

Its Obligations and Responsibilities, Greater Now Than Ever*

Harold L. Foss, M.D., F.A.C.S., Danville, Pennsylvania

ON BEHALF OF THE COLLEGE I extend a sincere and cordial welcome to all our honored guests. We are especially mindful of the affectionate ties binding us to the Royal College of Surgeons of England, whose distinguished representative is presently to speak to us.

The American College of Surgeons now arrives at the age of forty when, as we have been told, life really begins. In an era of violent and sometimes catastrophic change, it has become the largest surgical association in the world with a membership of 19,000, representing nearly every civilized land. As an agency for the dissemination of surgical information it has attained an importance greater than that of any other organization. Its sphere of influence has become immeasurable, while its responsibilities have correspondingly grown. The exalted ideals of its founders have now become its daily obligations. To these matters and to some of the accomplishments of the College during the year past, I wish to refer.

Much was achieved in the past twelve months. As president, I take pride that it was during my administration, not because contributions were made by me, for I made none. Such progress as the College did make, as in all the years before, resulted from the efforts of the Fellows, the Governors, the Regents, and, particularly, of the administrative group in the central office.

At the Congress in New York City last fall, when 8,000 surgeons were registered, there was presented a greater wealth of material dealing with surgery in every phase than had ever been arranged by a surgical association. The program of the present Congress is even more extensive.

During the year there were held eight Sectional Meetings, seven in the United States and Canada, and one in South America, with a total attendance of 6,400, a number which has doubled in the past three years. So successful was the meeting in Boston in March, our first four-day Sectional Meeting, attended by over 2,000 surgeons, that a four-day program is planned for Omaha next spring. In February a Sectional Meeting was held in São Paulo, Brazil, at which 800 surgeons from

North and South America foregathered to participate in a program of exceptional excellence.

The population of Latin America is growing faster than that of any other part of the world. There are more than 2,500,000 persons in Rio de Janeiro, also, about the same number in São Paulo. In the Western Hemisphere only New York City and Chicago are larger. We will further cultivate the friendship of our southern colleagues who have among them some of the world's ablest surgeons. It is expected that, on the occasion of our next South American visit, planned for the winter of 1954-55 in Lima, Peru, probably the finest surgical meeting ever held in the Southern Hemisphere will be arranged.

We will continue holding, each year, one Sectional Meeting outside the boundaries of the United States. The next is to be in London in May of 1954, following the meeting, in Leeds, of the Association of Surgeons of Great Britain and Ireland. British and European surgeons have overwhelmed us with invitations. We are assured that this meeting will be one of the most important ever held in Europe.

Within the year there were 59 Chapter meetings. There were, therefore, in the past twelve months presented, under the auspices of the College, at 68 meetings, over 1,100 papers based on a vast amount of research and investigation or on extensive clinical experiences and dealing with every conceivable surgical subject. These papers were read at meetings with a total attendance of, approximately, 19,000 surgeons.

What a stupendous achievement in one administration! I hope I can report it to my grandchildren in such a manner that they, at least, will believe I was responsible for it all.

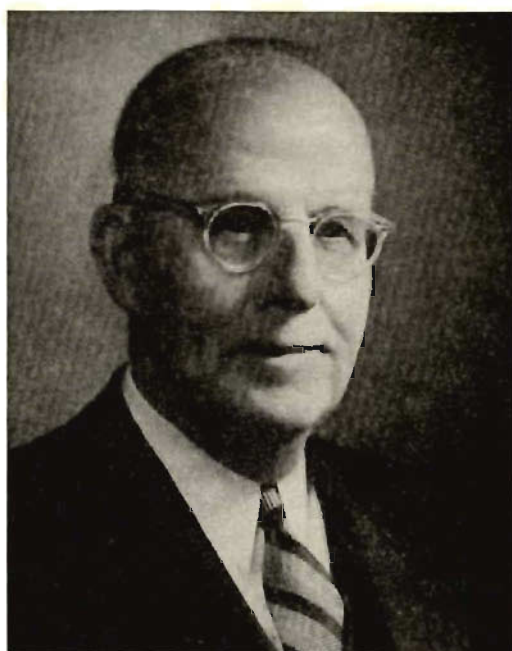
The year presented its quota of problems. The College has long been active in the important field of advanced training in surgery. For years it issued lists of approved residency programs in all the surgical fields. The American Medical Association, through its Council, also, passed upon the merits of residencies. The American Board of Surgery and several of the specialty boards made their own appraisals. To make "confusion worse confounded" these organizations usually failed to

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agree, the chief victim being the young surgeon seeking an acceptable program for graduate study. Recently the College initiated meetings between the American Board of Surgery and the American Medical Association with the College. A Conference Committee on Graduate Training in Surgery was formed with representatives from each of these three organizations and a co-ordinated method of residency appraisal adopted. The American Board of Otolaryngology has, also, accepted our plan. Possibly, other boards will soon follow. This has been a constructive effort from which great good may be derived and for which Dr. Frederick Collier, who has represented the College through all the negotiations, deserves great credit.

There has, also, long been a pressing need for a plan by which hospitals could accurately and periodically evaluate their accomplishments. In co-operation with the W. K. Kellogg Foundation, which has recently made us a research grant of \$20,000, the College is now developing the pattern for a medical audit which aims at the establishment of a nationwide system of evaluation which will permit the staff of every hospital to measure the work of each staff physician and to assess the achievements of the hospital as a whole. The attainment of this objective will not only assure better patient care in our hospitals but will help eliminate a present major deficiency in medicine—the inability, or unwillingness, of hospital staffs to discipline the actions of their own members. It will permit the medical profession to clean its own house and will reduce the possibility of needless lay interference with medical matters. The development of this program, which is now well under way, is in the able hands of Dr. Robert S. Myers of the College staff.

For 40 years the College led in the crusade for better hospital standards, an effort to which it allotted nearly \$2,000,000 of its own funds. This will always remain as one of our most constructive achievements, yet with the tremendous expansion of American hospitals and, beginning to find the task too burdensome to carry alone, the College recently conveyed its hospital standardization program to the Joint Commission on Accreditation of Hospitals, representing the American College of Surgeons, the American College of Physicians, the American Hospital Association, the American Medical Association, and the Canadian



Dr. Harold L. Foss, Dorrville

Medical Association. Since January of this year the 20 field representatives of our member organizations have re-surveyed 650 hospitals in the United States and Canada. More than 1,200 hospitals will have been examined by the end of this year. These surveys are carefully reviewed, in the central office of the Commission, by Dr. Edwin L. Crosby, the capable director, who submits his recommendations to the Board of Commissioners. Thus is one of the most rewarding efforts of the College, and one in which it still retains an active interest, being perpetuated in an expanded and even more effective manner.

These are splendid achievements, yet new matters calling for our attention constantly arise. It is to the complex problems of the surgeon at the grass roots that I feel the College must, in the future, devote more of its effort. Let me cite two facts which have some related interest. First, approximately 65 per cent of all the operations performed in the United States are carried out by men having no affiliation with our medical schools—many in rural or semirural areas. Second, over 35 per cent of our Fellows live in cities of less than 100,000—a large and representative and, may I say, important segment of our membership, quite sequestered from our larger centers yet containing men with whom we must reckon, for among them

are many able surgeons. The university surgeon, the surgeon of our metropolitan areas, can pretty well take care of himself. It is the surgeon of the hinterland who will increasingly seek the counsel of the College. He recently has been provided with over 100,000 new beds in some of our finest hospitals. To these institutions are being admitted countless patients. Removed as this surgeon is from our teaching centers, it is he who can, especially, profit from affiliation with the College. I can think of no more important task facing us than this one. In this effort the Chapters, now numbering 52, will play an increasingly important role.

Of the College's 31 presidents nearly all have been connected with medical schools and universities, leaving the present incumbent a sort of lone wolf presuming to honors which past traditions, it might seem, render unjustified. It may not be inappropriate, therefore, to occasionally have the nonurban surgeon represented in the position with which I have been honored.

Let me turn now to something less pleasant, yet which I feel we should consider. The president of the College receives many letters. Supporters occasionally correspond, but it is the critic who requires his particular attention. The urge to write seems to have been irresistible during the past year. As you may suspect, much has dealt with the continuing campaign of the College against practices which all right-minded persons deplore.

In reading these letters, which, no doubt, represent widespread thinking, I have been struck by the fact that they are based on reasoning surprisingly similar. I was told that public airing of ills within the profession is bad; that in consequence of such exposure great injury is done the profession; that there are more appropriate ways of dealing with these matters; and that such and such is an infinitely better approach. The chief suggestion has been that problems of this nature are not the responsibility of the College and can far better be handled by groups at county or state levels. Yet it seems never to occur to these writers that, for several generations, all these agencies have had the opportunity of solving these matters which seem to confront us as glaringly as ever. It seems clear that had they succeeded there would be no problem whatever and the College would not be confronted with the necessity of conducting a campaign in which it, reluctantly, is compelled to engage, but which it will prosecute with increasing vigor until such things, insofar as lies within its power, are driven from surgery. Should it become a policy of

the College, from fear of criticism, to recede from this position, surely it would prove faithless to the trust imposed upon it in 1913 by its founders. Such a reversal would be more damaging to its prestige than any criticism that might be heaped upon it, based, as it usually is, on a lack of full comprehension of the questions involved and, especially, an absence of an effective plan for their solution.

There are fundamental tenets to which the College has, over this span of years, firmly subscribed. They are clearly stated in the Fellowship pledge. They have always been requirements in the approval of our American hospitals. They are unmistakably defined in Article VI, Section 5 of the *Code of Ethics of the American Medical Association*. Yet after all these years of effort in attempts at correction, there is, in certain areas, an exuberant disregard for these fundamental rules of professional conduct. These trends are of grave concern to the Regents, as they should be to our Fellowship at large, as they should be to every doctor in whatever field of medicine he may practice. These matters must not be shrugged off. There has been a recently aroused public consciousness of them. An increasing public awareness and understanding of these evils is becoming inevitable and, as time goes on, may have much to do with their ultimate correction. Yet what a reflection it would be upon all organized medicine if the public should have to take over what we have long considered, so traditionally, and so rightfully, to be our own sacred responsibility.

It may seem curious to laymen, as it may to some of our membership, that the College should consider matters of professional conduct so imperative and give increasing attention to the suppression of practices which it considers outrageous. The problem of dishonorable financial dealings among doctors, the problem of ill-advised surgery, the problem of surgical competence, might seem subordinate, for example, to the preparation and presentation of scientific and technical programs, yet there are some grave defects, many peculiar to surgical practice, with which it is, especially, the surgeon's duty to cope and in which the College proposes to aid him to the utmost.

We surgeons however, have no greater responsibility than of never permitting ourselves to forget the essential role played by the physician. We must

not overlook the fact that not alone the surgeon, but the physician as well is worthy of his hire. Frequently, his contribution in solving the patient's problem is far greater than the surgeon's. But in this respect let the dealings of both be handled through honest processes, with fairness to all concerned, especially to the patients, and not through the medium of behind-the-scenes connivances of which the patient knows nothing and in which he is always the loser.

Surely no one in the College suggests, or ever has—though we have been so accused—that, as a group, our profession is culpable on these counts. The great majority of doctors are honorable, high-minded and blameless; yet hardly a week passes at the central office in Chicago without grave deflections from essential doctrines of professional conduct being called to our attention. In the College's July–August BULLETIN are presented some glaring examples. There are, I believe, no more vital issues confronting American medicine today and they are not problems of the College alone. I am, therefore, persuaded they will never be fully and successfully met until there is, in meeting them, a united front on the part of our entire profession. We invite all organized medicine to join us in this campaign. We will gladly support any group in any serious, and effective, effort toward solving these problems which it may conduct.

Ethical problems, important as they are, must never obscure the fact that we are a college of surgeons, with other obligations which must be met if we are to hold our present place in the high level of contemporary American culture. It is the obligation of the College to continue to exercise its influence in advancing the science of surgery, to ever foster an enthusiastic interest in research, and to bring to the graduate student and surgeon, through meetings such as this, all that is significant and importantly new in surgery. It is our responsibility to see to it that our candidate's integrity as a scholar, as well as his technical competence, is fully measured before he is admitted to Fellowship, as it is our obligation to require that his skill and professional honesty continue to be fully manifested if his Fellowship is to be retained. It is the responsibility of the College to continue to aid in raising the standards of hospital practice and in maintaining them when so elevated. Particularly is it our obligation to inculcate by example and admonition a

Opposite page, top left, photographed at the Clinical Congress were Drs. John D. Stewart, Buffalo, left, and Carl A. Moyer, St. Louis, right, participants in the postgraduate course on pre- and postoperative care. Top right, reading from left, Drs. Maurice I. Marks, Indianapolis, James B. Blodgett, Detroit, W. W. Nettrour, Pittsburgh, Walter C. MacKenzie, Edmonton, and Robert S. Myers, Chicago, discuss formation of societies to do away with unethical practices. Below left, President Elect Alfred Blalock, Baltimore, accepting office at the Fellows' annual meeting; center, work of surgical team at Billings Hospital is telecast in color; right, Dr. John C. Burch, Nashville, accepts office of second vice president elect.

philosophy of conduct among all surgeons in which uprightness is paramount, a plan of calm reasoning prompting them to consider the patient's interests above all else, and so to have throughout their professional lives a complete respect for the nobility of the surgeon's calling.

Forty years ago, our founders established the American College of Surgeons. They dedicated it to the advancement of the science of surgery—to the creation of competence among surgeons—surgeons whose professional lives would be characterized always by sincerity and integrity. These are the great principles which we must continue to guard and to cherish. They have always been the chief aims of the College and thus they must always so remain.

I am proud of this great organization. I am proud of its distinguished traditions, of its meritorious accomplishments, of what it clearly promises for the future as a momentous force in American surgery. I am proud of having been privileged to be associated with it for nearly 40 years. I am grateful for the opportunity of having, as co-workers, the illustrious group of men who constitute the Board of Governors and the Board of Regents. I lay down my gavel of office with some reluctance, for now ceases the opportunity, as president, of accomplishing, personally, something of real significance which, in the past 12 months, I fear I failed to achieve. While I relinquish my responsibilities with some regret, it is also with no little relief, for the task was not an easy one. Yet I relinquish them with a feeling of incalculable pride, which I shall cherish, within my heart, as long as I may be permitted to live, that the Fellows of this great body once saw fit to confer upon me the greatest honor that can ever come to an American surgeon.