Our Professional Journey: Surgeons United

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Welcome to the 2022 Initiates of the American College of Surgeons (ACS) and their families and friends. I also wish to recognize our distinguished national and international colleagues, newly elected and current Honorary Fellows, Regents, Officers, Governors, and members of our Advisory Councils, and esteemed guests. I particularly wish to thank Dr Anton Sidawy (Chair) and Dr Linda Phillips (Vice-Chair) of our Board of Regents, as well as our immediate past President, Dr Julie Freischlag, for welcoming me and guiding me along as President-Elect, and Dr Lorrie Langdale, the Chair of the nominating committee for that wonderful call on June 8, 2021. I too want to take this time to acknowledge and thank the ACS staff, with special recognition of Ms Lynese Kelley and Ms Donna Coulombe. I also wish to thank Ms Meghan Kennedy for her assistance in obtaining information for this address from the College archives and Ms Natalie Boden for helping me put all this together. I especially want to recognize our new and very gifted Executive Director, Dr Patricia L Turner, who follows the outstanding tenure of Dr David B Hoyt.

I am grateful for the guidance and role models provided by my mom and dad, and for the friendship and mentorship of many past Presidents over the years. I particularly wish to recognize the late Drs Robert M Zollinger, Sr, and J David Richardson, both of whom inspired me to be better. I would also like to recognize my former professors and my past and current mentors and professional colleagues. I would be negligent if I did not acknowledge and recognize the very talented faculty and my colleagues from the Ohio State University under the outstanding leadership of Dr Timothy Pawlik and our Dean, Dr Carol Bradford, both of whom are Fellows of our College. Thank you for your support. I would be most remiss if I did not recognize my lovely and supportive wife, Dr Mary Pat Borgess, our children Jon and Eric, and their families for their support and encouragement over the years. I love you all.

I wish to humbly dedicate this address to our initiates and to the profession of surgery. It has been a privilege to be a Fellow of the ACS since 1986. I have had the honor of participating in and observing the steady growth and maturation of our profession from a front-row seat. Our country has been through difficult times and a deep divide in recent years. It is apparent to me that the profession of surgery must be more united than ever before. As we take our professional journey, we as a College must be united across generations, anchored by the ideals of our founders, for the good of our patients and society.

To our initiates: Congratulations! You represent one of our largest classes ever, with 2,355 inductees from 77 countries: 1,476 domestic, 850 international, and 648 female inductees. Your class is a true representation of global surgery today (Fig. 1). Those in attendance have come from many different places, by many different means and paths. Our career journeys have begun at a thousand different points, both literally and figuratively. We have taken many different roads to where we are today. Tonight, all these roads intersect here in San Diego, at the 108th ACS Clinical Congress. Why have we gathered here? Look around and you will see the answer. You each richly deserve this recognition. Please give yourselves, your loved ones, and your colleagues a round of applause.

Earning entry into the ACS is a milestone which solidifies your professional standing. I think we would all agree that surgery in general, including the specialties, is demanding, but perhaps the most honorable and professionally rewarding among the many specialties in medicine. This is so because of our privileged interactions with patients and their loved ones at some of the most challenging times in their lives. We come to celebrate the initiates and the founding ideals and values of our College. Furthermore, I hope that we have come to celebrate and reaffirm our unity and commitment to our patients and our profession.

Our ideals and history are represented in the Great Seal of the College (Fig. 2). It has been our insignia since 1915.[1,2] The Seal features 2 symbolic icons for the

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Figure 1. Location of new Fellows in 2022.

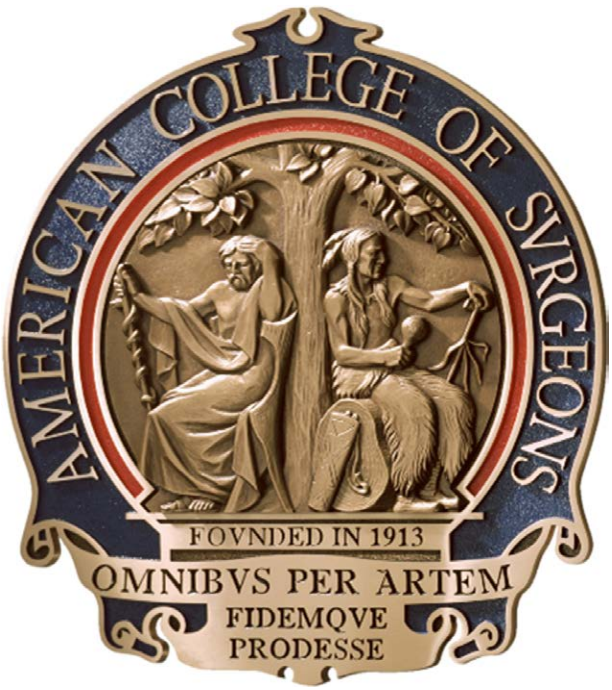

Figure 2. Great Seal of the American College of Surgeons.

delivery of surgical care. On the left is Asclepius, the symbol of European learning, and on the right, a Native American medicine man. They are seated beneath a Tree of Knowledge, making an offering of their symbols of healing in common service to humankind. The words "*Omnibus per artem fidemque prodesse*" on the bottom of the seal translate to "To Heal All with Skill and Trust," our motto.

Building on the success of the journal named *Surgery, Gynecology, and Obstetrics* (founded July 1905) and the Clinical Congress of Surgeons of North America (first meeting November 1910), the ACS was founded by Franklin H Martin, a gynecologist of rural upbringing. His vision, along with his colleagues, was to unite US and Canadian surgeons in a single organization that would recognize surgeons who met high standards of education and practice.[3] The hope was to develop an association that would have as its primary purpose the betterment of surgical care.[4]

Surgeons have the implicit responsibility to use surgical skill and science delivered with empathy to help our patients. It is a privileged and very personal responsibility. Yet we all realize that no matter how hard we try, we will not be able to cure or alleviate all our patients' suffering from their disease or injury. But each of us can find strength and resilience in our abilities to relate to the patient and their family, and our continued commitment to the values of our College, which include provision of the highest quality of care, integrity, and professionalism.

These are brought to life in the Fellowship Pledge of the College, declared by each initiate. While respecting the patient's autonomy and individuality, you pledged to pursue the practice of surgery with honesty, and to place the welfare and the rights of your patient above all else. You promised to deal with each patient as you would wish to be dealt with if you were in the patient's position.

Over the next year, I wish to build on the theme of Dr Freischlag's presidency, "Surgeons Sowing Hope." My hope is that the seeds sown today will allow us to continue our professional journeys as surgeons united, to continue to promote excellence in surgical care in the years to come.

I hope that as Fellows of the ACS, we will work together in 3 major areas to better serve our patients and society, and to deliver our brand promise of providing the highest quality of care. These include enhancing the relevance of our College to all surgical specialties, expanding the diversity of the surgical workforce and our College to eliminate social barriers to access to high-quality care, to solve the rural surgeon shortage, and to learn to treat our patients as they wish to be treated.

ENGAGE THE SURGICAL SPECIALTIES

Although the ACS was founded before the certifying boards were established, the surgical specialties were engaged at the onset. The initial bylaws in 1913 called for specialty governors: 20 "at large," 45 from 15 surgical specialties, and 1 each from the navy and the army. The surgical specialties continue to be closely integrated into all the College's activities and leadership.[5]

The Advisory Councils for Surgical Specialties were established to enhance communication between the specialties and ACS leadership. The first Advisory Councils for Ophthalmic Surgery and Otolaryngology were founded in 1937. Today, there are 14 Advisory Councils. They expanded along the lines of board certification, with all specialty boards currently represented as an Advisory Council, plus the addition of Rural Surgery in 2012, due to unique issues facing practice in rural communities.

During the intervening years, the ACS was seen as a source of education and advocacy, primarily for general surgeons and their related subspecialties. It was recognized that "A major problem for the College was to keep specialty surgeons as members, to make them feel a part of the organization and to recruit young specialists as members."[6] To broaden the relevance of the Advisory Councils, Dr David C Sabiston, Jr (President 1985 to 1986), proposed several actions[2] that would expand them and establish a process to enhance communication between the specialties and the regents. Accordingly, the Chair of each Council would prepare an annual report that included the activities of the specialty board, the committees of specialty societies, and matters of concern to the specialty. The person elected the Chair of the Advisory Council Chairs would attend the Board of Regents meeting. Importantly, each Advisory Council would have a representative to the College Program Committee and the Surgical Forum Committee.

When the ACS was founded in 1913, 53% of Fellows were general surgeons, and presumably the remaining 47% were from specialties. The greatest proportion of specialists was 58% in 1991. Since then, there has been a decrease to about 45% in 2021. This is not due to a lack of interest or commitment to common values, but rather the simple fact that one cannot join and participate meaningfully in all surgical associations. There are many surgical specialty associations and societies. They share common values. They provide lifelong learning and represent the surgical subspecialties at all levels of intersection between surgical care and society. Why would they want or need to join the ACS? It is our responsibility to make our College relevant to surgical specialists as well as general surgeons.

I think we all can appreciate that it is important for the ACS to be synonymous with the House of Surgery. To accomplish this, we must come together with our colleagues, listen to their needs, and determine how we can work with them to achieve mutually desirable goals. As surgeons, we must be united. There is much to be gained by working together. Evidence is in the surgical coalition and its work in advocacy, the multidisciplinary programs at the Clinical Congress, the work of the Academy in graduate and undergraduate medical education during the COVID-19 pandemic, and the commitment of the College to important areas that impact us all, including ethics, surgeon health and well-being, and regulatory issues.

ENHANCE THE DIVERSITY OF THE SURGICAL WORKFORCE AND OUR COLLEGE TO ENHANCE ACCESS

Eliminating social disparity in access to surgical care

The US and Canada have over 370 million people who represent an increasingly ethnically and racially diverse population. Our workforce, and thus our College, would ideally resemble those we serve. During the history of the ACS, it has been challenging to collect demographic information on the gender, ethnicity, and race of our Fellows.[7] What we know follows.

In the US, 36.3% of over 800,000 physicians are women, whereas of 160,000 surgeons, only 19% are women.[7] There is an increasing number of women Fellows. According to available information, in 1913 there were 5 women who were Fellows. In 1930, there were at least 60 women. Thereafter, no data was collected on gender distribution until 2003, when 4.7% of Fellows were women. Since then, there has been a steady increase in women Fellows, and in 2022, 12% were women. This year, about 25% of initiates are women. This trend follows the increase in the number of women matriculating to medical school but falls short of the numbers entering the profession of surgery. How can we make our College more appealing to women surgeons? There is an increase in the critical mass of women leaders in surgery who can serve as

role models for others. Today, women are more involved with the Clinical Congress programs and College leadership than ever before. Still, we have more work to do.

According to the Association of American Medical Colleges, among nearly 800,000 active physicians, 516,000 (56.2%) identified as White, 157,000 (17.1%) as Asian, 53,526 (5.8%) as Hispanic, and 45,534 (5%) as Black. For surgeons, the most common ethnicity is White (81.7%), whereas 9.4% identify as Asian, 4.3% identify as Hispanic, and 2% as Black.[8]

In the ACS Archives, we have limited data on the racial distribution of Fellows. The first Black male Fellow was inducted in 1913, Daniel Hale Williams (Fig. 3). The second Black Fellow was Louis T Wright (Fig. 4), inducted in 1934. By 1948 there were 27 African-American Fellows. The first African-American woman, Helen Octavia Dickens (Fig. 5), was inducted as a Fellow in 1950. By 1951, there were 42 Black Fellows. The leadership of our College is committed to continuing to promote excellence in surgical care as well as diversity, equity, and inclusion initiatives, antiracism, and allyship to increase pathways to the surgical profession from all social, ethnic, and racial strata of the US and Canada. This will ultimately improve access to care. We do need better information on the demographics of our College to track the results of our efforts.

Based on the work of many, including past president Dr LD Britt, we have a better appreciation for disparity in healthcare in our country based on race, ethnicity, and economic differences. According to a survey of 2,000 physicians, lack of access to care is the number 1 social issue of concern to physicians and affects healthcare in our country.[9] As Dr Britt has said, "without access there is no quality." Our profession must be united for our patients and promote access. Collectively, we have learned that patients are more likely to seek care from physicians who look like themselves or live in their community. To promote access while maintaining excellence in care, our College supports enhancing the pathways to medical school through allyship, and thence to surgical training from our most underrepresented populations. This is essential to providing a greater number of

Figure 3. Danial Hale Williams MD, FACS, in 1913 was the first Black Fellow of the American College of Surgeons. Image courtesy of the National Library of Medicine, Images from the History of Medicine, B030090.

Figure 4. Louis T. Wright MD, FACS, in 1934 was the second Black Fellow of the American College of Surgeons. Image courtesy of the Library of Congress, LOT 13074, no. 631.

Figure 5. Helen Octavia Dickens, MD, FACS, in 1950 became the first Black woman Fellow of the American College of Surgeons. Image courtesy of the National Library of Medicine, Images from the History of Medicine, B07139.

surgeons of color and other ethnic and culturally diverse populations.

Solving the rural surgeon shortage

We have an imbalance, not only in the ethnic and racial diversity of our surgical workforce, but also a problem of distribution of where surgeons work. The vast majority of surgeons practice in larger metropolitan areas. This has been referred to as the urbanization of American surgery.[10] There is a shortage of surgeons in rural America today. This creates an access problem for the 56 million people living in rural America. We need to increase the number of surgeons interested in rural surgery to further diversify our workforce to meet these needs. It is also clear that there is not 1 rural America, but rather several, based on population, community business, agriculture, and local industry. We must understand the differing surgical needs of these unique areas of rural America. The potential solutions are multifaceted and include increasing surgical trainees interested in rural practice, developing unique training curricula for those residents interested in rural surgery, developing new practice models, provision of specialty care, and systems of care for rural areas, and increasing incentives for rural practice.

LEARNING HOW OUR PATIENTS WISH TO BE TREATED

In recognition of our increasingly diverse society, Past President Ronald V Maier opined that "…the Golden Rule has evolved into the Platinum Rule, where we deal with our patients not only as we would wish to be treated ourselves, but as they wish to be treated based on their own unique ethnicity, gender, background, experiences, culture, and the entirety of their intersectionality."[11] "Do unto others as you would want done to you" has evolved to " Do unto others as they would want done to them."[12]

A case in point draws me back to our Great Seal and the Native American medicine man (Fig. 2). There is the need for us as surgeons and physicians to learn about and respect the culture of Native Americans, as well as those of African, Asian, Hispanic, and Middle Eastern descent and other ethnicities. Dr Lori Arviso Alvord was the first Navajo woman to become a board-certified surgeon. She tells her story in "The Scalpel and the Silver Bear." Her care focuses not only on the surgical disease process impacting her patients, but also the beliefs and culture of the Navajo people. Hers is story of her commitment to the profession of surgery and her people.

"In my culture—the Navajo culture—medicine is performed by a *hataalii,* someone who sees a person not simply as a body, but as a whole being. Body, mind, and spirit are seen as connected to other people, to families, to communities, and even to the planet and the universe. All of these relationships need to be in harmony in order to be healthy. Even the relationship between the patient and the healer is important in order to achieve healing. Those types of relationships, so key to us, are not strongly acknowledged in medicine today, yet this is precisely what needs to be given a priority. People are looking for a better way to have their health needs addressed. They want medicine that understands their health needs are not separate from the rest of their lives. A medicine that does not isolate but connects."[13]

Tonight, we have welcomed to our College a new class of initiates. Just as we traveled here from many different places and by many different roads, we will return to our homes and continue our professional journey after this Clinical Congress. What is different? You are now a Fellow of the ACS. Please use #SurgeonsUnited to share your journey. We will follow and collect your stories as we move forward. My seeds of hope to promote

excellence in surgical care include bringing the House of Surgery closer together; expanding diversity in our workforce to eliminate social barriers to access and to solve the rural surgeon shortage; and for each of us to learn how our patients wish to be treated. We are united in the common responsibility to society to serve all will skill and trust. I leave you with a short video that shows how we serve as Surgeons United.

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