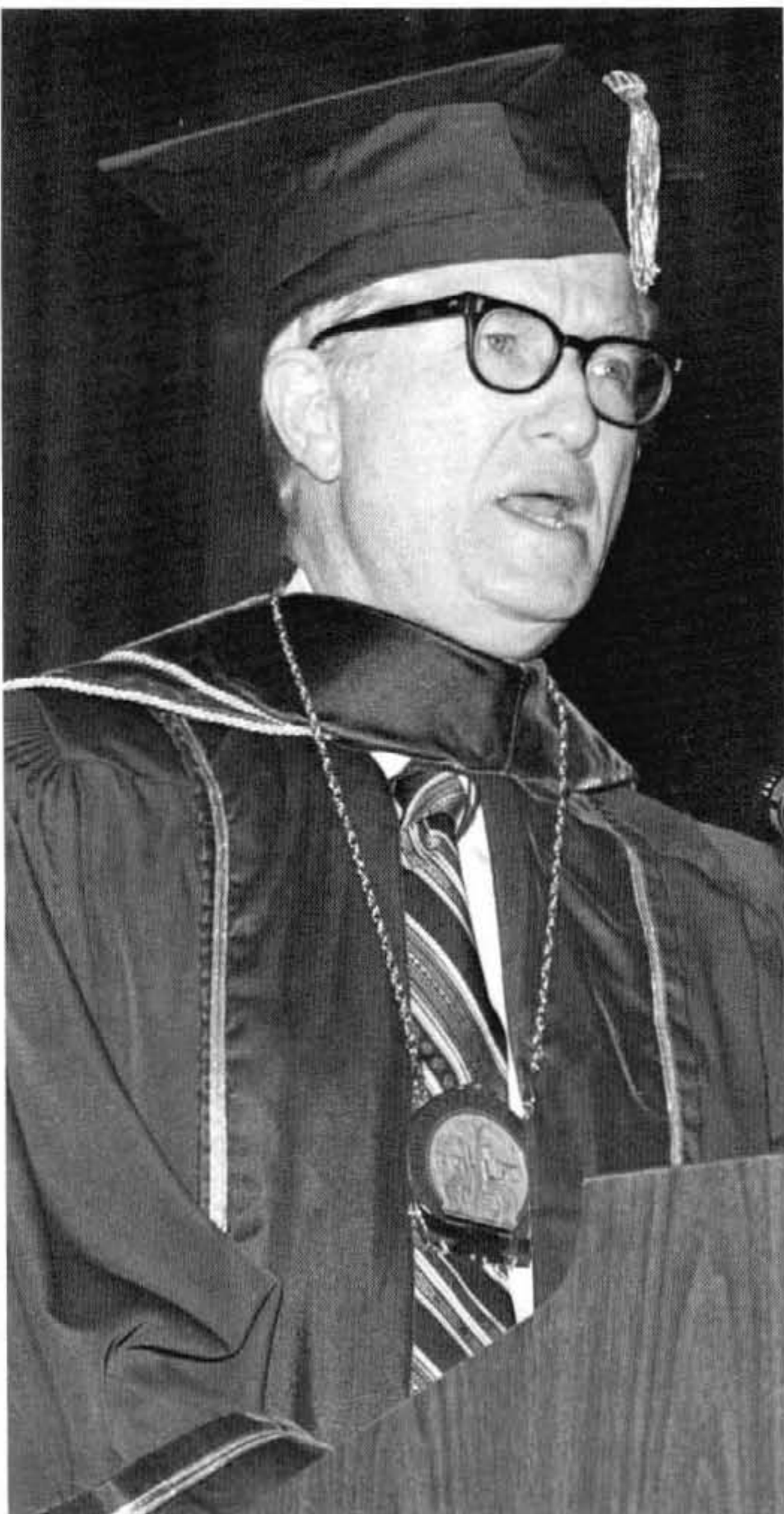


# The President's reflections on the American College of Surgeons

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President of the American College of Surgeons



I wish to express my deepest appreciation to you for having elected me your President. The American College of Surgeons, encompassing as it does some 43,000 surgeons from all specialties and from many countries throughout the world, is surely one of the most influential surgical bodies in existence.

I have listened to many of the outstanding and varied presidential addresses over the years, and each seemed especially fitting for the time it was presented. On this occasion I wish to speak directly to the new Initiates, who are now on the threshold of their surgical careers in general, and on the threshold of their careers in the American College of Surgeons in particular.

As I reflected on what direction my remarks might take, I thought back to my first recollections of this College. What came to mind were some lines from the prologue to Goethe's *Faust*, which we were required to memorize in college: "Ihr bringt mit euch die Bilder froher Tage, und manche liebe Schatten steigen auf." You bring with you the pictures of earlier days, and many cherished memories come to mind.

### Board vs College

My first genuine realization of the American College of Surgeons came to me in a tent in Germany during World War II. A medical administrative corps officer and a young surgeon began arguing over whether the American Board of Surgery and the American College of Surgeons were one and the same, and if not, was it better to be a member of the American Board of Surgery or the American College of Surgeons? Others stepped forward to settle this issue at the time, for I was classified as an internist during World War II. But about two years later I began surgical training with Dr. I. S. Ravdin in Philadelphia, and from then on I heard a lot about the Col-

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lege. Dr. Ravdin used to tell about how he had originally been critical of the College and skeptical about what its future was likely to be. Then one day he was with Dr. Evarts Graham, who incidentally was a prime mover in establishing the American Board of Surgery in 1937. According to Dr. Ravdin, Dr. Graham abruptly turned to him and said, “Rav, why don’t you stop criticizing the College and get in and do something about the things you don’t like?” Rav did just that and he, with many others, brought our College to a preeminence that could hardly have been foreseen by Dr. Franklin H. Martin and its other founders in 1913. Truly, this College has transformed and enormously elevated the standards of medical and surgical education and care in this country. New Fellows become at once both the recipients of this legacy and the future protectors of this legacy.

But in earlier times, I often wondered and at times was openly and even brashly mystified as to how College policies were arrived at and how executed. In fact, not too long out of my residency, I wrote directly to members of the Board of Regents offering some specific advice. So, in order to help you understand the College I want to tell you about how the College functions; some major concerns that confront the College and that may influence your surgical practice; and what I hope each of you can and will contribute to this College, to medicine at large, and to the community in which you live.

### **How the College functions**

In a sense, I am peculiarly well qualified to say some of the things I am going to say, because I came first to the College leadership almost as an observer, having been neither a Governor nor a Regent. Thus I had a fresh, open, and unbiased opportunity to learn just why this complex organization always seemed to run so smoothly. And now I am going to tell you why: We have a magnificent staff. Our superb Director, Dr. Hanlon, has assembled a uniformly able group of people, any one of whom would be an ornament to any department of surgery or to any corpora-

tion in the business world. I do admire a first-class organization, and you can rest assured that ours is unsurpassed.

But just how does the entire structure of the American College of Surgeons work?

***The Chapters.*** There are 66 Chapters in the United States, three in Mexico, three in Canada, and ten in various other countries. The majority of our states have a single Chapter, but some large states have several. The Chapters represent our grass roots, from which Governors and certain local officials come. Most Chapters hold at least one meeting a year with a scientific program as the main event, but with a business meeting and usually a social program as well. Many rewards derive from these Chapter meetings. In addition to scientific interchange, the meetings provide Fellows a valuable opportunity to exchange information on practice problems, hospital standards, and less formal matters. The Chapter’s Governor usually gives his report from the national meetings, and he listens for items to report back to headquarters. And it is at the Chapter level that the young College member can begin at once to participate actively in both scientific and administrative affairs. The presentation of a good case report at the Chapter meeting is appreciated by the members, and it gives experience in writing, public speaking, and participation. This type of participation often leads to a junior office, which, if well filled, may lead on to Secretary and eventually to Chapter President and even to Governor.

***Board of Regents.*** The American College of Surgeons has a centralist form of government. The Board of Regents is composed of 19 members who have clearly defined, specific, and full responsibility to set policy for this College. The Board holds at least three regular meetings each year and has special called meetings as well. Decisions can be made promptly and decisively, then executed by the Director and his staff.

Then how, you may ask, can a Chapter of the College have any meaningful effect on the affairs of the College at the national level?

## PRESIDENTIAL ADDRESS

The individual Chapter member can contact his own Chapter officers or the College Governor who represents his state or specialty society on the national Board of Governors, or he can write directly to the Director or to the Board of Regents. The Regents are deeply interested in the activities and welfare of each Chapter, and continuous Chapter contact with College headquarters in Chicago is maintained through the College's Department of Organization.

Therefore, while the Board of Regents retains freedom of action as a centralist group, the Regents are most attentive and earnest in their desire to represent College members as they collectively wish to be represented. The Fellows elect the Governors and the Governors in turn elect the Regents.

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The Board of Regents runs the College. Advice is invited from all College members and actively sought from many other sources, but the 19 Regents make the final policy decisions. The Regents are nominated by the Nominating Committee of the Board of Governors, and it is rare that a nominee has not served on the Board of Governors. Thus the Regents have a close affinity to the Board of Governors.

**Board of Governors.** The Board of Governors serves many important needs and considerations. First, the individual Governors provide liaison between the Chapters and the national Board of Governors, which in turn advises the Regents. Many important problems and concerns are investigated by the Board of Governors, and the data, conclusions, and recommendations derived from these studies are carefully analyzed by the Board of Regents. The meetings of the Board of Governors afford a nationwide survey of sectional opinions, in a range and with dimensions that would not otherwise be available to the Regents for guidance. The committees of the Board of Governors perform an in-

valuable service, often far beyond their own realization.

Incidentally, in the election of its Governor, a Chapter or specialty society is usually requested to submit three names, in order of preference, to the Nominating Committee of the Fellows. The first-listed name is usually recommended to the membership for election at the annual business meeting of the Fellows.

**The Director.** Little need be said regarding the functions of the Director of the College. This all-important executive is responsible for, simply, conducting the daily affairs of the national offices in Chicago with a staff of over 100, a budget of over \$9 million, several buildings, and the responsibility to execute all the policies determined by the Regents. The office of the Director is of crucial importance, and I know you will agree with me that it could not be in better hands.

**Election of officers.** I am sure many of you wonder just how the President and other officers are elected. I always wondered about the process myself until some years ago when I received notification that I had been named a member of the Nominating Committee of the Fellows, chosen by decision of three top elected officials of the College. Prior to that notification, each spring, from time to time, I had received a mimeographed form from College headquarters to the effect that the College was keeping its files current, and would I just list any honors, offices, or other achievements and return the form at my early convenience. Since I thought the College already knew what it needed to know about me, I usually did not get around to completing the form for months, if at all. However, I later learned and will soon tell you the significance of that request.

The chairman of the Nominating Committee of the Fellows held a national conference call in January of that year, and set the ground rules. There were three new members and two carry-over members, as I recall. No one on the five-man committee, representing several surgical specialties, was to be eligible for nomination. The five members would go through the ACS Yearbook and individually send names to our liaison staff persons at College headquarters, who would then send out the unimpressive biography request form mentioned previously. In addition, all other persons recommended

over the past several years were to be asked to send biographical data. Thus I suddenly came to realize that the purportedly routine request for the updating of biographical data is not always routine. And, incidentally, my own form-completion activity blossomed overnight.

The Nominating Committee held from four to five conference calls and meetings, carefully discussed and considered a great many deserving candidates for each of the various offices to be filled, and then made recommendations.

I have given this procedure in some detail because I was deeply impressed with the hard work, fairness, and sense of purpose with which the nominating procedure was conducted. Years later, when I myself was presented in nomination to the members at last year's business meeting, I felt that the Nominating Committee's wisdom might have miscarried in this one instance, but certainly I could applaud the result.

#### ***Honorary Fellows and special awards.***

The election of Honorary Fellows is approached with equal care. Nominations are invited and solicited by the Honors Committee of the Board of Regents, and the Fellows in the countries involved and in other countries may be asked their opinion.

The recipients of special awards are also selected with careful deliberation. The Distinguished Service Award this year was presented to Dr. R. Gordon Holcombe for his outstanding and untiring service to the College at the grass-roots level. The national headquarters tirelessly seeks to identify able Chapter members who can be looked to for various leadership roles in the future.

Thus, you see, while you may at times believe that some other person was more deserving than the one elected, the selection made was not the result of inadequate homework or of capricious judgment.

#### **Current issues**

Let me turn now to some current concerns and problems that will affect your future.

The important concerns we all face are so numerous that I have had to select but a few from among the many that confront the College. Since most of our new members are just settling into practice, let us first consider a few problems that may well impinge upon your freedom to practice.

***Hospital privileges.*** The next decade may well be characterized not only by increased outside regulation of physicians but also by contests within the profession itself over who does what, to whom, and at what hospital, and who collects the fee. I say who collects the fee, for I believe that it would take many years before the fee-for-service system could be replaced by a flat salary for all physicians in this country.

Outside regulation of our practice could come about in many ways, but two examples will suffice. First, the Joint Commission on Accreditation of Hospitals might suggest such specific designations of surgical privileges that a surgeon might not be able to perform new operations as they appear on the horizon, even though he or she is competent to do so. New operations appear yearly as some older ones are phased out. Secondly, government might become more restrictive about who should receive Medicaid or Medicare payments for what operations and in what hospitals. Such restrictions should be monitored because they could create serious problems for the profession.

More visible, at least at the moment, are the contests within the medical profession itself. Turf contests will continue and predictably will intensify. A startling number of medical students are coming through the pipeline, and despite the Graduate Medical Education National Advisory Committee (GMENAC), no specific plan presently exists to reduce the number, most of whom will enter specialty training. In 1960, there were 260,000 physicians; in 1980 there are 444,000 physicians; and in 1990 the number is expected to be almost 600,000. Of course, population is also increasing, but in 1960 the number of physicians was 144 per 100,000, as compared with a projected 242 per 100,000\* in 1990. Competition will increase. And female surgeons in large numbers may gradually reshape the lifestyle that male surgeons have so long espoused.

Consider also paramedical personnel. It is estimated that soon the ratio of paramedics to physicians will be 20 to 1. More and more, various paramedics are allowed to practice away from physician supervision and control, and to send and collect their fees inde-

\*"Health Resources Studies," U.S. Department of Health, Education and Welfare.

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pendently. I will not say whether this trend is right or wrong, but I do say that it will affect the part of the medical dollar available to the physician.

**Surgical standards** will be continuously upgraded and enforced, in my judgment. Much has already been achieved in recent years, for example, in the field of cardiac surgery. But I suspect that, with the ubiquitous computers, individual surgical complications and mortality rates may become regularly monitored and even regularly published. As a result residency review committees, the Joint Commission on Accreditation of Hospitals, and PSROs may categorize hospitals into primary, secondary, and tertiary-care facilities. Even if the surgeon at the primary-care hospital has been adequately trained to perform a particular operation, he may be required to refer the patient to a secondary or tertiary hospital by either third-party payment restrictions or by implied legal risk, or both, should something go wrong.

**Recertification** is in some respects a fact of life, but in recent months the complexities and the possible unfavorable ramifications of recertification have become far better perceived. Some surgeons have become cautious for fear that they will be suddenly disqualified for much of their usual practice because of the vagaries or limitations of the hard-to-devise testing system. In fact, some specialty groups have already flatly refused to take a recertification examination. They maintain that the test would either be so general as to be meaningless for a given specialty, or so specific as to prove unduly restrictive if it failed to cover all the operations that the given surgeon is qualified to do.

**Cost containment** represents a serious concern of the College. There is no doubt in my mind that costs could be reduced considerably if each of us were paying cash from our own pockets for each procedure, drug, or hospitalization ordered. But the huge growth of the third-party buffer has rendered major cost control difficult to achieve.

### **Public information**

As I have said on a previous occasion, the political solution to a political problem requires political means. In short, we must tell our side of the story. The time is past when silence was golden, for half the daily experience of possibly a majority of Americans is involved with assimilation of information in one guise or another—on television and radio, in the public press, and at shopping centers and other gathering places. We must tell our own story in ways considered appropriate by the Board of Governors and approved by the Board of Regents. A basic way of telling our story is through television. Only about 50 percent of Americans read magazines or books or the newspaper daily, while over 75 percent watch television.\*

The American College of Surgeons recently commissioned The Gallup Organization to explore public opinion relative to surgeons and surgical affairs. The results have been released in detail elsewhere (October 1980 *Bulletin*) but let me mention three points. First, forty-seven percent of the respondents had strong confidence in surgeons, as compared with 16 percent for lawyers and only five percent for congressmen; thus our relative position was favorable. However, I must point out that 41 percent had only fair confidence in surgeons. Secondly, only six percent of Americans were aware of the American College of Surgeons, as compared with 43 percent for the American Medical Association. Thirdly, and of special interest to recent trainees but indeed of deep interest to us all, 60 percent said they were “not at all likely” knowingly to allow a resident to do their operation and another 18 percent replied “not very likely”—a total of 78 percent.

Clearly, we still have a great deal to do in the field of public information.

I am glad to say that we have already started. We have opened a modest Washington office; we have prepared some circum-

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\* *Journal of Communication*, Winter, 1980. Vol. 30, No. 1.

spect brochures for distribution in doctors' offices; we have prepared treatment manuals for hospital distribution; and we have made and widely distributed a number of effective television spot announcements. I was pleased recently to see one of our ACS spots not at five o'clock in the morning but in the middle of the "Lawrence Welk Show," just before a Geritol commercial. All these efforts are justified, and they are of both immediate and long-range importance and benefit to the American people.

### Your professional life

*"Each man is divided among the men he might have been."*

Let me pose the question, "What will you do with your professional life?"

I've had a marvelous time in my own professional life. I was never afraid to dream, in the sense that I reveled in the privilege of being in the footsteps of great men and being, in a way, an infinitesimal associate of them. When I was a sophomore in college I discovered the Vallery-Radot biography of Louis Pasteur. Up until then I really had not decided whether I wanted to continue in pre-med or not. But later, as a freshman in medical school chemistry, when we examined racemic levo- and dextrorotatory crystals under polarized light, discovered by Pasteur, I felt a great appreciation that I was afforded the opportunity to see great things discovered by great men.

And so shall you Initiates see far, far beyond where we stand today. We hear much of current politics, economics, and other matters, but medicine is an ancient calling and was never more interesting than it is now. In the last two decades we have witnessed a revolution in cardiovascular surgery and in organ replacement. Radiology is bursting out in all directions. Endocrinology apparently knows no bounds—witness the unfolding saga of alimentary tract hormones and brain hormones. Genetic engineering is in its infancy. The future is bright indeed. In fact, who among you would choose to live in any previous era?

But to participate, to enjoy, to be content to practice surgery for the rest of your life, you must give of yourself and continuously prepare yourself. You must maintain the discipline that each of you possesses. There must be strong motivation, steadfastness of purpose and goals, and above all perseverance.

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***"To paraphrase Lord Byron, surgery is for some a thing apart, 'tis others' whole existence."***

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If you maintain your education, if you remain abreast of the many new developments as they emerge, if you do high-quality surgery with a will and with consideration for others, you will enjoy self-esteem and the esteem of others. You will almost inevitably receive adequate financial reward. You will have the deep satisfaction of helping many and of saving a life not infrequently. But if you are to enjoy surgery for a whole lifetime and not veer off into nonmedical pursuits that may be more lucrative but too demanding of your time, you must have an inquiring mind. Most doctors love information, and happily this love affair usually lasts a lifetime.

And finally, I wish you happiness in your personal lives. To achieve happiness requires attention. The physician's family is so important, if for no more practical reason than it is the genesis of a lot of little persons who deserve their chance and many of whom will enter the medical field. But such happiness makes for better surgery as well.

To paraphrase Lord Byron, surgery is for some a thing apart, 'tis others' whole existence. I personally believe in some degree of balance, though my wife and children might suggest that the balance was tilted in the wrong direction.

But my wish for you fellow members of the American College of Surgeons, with your professional lives before you, is that you will in your own communities represent the College on the highest possible level, as surgeons of impeccable integrity. If we all do this, our story will be told by example throughout this land far better than it could ever be told in any other way.

You will all have trials, the inner doubts and struggles that are the silent lot of all mankind. But I know you will win through.

Thus, may I quote a verse I heard when I was in college exactly 45 years ago. I don't know where it came from, but it has served as a compass for me and perhaps it may for you. It is simple but profound:

*"One ship sails east, and another sails west,  
By the self-same winds that blow;  
It's not the gale, it's the set of our sail,  
That determines the way we go."*