surgical patient rather than how to collect a quick financial return for the doctor.

SELF-RESPECT, CONFIDENCE, DIGNITY

Unfortunately, this time at which doctors begin to earn money is regarded by many as an end point in their education; a period at which they put away their studies, relax and receive the dividends from their long years of preparation. It would appear to me that every moment of medical school, internship, residency education and training, surgical practice and your acceptance into a Fellowship of Surgeons, who regard continuing self-education as one of the essential characteristics of a surgeon, must be rewarding enough; if not financially, then as a far more valuable accumulation of self-respect, confidence and dignity.

No one recognizes more appreciatively than do the Regents of this College that there are physicians who have practiced surgery for many years, who have educated themselves continuously, who have not had the advantages of a residency education and training, and who are competent surgeons. Many of these men are Fellows of this College. There can be no quarrel with the statement that

excellent surgeons have developed from the apprenticeship system in the past. These are the kind of men who helped found the American College of Surgeons and who insisted upon raising the level of postgraduate surgical education and training to give the patient the best surgical care. These are the men who knew that their system would become untenable and now is inferior to a progressive residency education which is available to men who aspire to become recognized as a surgeon. These are the Fellows of this College who most strenuously oppose the slightest lowering of the high standards which they helped to erect.

I am sure you are aware of the skirmishes of guerrilla warfare which flare up and die down periodically but at the moment are actively disturbing the equanimity of the surgical profession. These are not formally joined in effort at the moment, but you must be alert to the single goal before these seekers after status. It is the lowering of the standards laboriously attained in the past 50 years by the combined efforts of the American College of Surgeons and the Council on Medical Education and Hospitals of the American Medical Association. It is an effort to legislate the high ideals, established solely for the elevation of the care of the surgical patient, down to a level of mediocrity. If these groups stopped complaining about the public regarding them as "second rate" doctors and devoted their energies to demonstrating to the public that their ministrations to their patients were bounded by their self-imposed discipline to that care which they are educated and trained to give which is absolutely first rate, their status seeking would be solved.

SPEAK UP

You are the ones who must defend the principles of education and training, which you have followed voluntarily for the good of the surgical patient, against these co-operative acts of sabotage. Your resolve may be strengthened from time to time by recalling the words of Abraham Lincoln, "To hold his tongue when he should speak up makes a coward out of a man."

This College of Surgeons has never joined a demand for the economic rights of doctors or of its Fellows. It has never attempted, and in my opinion will never attempt, to legislate for your economic security. Nothing labels the medical profession more blatantly than the doctors' interest, primarily or exclusively, in personal financial gain. The laity have become pointedly aware of the statements by those outside the profession, who wish to destroy

the independence of the medical profession, that in their reactions to medical-political issues, doctors are upholding their economic standing more than they are the welfare of the patients.

Many social and economic factors have influenced surgical practice in recent years. A number of these have resulted in the interposition of a third party, the companies and organizations which pay insurance benefits, between the patient and his doctor. It is my belief that all benefits from insurance policies purchased for protection against the costs of medical care should be paid directly to the individual who pays the premium. The doctor should maintain his dignity and self-respect, as the member of a profession, and obtain his fees directly from his patients.

DOCTORS TO BE HELD AT FAULT

I am also of the opinion that doctors are to be held at fault for the presently existing practices of payment which lead to unethical temptations and arrangements. Had doctors been more professionally and less economically minded, their wishes would have prevailed. Fee schedules insisted upon by insurance carriers, the methods of paying the referring physician when he acts as a surgical assistant and the failure of insurance benefits to provide for the physicians' services would never have resulted. If you seek to have your surgical fees guaranteed and agree to other than a direct relationship with your patient, you are sacrificing a part of the heritage you have earned in becoming a surgeon.

Finally, you have started yourselves in the right direction in your chosen profession of surgery, but the correct beginning does not make you a good surgeon—this is your own affair. I trust you will remember how important it is to encourage and aid the young surgeons who come to practice in your community. It is difficult to avoid the trite and commonplace in thus speaking, but if you will remember that it is your duty to receive and welcome the young surgeon who settles near you and you are willing to act as his advisor and refuse to regard him as a rival, you may make a good friend and perhaps gain a brother. Under any circumstances, you will have proven yourself worthy of the Fellowship of Surgeons, which welcomes you to its ranks.