

Surgical Tithing

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THE IDEALS AND ACCOMPLISHMENTS of the American College of Surgeons have been stated by my predecessors in office, speaking from their active participation over the years. Although some members may have felt uncertain concerning national and international policies, they have never had any doubt about the policies of this College. In taking the Pledge of Fellowship the more than 1,000 surgeons who have been admitted to Fellowship at the Convocation give evidence of their dedication to the concepts of surgical practice as clearly defined by those who have preceded us. However, as Kanel pointed out in 1931, membership in this College imposes upon all of us stern requirements. It is not enough to be a member in name only. The added responsibility that Fellowship in the College places upon every new member is my subject, and to them I now speak.

I know that you already are pressed for time, yet I am asking that you do more. How is this possible? Each of you must decide for himself, but I would like to suggest an approach called "surgical tithing." I introduce this concept in the hope that you can plan your daily routine so that you will be more productive and achieve more satisfaction in your profession.

The concept of tithing, as you know, has stood the test of more than 30 centuries. The term has been used to indicate a gift to the church of a tenth part of all worldly income. The principle has been applied in many ways, sometimes even with a touch of humor. Consider the little boy in Texas who pledged \$100.00 a week to his church school. The superintendent called on the parents and asked what he should do with the pledge card. "It's perfectly in order," the father assured him. "We insist that our children tithe."

The Pharisees were commended for tithing from their worldly goods but condemned for leaving undone more important matters. We too have been commended for our surgical advances, but we too have been condemned for not really coming to grips with the many problems that plague our profession. The thoughtful solution of our problems will require from each of us one of our most valued possessions—time! A physician's time is far more precious than money. I suggest that we give one-tenth of our time as a tithe to improve our profession and in turn insure better care of our patients.

If this idea shocks you, perhaps you should be

reminded of the many days a year the officers and hundreds of members of the American College of Surgeons spend away from practice traveling to and from committee meetings or taking part in some program. Did you ever take the time to consider how many days a year members of the various examining boards devote to such activities so that the standards we all believe in will be maintained? Some of you may feel this is the other fellow's job, or that he is in a big teaching institution or clinic, and that someone else will cover him. In part, this may be true, but it has been my experience that these men are just as anxious to care for their patients as you are. They have to work harder before they leave for these meetings, and even harder trying to catch up on their return. Upon reflection I think you will grant that a strong precedent has been set, and it is now time for all, not a chosen few, to give more time and effort for the betterment of the Art and Science of Surgery.

Since the subject of surgical tithing has been presented for your consideration, I am obligated to suggest how this new-found time may best be used. Naturally, your contributions will vary. They will depend upon your field of interest, general capabilities, and the type and location of your practice. Regardless, there are at least three areas that can readily benefit by the effective use of tithing: your hospital affiliation, your professional knowledge, and your care of patients.

No matter how much time you devote to the necessary administrative functions of everyday hospital work, there is always a need for additional support. This College has played a major role in raising the standards of hospital surgical practice,

Address of the President

ON OCTOBER 5, 1961 at the Convocation held during the Clinical Congress, Dr. Robert M. Zollinger became president of the American College of Surgeons and on that occasion made the accompanying address, speaking in particular to the incoming Fellows. Dr. Zollinger is professor of surgery and chairman of the department, Ohio State University College of Medicine, and chief of the Health Center. He has been a member of the A.C.S.' Board of Governors since 1948.

and you, as new full-fledged members, will be depended upon to lift them even further. I ask you, therefore, are you satisfied with the surgical accomplishments of your hospital? If so, perhaps you are too easily pleased and it is time to take inven-

Why shouldn't you tithing one-half a day at regular intervals to work, for example, on improving the records in your own community hospital? Any hospital, regardless of size, should publish its surgical experience, including morbidity and mortality, each year as part of its annual report. Such self-evaluation takes time and effort on the part of the staff and cannot be delegated to others. Too many institutions have not had the support of their staffs in preparing these statistics, which determine whether their results are consistent with the highest standards of surgical care. A medical audit of some type should be insisted upon by every member of the College, whatever the size of the hospital where he works. All too frequently, I am afraid, the committees appointed to collect and study such data from the medical records or evaluate, for example, the service in the emergency room fail to meet regularly because each member thinks he is too busy. If they do meet, it may be in the evening after a hard day's work; quick decisions may be made without due study. Hospital administrators must not be depended upon for such professional evaluations, no matter how many assistants they have.

WE ARE MORALLY OBLIGATED

Although tithing of time is important for even the smallest hospital, the need usually becomes more urgent as the size of the hospital increases. The larger hospitals introduce the factor of education for technicians, student nurses, interns and residents. We are bound by the Oath of Hippocrates to train our successors. One might add that we are morally obligated to train an adequate number of successors and make certain that they are far more competent than we have been! There is no doubt in my mind that tithing in the true sense of the word is needed to better our many approved training programs.

As a past representative of the College for six years to the Conference Committee on Graduate Training in Surgery, I can assure you that there is a lot of room for improvement in our training programs. This situation can and must be corrected, but it will take more of your time and understanding than many have given in the past.

I ask you to take a quick inventory of your training experiences. Can you fulfill the mission you have designed for yourself, or do you feel that your successors in the program you have completed would benefit from a change? Have you ever taken the time to write a thoughtful letter of evaluation to the chief of the service where you received your training? There is a current trend to appoint a director of medical education to relieve the chiefs of service of many of the details involved in running a graduate training program. While such an individual usually improves the previous program, this does not relieve the professional staff of their teaching responsibility nor should it lessen their interest and active participation in the training program.

AND TUTORIAL CASES WOULD HELP

The paucity of tutorial cases threatens far too many programs at present. Tithing in a very real sense could be practiced by the staff if members would forego a surgical fee for some of those patients who can only promise payment some time in the future. Such patients could be referred to the "tutorial" service. Only an occasional patient from the individual staff member would be required in most hospitals to maintain a fine teaching service. This would contribute much more to the education of a young surgeon than the questionable practice of doing one side of an operation on a large number of private cases. The latter practice is condemned because it denies the trainee all the important decisions in such cases.

More and more patients will have hospitalization insurance, and I think we all believe this to be highly desirable for a number of well known reasons. However, it is time we faced up to the facts of life and developed a baseline under which patients with limited types of insurance are confidently encouraged to enjoy the benefits of resident surgery and care. There is ample evidence to indicate that the morbidity and mortality of patients' care in hospitals approved for intern and residency programs are as low as in those without a postgraduate educational program, if not lower. This encouraging situation could be even more widespread if more members of this College tithed in teaching time and tutorial cases. It would no longer be necessary for the reviewing committees to make exceptions year after year based upon unfulfilled promises to provide a better teaching program and sufficient clinical material. Firm continuity of such policies would also be enhanced if the antiquated method of yearly rotation of the chiefs of service were discontinued.

In addition to supplying patients and actively

assisting in the training program, you must as a part of your tithing devote some time to planning for the future. As surgery becomes more fragmented, our contact with the over-all problems of patients becomes more distant. We tend to know more and more about less and less.

SPECIALIZATION AND ISOLATIONISM

The College of Surgeons, as the mother organization of all the surgical specialties, views with considerable concern the trend toward early specialization and the dangers of isolationism. It has become more difficult each year to define general surgery and to determine what should be included in the training of the general surgeon. Since every community hospital cannot have a complete staff of all surgical specialties, there remains a great need for the surgeon with broad experience in the several specialties as well as in general surgery. For this reason the concept of a basic surgical program developed by the Graduate Training Committee has been approved by the Board of Regents, and published.*

In this statement on "Basic Surgical Residency Education and Training," it is suggested that all surgeons, with the exception of ophthalmic surgeons, have two years of basic surgery. This time is to be equally divided between general surgery and the surgical specialties, with assignments planned to best fit the needs of a particular specialty. After these two basic years, the trainee would continue for two or more years in general surgery or one of the many surgical specialties. The resident in urologic and gynecologic surgery, for example, requires experience in gastrointestinal problems while the general surgeon is in dire need of experience in those fields. This is especially true if we are to provide the best possible surgical talent to the many new hospitals in the small communities throughout our country. This is a thought-provoking concept. Whether or not this much needed transition will come about will depend upon you and those who succeed you. This plan, which many of us believe in in the fullest measure, will require a lot of give and take as well as considerable tithing of time in committees at all levels.

Prolonging the training period is likely to be challenged because of the two years of obligatory military service. I can sense that some of you might mistakenly contend that military service has fulfilled your obligation of "time tithing" to our profession. On the contrary, I suggest that we come to think of service in the Armed Forces as a necessary part of our contribution to national security. Judging from the millions who want to come to the

*Bull. Am. Coll. Surg., July-August, 1961, page 112.

United States and Canada every year, especially physicians from nearly every land, I assume that this continues to be a land of opportunity.

Since many medical graduates from foreign lands desire to come here for training and many eventually to practice, we must take the time to reflect on this matter. Is it fair to appoint foreign residents for purposes of service only? They consider any listed approved residency as offering the best in the American tradition of surgical training. All too frequently they find themselves in a hospital where all or the majority of the house staff are foreign graduates. In many instances language difficulties tend to widen the chasm between resident and patient as well as between resident and staff. The medical background and concepts of medical practice of each resident are as different and as various as the countries of their origin. In hospitals with a sizable number of residents from other lands it's difficult to establish service traditions to be handed down each year.

I think you will agree that during your training years the established traditions of the residency played a major role in your education. Although some have pointed to this as a fault in our system—since the mistakes of our young residents tend to be passed down year after year to the juniors on the service—the method has proved itself over the years.

COMMITMENTS TO FOREIGN GRADUATES

I do not profess to have the wisdom of Solomon to solve this problem, but solve it we must, lest these young men and women seek training in lands with ideologies dedicated to our destruction. Being individuals of action, surgeons might well be expected to lead the way in exploring the best and quickest solution to this knotty problem. Our commitments to foreign graduates should depend upon the needs of the country from which they come and our ability to provide them with first-class opportunities.

We are all so proud that we can begin to repay the debt we owe generations of surgeons in many other countries, but we must do this to the satisfaction of all parties concerned. In an effort to establish realistic policies, should the American College of Surgeons develop liaison with the senior surgical societies of other countries through their respective governments? Perhaps such societies might assume the responsibility of recommending to their government a given number of carefully selected young

men and women with a previously agreed upon surgical background. It then could be assumed that these graduates, having had considerable surgical training in their own countries, would be welcomed home after a period of observation and study of our methods. Perhaps we in turn should assume far more responsibility in the placement of these advanced trainees to make certain that their educational experience has been most satisfactory, both from their point of view as well as ours. Such a plan would drastically limit the number of foreign graduates coming to this country to a level more consistent with our true capacity to provide what they expect and want from us. At the same time the needs of their native country would be served in a more realistic manner.

Many of these trainees from foreign lands are genuinely anxious to become members of the American College of Surgeons and to be certified by the specialty board of their field. They are so accustomed to the long established tradition of examination for admission by the Royal College of Surgeons of Edinburgh and the Royal College of Surgeons of England that they regard such a hurdle as a prized conquest of advanced surgical knowledge. They do not understand too well the principle of separate examinations by our specialty boards and the usual two years of verified ethical practice for favorable consideration for admission to the American College of Surgeons. We have no method of evaluating their standards of practice and they lack the time and finances to return to this country two or three times within a few years after completion of their training. There are those who feel that we are obligated to develop a co-ordinated mechanism of recognition. Examination for admission has long been in use by the Royal College of Surgeons of England. The American College of Surgeons welcomes your serious reflections on our international surgical obligations.

While some of you will be giving your tithe to our international obligations, others must be concerned with the problem of how many surgeons in the various fields we need to train each year to care for our expanding population. Such a study is already under way by the College's Board of Regents. If we don't determine our needs and see to it that they are met, then someone else will. This all adds up to tithing for more time to teach more students, interns and residents, as well as auxiliary personnel. Certainly there is no better way of keeping abreast of surgical advances than by teaching your successors.

Tithing of time for reading and attending meetings will be required to sustain your surgical knowledge and competence for teaching as well as caring for patients. As Francis Bacon said, "Reading maketh a Full Man; Conference a Ready Man; and Writing an Exact Man. And therefore, if a Man Write little, he had need have a Great Memory; if he Conferre little, he had need have a Present Wit; and if he Reade little, he had need have much Cunning, to seem to know that, he doth not." To my way of thinking a surgeon is not ethical if he has not studied and kept up to date. To be truly ethical you must be qualified in every way with a clear conscience of what the patient expects of you. As Lord Lister wrote, "You must always be students, learning and unlearning till life's end, and if, gentlemen, you are not prepared to follow your profession in this spirit, I implore you to leave its ranks and betake yourself to some third-class trade."

I want to assure you that you have much to gain personally from surgical tithing. Your efforts will be returned with interest in the form of better run hospitals, improved personal professional skills, more effective training programs, and last but not least restoration of the public's high regard for our profession. The rapid course of events makes it mandatory that we all begin our surgical tithing now!