

Our Obligations and Opportunities

Address of the President, American College of Surgeons

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BEFORE TAKING UP THE MAIN THEME of my remarks I must tell you again how grateful I am to the Fellows of the American College of Surgeons for the great honor bestowed upon me in electing me to the highest office in the gift of this organization. May I take this opportunity to assure you of my everlasting gratitude, and my deep appreciation of the honor which you have done me? I construe my election to mean that the members of this College believe that the surgical profession is not limited to surgeons who are engaged solely in the clinical practice of surgery, but also includes those who devote part of their time to teaching and research. I am in full agreement with Dr. Alan M. Chesney and with others, who have contended that medical education and research are part and parcel of the profession of medicine and must be considered in any wide-range proposals which affect the profession. All physicians—whether active practitioners, teachers, investigators or administrators—have a single common objective which unites us all. This is the welfare of the sick. We differ from one another only in the particular task which we have chosen to perform.

Most of those here tonight have received their training during the recent period when undergraduate and postgraduate medical education in the United States and Canada have reached their highest peak. You have worked hard. You and your families have made great financial sacrifices. You richly deserve success and happiness in your chosen work. But with this success we must be appreciative of the opportunities we have enjoyed and mindful of the difficulties which still confront the medical schools and hospitals today. Our system of medical education—undergraduate teaching and residency training—is in serious danger. It is our task, yours and mine, to see that advantages which we have enjoyed are not denied those who follow us. The privilege of being a doctor carries with it a great responsibility to medicine.

What are the dangers confronting medical education? They may be summarized in these two

categories. First, medical schools have insufficient funds to maintain the level of excellence they have reached in recent years. Secondly, the clinical material available for the training of medical students and recent graduates, particularly during the residency in surgery and the surgical specialties, is shrinking in volume. Let us briefly consider these two points.

Medical schools are in serious financial difficulties because expenses have increased out of all proportion to income. Tuition fees have been raised to the point where further increases are impossible at present. Even so, they amount to only about one third of the cost of medical education. On the present scale there are worthwhile candidates who simply cannot afford to go to medical school. I agree with Dr. Gregg* that "We are in a sense now pricing ourselves out of the market of many desirable recruits." The income from endowments has not increased much and with the present tax structure it seems unlikely that endowments will increase significantly. Gifts such as those from the National Fund for Medical Education are helpful but are far from adequate to meet the needs. More than half of the 80 odd medical schools are privately owned and receive little or no city or state subsidy, and it is unlikely that this situation will be altered greatly. Fees collected from patients for professional services rendered by members of the full-time staff of university hospitals have been helpful in reducing the deficit in some schools, but the staff members should not be compelled to provide this support. It is estimated that the annual deficit of medical schools in the United States is 10 million dollars. This figure would be larger if many tax supported institutions were not forbidden by law to incur a deficit. The 106 million dollars spent in 1950-51 by 79 medical schools is small in comparison with the 8.5 billion dollars which was spent by the American people on medical services. † This latter sum does not include the tax monies that the people expended on health.

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* Alan Gregg, M.D., "Horizons at Half Century," American College of Surgeons' BULLETIN, March-April, 1955.

† Deitrick, John E., and Berson, Robert, *Medical Schools in the United States at Mid-Century*, McGraw-Hill, 1953.

If the present trend continues, and I think it will, I believe that it will be necessary for medical schools, particularly the privately endowed institutions, to ask and to receive funds from other sources in order to survive and to continue the day to day operation. You will remember that Dr. Gregg referred on Monday [November 15, 1954] to the sign over the doorway at the University of Salamanca, "What nature hath denied, this university cannot provide." In recent years the federal government has given large sums of money to medical schools for research in specific diseases, and be it said to the credit of the governmental agencies, this has been done without interference with the freedom of the recipients of these funds. These funds have been given in the main for specific purposes. What is now needed is unrestricted funds. Whereas I am opposed to national compulsory health insurance, commonly known as socialized medicine, I am not fearful of additional *properly documented* federal support for medical education. It is my belief that the federal government would not attempt to dictate the choice of faculty and students, the problems to be investigated or the subjects to be taught. If it did so, then the financial aid should be declined.

HOW GOVERNMENT CAN HELP

If the federal government were called upon and responded to the needs of medical schools, there are a number of methods by which it might do so. The following are examples: (1) The government might supply building and equipment support, leaving existing endowment and other funds free for other purposes; (2) the government might furnish the money with which to pay the salaries of those senior teachers and investigators who are engaged in research sponsored by governmental agencies; and (3) state or federal agencies, preferably the former, might pay for medical services rendered to indigent patients on teaching services in university hospitals. It is estimated that the annual value of this free professional service is 100 million dollars, much of which is rendered by physicians who serve on faculties without pay. This figure almost equals the total sum expended by all medical schools. It was pointed out . . . by Dr. Gregg on Monday that the federal government could make a capital grant to the medical schools such as it made to the land-grant colleges in 1862

with the stipulation that no control would be exercised by the government.

If one of these or some other method were adopted, I would hope for a guarantee that there will be no interference with the four essential medical freedoms. These are freedom to choose the faculty; freedom to select the student body; freedom to decide what shall be taught; and freedom to choose research projects. Such support of medical education would have no connection with, and should in no way be tied to, compulsory health insurance.

If funds were available, I should hope that a large part of such would be used for the support of the preclinical or basic medical sciences. Anatomy, physiology, biochemistry, pharmacology, bacteriology and pathology are the backbone of the medical curriculum. Basic medical research in these departments has suffered greatly in the inflationary period. Because of small salaries, insecurity, and inadequate unrestricted funds for research, each year fewer good graduates enter the fields of basic science. The competition from pharmaceutical houses and the clinical fields cannot be met unless further support is given the university preclinical departments. If progress in the prevention and eradication of disease is to be continued at its present pace, there must be unstinted support for medical schools, particularly for the workers in the basic medical sciences. I hope you will use your influence in seeing that this is obtained. All segments of society and particularly the medical profession should contribute to the support of medical education. A school dependent for its support upon a few sources of income may lose its flexibility and freedom.

A DANGER TO RESIDENT TRAINING

May I now turn to the postgraduate or residency training program with particular reference to surgery and the surgical specialties? About three-fourths of this class of Initiates had a residency of three years or longer. Seventy-two per cent have been certified by a board or royal college. Although the residency training program in this country is about 65 years old, it is only during the past two or three decades that its value has been widely appreciated and accepted. Most of us here tonight obtained our training under this plan, and it is unnecessary to say to you that the essence of a good residency training program is the graded and increasing responsibility in the care of patients by the trainees. In the final period of training the trainee

is the patient's physician or surgeon, adequate supervision being available at all times. There is an oil company in Baltimore which has the slogan, "The men in white serve you right." The ward patients in a properly organized university hospital believe they are treated right by the men in white and I agree with them.

The problem at hand is what will happen to the training program in the surgical fields in view of the diminishing ward population. Strangely enough, this problem arises not because of a financial situation peculiar to the medical schools, but is the result of the voluntary prepayment insurance plans and other programs which reduce the number of patients admitted to the public wards of hospitals. While I approve thoroughly of voluntary prepayment insurance plans, I am fearful of the result they will have on the residency training program in particular, and to a lesser extent on the instruction of medical students.

Unfortunately the answer to this problem is not at hand. The final solution will probably require understanding, unselfishness, and co-operation on the part of the entire medical profession. For example, it may be necessary for members of the medical profession to sacrifice some of their own pecuniary gain and to recommend to some of their patients with prepayment insurance that they be admitted to hospital beds set aside for undergraduate teaching and resident training purposes. Fortunately the time has not yet arrived when some such action is required. But if the present trend continues the time is not far distant, and I believe members of the medical profession who are truly interested in the future generations of patients and surgeons will be sympathetic to the problem and will aid in its solution.

TRAINING IN THE SMALLER HOSPITAL

I realize that many of you are practicing in hospitals which are not closely connected with a medical school. Possibly you have worked out, or will work out, a plan whereby some medical students from a nearby school may do some of their elective clinical work in your hospital. Everyone realizes that good house officers are not attracted to hospitals in which the staff is not truly interested in their instruction. I am confident the situation could be improved in many hospitals if adequate thought were given to the problem of instruction of the resident staff. Just prior to moving to Oxford in 1905, Sir William Osler stated in his farewell address, "In every town of 50,000 inhabitants a good

model clinic could be built up, just as good as in smaller German cities, if only a self-denying ordinance were observed on the part of the profession and only one or two men given the control of the hospital service, not half a dozen." Fortunately the situation in this country has bettered immeasurably since 1905, but there is still room for improvement in many places.

It may interest you to know that one-third of you are practicing in cities under 50,000 in population. In a recent interesting editorial* in *Surgery, Gynecology and Obstetrics*, Collett makes a strong plea for able professional leadership in small communities. He says that good medicine is moving to the country and that never has the county medical society been presented with such an opportunity or with so much responsibility. Modern medicine can be brought to the smaller cities and counties only by friendly co-operation among the physicians and surgeons. Jealousies must be eliminated. The older established surgeon must not make it difficult for the young well-trained man who decides to practice in his community. The local hospital should be modeled after the larger university hospital. It should become a training ground for nurses, aides, dietitians and technicians as well as physicians, and in some instances for medical students. Dr. Collett concludes by saying, "Truly, disease prevention, accurate diagnosis, and effective therapy are actually possible for each and every community. The problem is one of the great frontiers of modern medicine. Vision, leadership, and co-operation by the medical profession at the county level can make this one dream a present day reality."

THE BEST YEARS

So much for the problems facing medical schools and hospitals and residency training programs and our obligations to protect and improve systems which have brought American medicine to its present place of pre-eminence. Let me turn now to a consideration of some of the opportunities which lie ahead. I am speaking particularly to those of you who completed your formal training only a few years ago. Approximately 60 per cent of this class

*George A. Collett, "The Need for Able Professional Leadership in Small Communities," *Surgery, Gynecology and Obstetrics*, February, 1954, page 247.

is under 40 years of age. Those of you in this category are facing the best years of your lives. You are young and full of energy, you are well trained but still receptive to new ideas, and you have imagination. Although Osler was a little hard on those of us who are older, and for this he was roundly criticized, there is much truth in statements of his such as the following: "Take the sum of human achievement in action, in science, in art, in literature—subtract the work of men over 40, and while we should miss great treasures, even priceless treasures, we would practically be where we are today. It is difficult to name a great and far-reaching conquest of the mind which has not been given to the world by a man on whose back the sun was still shining." Certainly it is true that Vesalius, Harvey, Hunter, Laennec, Virchow, Lister and Koch were young when their epoch-making studies were begun and in some instances completed. Among the many American surgeons who made monumental contributions while still young are Ephraim McDowell, J. Marion Sims, Valentine Mott, Crawford W. Long, W. S. Halsted, Howard Kelly, the Mayo brothers, Rudolph Matas, George Crile, Harvey Cushing, Hugh Young, and Walter Dandy. Against the dictum of Osler is the fact that some of these men continued to contribute after they had passed the golden years of youth and, furthermore, that the best work of a few surgeons has been done after the age of 45. I must remind you, however, that your most productive, creative years are in the near future and I urge you to take advantage of them.

It must also be realized that your busiest years in clinical practice are probably not immediately ahead of you. In general, a surgical practice begins slowly and ends gradually. Both facts are understandable. The main reason that the surgeon of 60 in good health experiences a diminution in his practice is that Father Time begins to take his toll and the surgeon has fewer close medical colleagues to refer patients to him. The more recent graduates are apt to refer patients with surgical ailments to surgeons of their own age group. Probably the busiest period is from 50 to 60 years of age, and it is too bad that it could not be slightly earlier

when the surgeon has more vigor. Those of you who have been in practice for only a few years should have time for study, thought, careful observation and, I would hope, in some cases for experimentation. If today you cease to read and study medical journals, and if you fail to attend medical meetings, you will find in a few years that you are woefully behind the times. Dr. Gregg said, "Of any and all facts that bear upon our relation to the future, I would be inclined to attach the highest importance to the fact that the learning process goes on incessantly, from cradle to grave." Among the many valuable contributions of the American College of Surgeons I would place first the value of the scientific meetings, local, sectional and national, to its members and indirectly to the public. The annual Congress is, I think, the finest of its type in surgery.

Even though our College has made great progress, particularly in recent years, there is still room for improvement. Unfortunately our American College has not yet gained the universal affection and respect of its members that is enjoyed by some of the older colleges such as the Royal College of Surgeons of Edinburgh, of England and of Glasgow. Our educational program is not as continuous as theirs. The large size of the United States and Canada is a geographic handicap in this regard. I hope that some day the central headquarters in Chicago will be improved and even that there may be regional quarters in four or five of the strategically located larger cities. Unfortunately funds are not available at present for providing these facilities. Possibly some day our 20,000 members and their patients and influential friends will remedy this situation.

In closing, I submit no apology for having dwelt upon problems that are facing medical education and patient care and research today and in the future, for they are your problems and mine. It is our duty to see that the situation is improved rather than allowed to stand still or to deteriorate. This will require that selfish wills be put aside and animosities be shelved. I congratulate you upon becoming a member of the most important organization in American surgery and I hope it will have your interest and affection and support. That you will give it these in fullest measure I have no doubt.