

ADDRESS OF THE PRESIDENT*

"FOR THE BENEFIT OF THE PATIENTS"

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IN choosing my text I have cited that pledge in the Oath of Hippocrates which avows that:

"The regimen I adopt shall be for the benefit of the patients according to my ability and judgment and not for their hurt or for any wrong."

It is only four years ago we met in the Clinical Congress that marked the end of World War II, with a feeling of elation and pride that our country with its Allies had destroyed an evil thing, and we nourished high hope of a life henceforth to be devoted to well doing in a sane world.

However, the brutal and ugly forces of totalitarianism and greed for power were not demolished; they were only transferred to other and more ruthless hands. The impact of the conflict of our way of life with that of a minority desiring a slave world under its domination has ruined our hopes of doing our job in a peaceful world. It is not my wish to indulge in debate concerning the relations of medicine to society, but we must face the probability of radical changes if this struggle of ideologies becomes acute or lasts for long. I will try now only to point out some admirable traits of our past that we may well re-emphasize in the present. In order to do so understandingly, let us examine briefly our public relations today. Whether we wish to recognize it or not we are in the midst of a social revolution, the progress of which has been accelerated by the stresses of depression, the turmoil of wars and popularization of the idea of personal security at the cost of someone else. In this evolution of political thinking, medicine has come under harsh criticism, from those who wish government to control benevolence, because of alleged shortcomings in performance of our duty. We are placed on the defensive on evidence that is biased or based on errors of practice indulged in by the occasional member of our profession.

During the war the accomplishments of medicine in caring for the health of the nation at home and for the wounded on the battlefields had been acclaimed as worthy of the highest praise. Short is the memory of man. To point out the deterioration of our position it can be mentioned that a

few weeks ago a special bill to draft us was made law under circumstances that intimate indifference on our part. It was an unwarranted denial of our past performance and was carried through, as far as we were concerned, in an atmosphere of confusion and a lack of understanding. We have been hurt by these attacks which seem to us grossly unfair but as sturdy individualists we have defended ourselves badly. We have stimulated ourselves to an interest in political action but we should also react to those criticisms of our detractors that are valid and stick to our birthright that the goal of medical practice should be the better care of the sick and injured and the prevention of disease. Our individual and collective errors have been magnified and used as a smoke screen to obscure the achievements of medicine as a whole. Medicine has made such rapid progress that we have overrun some of our basic concepts.

Medicine never has been followed wholly in the scientific spirit. Science serving mankind needs and has had another expression that can be called humanism. It implies an understanding of the mental state of the patient and a sympathy for him as a purposeful being. It is this that distinguishes the physician from the barber-lecth. In our practice we have at times failed to take cognizance of this important point. The public is, I trust, impressed by and duly grateful for the fact that life expectancy has been extended to the late sixties and that smallpox, diphtheria, typhoid fever and many other plagues have been abolished by medical science. But when our critics point out that a physician could not be found to minister to their pains at two o'clock in the morning, they forget about the scourges that have disappeared and wonder "Where is the doctor?" Availability in times of fear and suffering ranks higher as a popular asset than does the ability to prevent disease. The scientific aspect of medicine has accomplished wonders but we, as a profession, are not gaining popularity by our method of applying it to human beings. There are reasons why the public will not consider us solely as scientists and at least some of them seem justified.

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Medicine unquestionably stemmed from the sympathy of man for man and this basic tenet should hold as fundamental to our practice today. Most of us entered medical school with the goal of improving the lot of mankind and not with the idea of developing a business. For thousands of years the care of the sick was in the hands of the priest and medicine man. The Greeks separated science from philosophy and religion, but there lingers in the mind of man an idea that there should still exist some relationship between them. Today when the prognosis is grave or hopeless, there persists the desire and hope for a miracle. Christianity replaced paganism and for over a thousand years science was in eclipse, but during this period some provision for the care of the sick was made by the pious foundation of hospitals in which was emulated the conduct of the Good Samaritan. The humanitarian and charitable traditions of the Christian Church strongly colored the method and spirit of medical practice. Medicine in this country, until about 1870, was carried on in this sense as an inheritance from European schools. Science and technology were developing slowly but humanism was a dominant and important part of medical practice. Though our scientific achievements were small, we had attained a position of trust and respect in the body politic. The great spread of population in the last century was accompanied by the initiation of several hundred medical schools. They were largely without facilities and often were diploma mills but the record of practice of their graduates was probably as good as that of the profession over the rest of the world.

The rare student or physician went abroad for further study and those who had this experience after the Civil War returned with news of the new and thrilling development of medical science in the universities of Germany and Austria. These schools, with their riches of achievement in research and techniques, soon became centers of intellectual stimulation for the physicians and schools of this country.

Not only were the fruits of research eagerly seized upon but their systems of teaching and habits of professional conduct were slavishly imitated. It is now clear that this was not an unmixed blessing since there was a tendency among their physicians to regard the patient in the light of a laboratory animal.

In our enthusiasm for the flow of scientific facts that came from Germany and, later, from our own and from the laboratories of other countries, we tended to overestimate the importance of them to our patients; we were inclined to forget

what was good in our practice before the scientific era started. We were so keen for science that we often treated a disease or a condition rather than a living human being.

I hope I will be pardoned for this rather trite historical digression but it seems to have a bearing on our public relations today. This material influence, the zealous but laudable pursuit of scientific facts and techniques that will benefit mankind, has caused us to lose sight of, in part at least, a fundamental attribute of our profession, namely, a desire to relieve suffering for its own sake. Mankind certainly will benefit from our adherence to science but man, as an individual, rightly or wrongly does not wholeheartedly approve.

In the controversies between us and those who misrepresent our attainments in their desire to socialize medicine, we are too often represented as adhering to our way of practice from selfish motives. We have been inarticulate in our defense though we have a myriad of solid achievement to disprove this assumption. Let me review for a moment some of our own activities that will controvert this point.

The American College of Surgeons was organized by surgeons from the United States and Canada and held its first Convocation 37 years ago. Its object as then stated, in part, was

"to establish and maintain an association of surgeons, not for pecuniary profit but for the benefit of humanity by advancing the science of surgery and the ethical and competent practice of its art; . . . by formulating standards of medicine; and methods for the improvement of all adverse conditions surrounding the ill and injured wherever found."

The American College of Surgeons has faithfully adhered to this principle and has expanded its activities in every effort that will better the care of the sick. To stress further this point let me emphasize that the sole object of forming this College was to benefit humanity; there is no reference in our Bylaws for benefit to a surgeon except to improve his skills. In his Address our first President, that great surgeon, the late Dr. J. M. T. Finney, said:

"The present and future welfare of our profession has been for a long time uppermost in the minds and very close to the hearts of many of us. We have pictured to ourselves in this connection a profession ennobled by men actuated solely by their desire to devote their time and their talents to the relief of suffering humanity, willing, yes glad at any time, if need be, to lay down their own lives for those of their fellow men; whose membership should embrace only men of singleness of purpose, unselfish, high-minded, zealous in their efforts to wrest from Nature the

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keys to her many mysteries; men who unconsciously, perhaps, in character and conduct, reflect in varying degree the life and spirit of the Great Physician, a profession free from taint of commercialism or graft, in which there shall be no room for the base and unscrupulous, the ignorant or the unskilled; in which the test for membership has only to do with character and attainment."

No finer credo could be given to us for our guidance and it shows the character, thinking, and hopes of the men who established the College, expressed so beautifully in the words of one of the greatest of our Founders. What followed from such a beginning?

When the College was formed in 1912, a Committee was appointed to plan an educational campaign that would inform women of the early symptoms of cancer. A Cancer Symposium was held the following year which stimulated public interest to such an extent that the report of the Chairman of the Committee, Dr. Thomas S. Cullen, inspired the formation of The American Society for the Control of Cancer. The permanent Cancer Committee of the College, created in 1921 under the Chairmanship of Dr. Robert B. Greenough, has become a leading force in developing interest in the early detection and treatment of this disease. All national activity in this field stems from the original action of the College.

In the concern of the Founders to improve the surgical care of the sick, it became clear that most hospitals were not equipped or conducted in such a way as to give the patient the benefits of the best in medicine. Other organizations were approached to co-operate in a survey of hospitals and to establish standards for their operation but none of them was able or willing to join in this all-important venture.

The American College of Surgeons carried on alone at its own expense under the inspired guidance of Doctor MacEachern, and minimum standards for hospitals were evolved. The first report of a survey of hospitals of 100 beds or more, made in 1919, revealed that few of the larger institutions could meet the minimum of the standard. Were the facts known, it was virtually certain that the confidence of the public in hospitals would be shaken. Reports were printed and were ready for distribution, but it was decided to burn them and to delay publication of the survey until 1920, by which time marked improvements in hospital conduct had been made.

Standards in hospital practice had one purpose, that is to safeguard the care of every patient by insisting upon a proper scientific environment and a competent staff. When one thinks of the thou-

sands of hospitals in the United States, Canada, indeed in all countries of the Western Hemisphere which have adopted approved standards, and of the hundreds of millions of patients who have been cared for in them under the safeguards established by the College, we must regard Hospital Standardization as one of the greatest contributions to the benefit of the sick that has taken place.

Under the inspiration of Dr. Charles L. Scudder, an exhaustive study of the treatment of fractures was started in 1922. The Fracture Committee, now the Committee on Trauma, represents one of our most important activities. It has done as much to help the injured as has any other influence in surgery. Our Fellows, who have labored so unselfishly to bring this about, by precept and by example, deserve the gratitude of countless patients.

It is a matter of interest, although little remembered, that in 1934 the College made a study of methods to provide medical care to the public, and prepayment plans were urged for hospitalization and medical care. It was a strong re-emphasis of a sound and enlightened idea, one that today is advocated by all physicians. However, at that time it met with such bitter opposition from certain professional organizations and individuals that it could not be pursued. Had it been effected we, as physicians, would lead in an enterprise where we now must follow.

Other activities of the College are well known; especially the fight against antivivisection and the program of continuing education and graduate training. Its survey and improvement of medical service in industry has safeguarded the lives and health of the worker and his family. The Clinical Congress and Sectional Meetings, the Library and the Medical Motion Picture programs of the College offer opportunities to its Fellows for improving their knowledge and skills. The Forum gives opportunities to the younger men to present their research and make it available to all. We have joined freely with all other organizations in activities designed to promote the public welfare, and our Fellows have carried the burden of surgical care and research rendered to our armed forces in war. While the College was formed by the surgeons of Canada and the United States, it now has Fellows in most countries and is a force in bringing together the thinking of surgeons not only of the Western Hemisphere but of the world. This list of accomplishments, incomplete as it is, should indicate that every action of the Fellows of the College has been impelled, not by self-interest, but solely by

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the aim of better care for the sick and injured. Although we seek no commendation, we should be credited with "a desire to relieve suffering for its own sake." I think this is known to and felt by the people, and accounts for the high esteem with which the College is regarded by them.

Recent accumulations of scientific data have enabled surgeons to expand their technology at an unprecedented rate. Surgery long has been a specialty although, until 1880, it was the rare practitioner who limited his efforts solely to it. When anesthesia, antiseptics, and hemostasis made operation in new areas possible, the range of surgical interest widened until it now embraces every part of the body. Some surgeons, because of interest and opportunity, finally devoted their main efforts in study and therapy to a single body system and, in turn, became specialists in that field. There are now at least thirteen specialties that have been carved from the parent body and we may view with apprehension, but with a fair degree of certainty, that further dichotomy will continue.

True specialization developed from an impulse to investigate the unknown in disease and its treatment and we owe a debt to those who, by limiting their efforts to a particular part, have added to our knowledge of the whole. A specialty can justify itself only so long as it contributes to the advancement of knowledge or so long as it maintains and develops, to a high degree, the techniques peculiar to that field. A specialty may become sterile, and yet, surrounded by high fences of custom and convenience, exist through its emphasis on a ritual of technique.

In the enthusiasm for this great expansion of surgical potentialities we must not overlook the absurdity of tiny fragmentation of specialties themselves. We hear of surgeons who limit their work to this gland or to that orifice, to this scope or to that manipulation.

The rapid evolution of so many specialties has necessarily created a demand for graduate training in them, and the College of Surgeons has taken an active part in stimulating and guiding the initiation and formation of such training centers. The enthusiasm for specialization and the keenness to isolate, one might even say insulate, them has given rise, within a few years, to many certifying Boards that are now carrying on an interesting experiment in graduate medical education. Their efforts are sincere and worthy. Their responsibilities are so great that they should maintain flexibility, open-mindedness and a willingness to continue to experiment and to cooperate. At least three Boards permit their

diplomates to perform a laparotomy with their sanction of respectability and orthodoxy, despite the vast differences between their requirements for training.

When proficiency in any technical field is measured largely by examination, it may over-emphasize the mechanical element of that specialty and undervalue the larger vision of service as expressed by Doctor Finney.

The attainment of our first President's ideals of character and performance will come from impulses other than those that enable the neophyte to learn techniques and to amass facts. Our teaching and example must continue to emphasize the spirit as well as the skills of practice.

The College established the first standards for proficiency in surgery in this country and raised these standards as rapidly as the development of educational programs warranted. Our requirements parallel those of the Boards and we are cooperating with them in all efforts to improve the character of training opportunities. The perpetual maintenance of multiple examining bodies is unsound, and many of us look toward the time when our efforts will be united. There is an ever present danger that the rigid requirements of the Boards may be attractive to and lead government to adopt and fix in law these standards as it has those of the undergraduate educational program. If this happens, the experiment will end before a valid conclusion is reached.

Not a few young men in the full pride of having become a diplomate of a Board have asked me why they should become a Fellow of the College since they "have their Board." There is no reason for them to become a Fellow of the College if their only interests in their profession are those of self-improvement and of securing a position on a hospital staff. If, on the other hand, they wish to participate with their Fellows from all countries in influencing activities that are vital to the scope and character of surgery, to join with them in the constant fight for better care for the sick, then there is every inducement to become a Fellow of the College. The two groups are not antagonistic but are synergistic.

It has been said by our critics that specialists in all medical and surgical fields tend to fix so rigidly their spheres of action that, at times, they become a financial burden to the patient rather than a benefit to his health. Recently, in an examination, I asked a sophomore class, "How best should medicine be practiced?" Only two students desired socialization but, to my surprise, at least 60 per cent felt that specialists are hurting the practice of medicine. Since these young people had

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not yet had their clinical work in the medical school, their opinions reflected experiences at home or in school. Their reasons varied, but they were chiefly complaints of high fees without consideration of financial status, multiple fees from several specialists, and a general indifference of the specialist to the patient as a human organism. Apparently they sensed a "trade" influence in specialization and missed the humanism in the specialist that had led the students themselves to study medicine. This is not a blanket indictment of specialists but it came as a shock to me and merits further self-examination by all of us.

In my opinion, training now overemphasizes the importance of the operation. It is distressing to me to hear a surgeon, in speaking of a case, say that "surgery" took place at eight o'clock yesterday morning. As already stated, surgery, by definition, is an art and a science; it should not become a synonym for "operation." What does one call the processes of thought and action that go before and after the "surgery," properly called an operation? I asked this question recently of a young surgeon and he replied, "Pre- and post-surgical care." It is as important a part of surgery to advise against operation as it is to perform an operation.

We must remember that the general practitioner is still the mainstay of medical practice and our fellow specialists are as necessary to the care of the patient as are we. Because our therapy is often dramatic, it does not justify self-glorification or excessive fees.

I would like to bring to your attention a thought of the late Dr. E. A. Codman of Boston, one of the important and active Founders of the College, an idea that would further benefit the patients and that led ultimately to Hospital Standardization. Doctor Codman felt that the main product of a hospital is the patient who has been treated there. One could determine the efficiency of the hospital only through a study of end results of such treatment. His idea was adopted slowly in some hospitals but this form of evaluation became obscured in the complexities of survey and record system incident to Hospital Standardization. While the medical audit is part of a hospital survey it has been neither widely accepted nor carried through, in most hospitals, with vigor and enthusiasm.

Dr. Codman further stated that the only way that one can judge the skills of the staff is by "the common sense notion that every hospital should follow every patient it treats long enough to determine whether or not the treatment has been successful, and then to inquire, 'If not, why not?'"

with a view to preventing similar failures in future."

The patient and the public generally should be vitally interested in this view of hospital efficiency. Studies of professional performance can be carried out only by the staff but, unfortunately, too few Boards of Trustees realize their importance or possess the courage to insist on such undertaking. The hospital staff members frequently regard the medical audit as a nuisance, as a criticism of their skills and a restriction on their right to practice as they please; yet every competent surgeon should be glad to have his work scrutinized since praise is more likely to result than blame.

I know of no greater satisfaction than that of recognizing and deleting the mistakes of the past. It is as iniquitous to condone and shield from scrutiny the poor work of an incompetent colleague as it is to pursue our own methods of therapy regardless of end results. The medical audit gives a fair test of competency and can be made a yardstick of skill and achievement and should serve as an educational method of surpassing value. It is hoped that all hospitals will adopt it and carry it on scientifically, critically but fairly; because only in this way can the patient be assured of receiving what he expects, a high standard of medical care, judged by the criteria of performance.

Not infrequently it is pointed out by critics of the College that there is an occasional Fellow who is not worthy of the honor, that fee-splitting is not yet completely abolished, that unnecessary operations are still performed, but like any sin it has not been given any publicity. All this may be true, but great strides have been made in the past twenty years toward minimizing these abuses. As I have pointed out, a critical study of end results of treatment with appropriate evaluation and honest reaction would correct most of them within a very short time. The College as a whole can be held responsible neither for the correction of errors of surgical practice in every hospital nor for the integrity of every Fellow. It is for the Fellows in any one community to take action necessary to maintain surgical practice at the highest ethical and professional level. I am happy that more local and state chapters are being founded since they can exert their influence wherever its need arises. We are prone to be self-conscious in expressing our ideals and in insisting upon their maintenance, but since it is on these ideals that our profession exists we must boldly voice them.

In our insistence upon the desirability of high standards in hospital and professional perform-

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ance we cannot overlook certain obstacles to their universal acceptance. One is interposed, the State, which allows members of other systems of healing to practice their arts under protection of Medical Practice Acts. A large group of "irregulars" now has, so far as can be determined, over seven hundred hospitals where surgical procedures are carried out by individuals who lack completely the type of training on which we insist. We disapprove heartily, but appear powerless to eradicate the evil. It is perhaps an indication of how State control of medicine would impair the standards we have labored so earnestly to establish.

Another, and I think less serious, attack has been launched against high standards by certain members of our own profession who assume that the right conferred upon them by the States or Provinces to practice medicine and surgery carries also the right to carry out any surgical procedure that they may wish to attempt, regardless of their skills. I cannot believe that the medical profession as a whole will condone such assumption. Society would be justified in taking drastic steps to change our way of medical practice if ever we espouse the doctrine that the physician has

rights that supersede the rights of the patient to skilled and competent care.

We are proud of the record of the College, of unselfish striving toward a single goal—the good of the patient—it is beyond criticism. While the pattern of our existence is changing, even in this turmoil, we will do well to hold fast to old virtues; they cannot be challenged. With so many groups and factions in our nation and in the world fighting ruthlessly and selfishly for their own interest, we can remain strong so long as we apply our science, kindness and understanding "for the benefit of the patients." It is not too much to hope that this College will continue to develop closer bonds with the Surgical Colleges of other countries to foster international friendship and to pool our common aims and knowledge.

I am proud of our profession and of what it has accomplished for mankind. I welcome the new Fellows of the College who come to us so magnificently equipped to carry on, with better skill and intelligence, the traditions of our craft. They will integrate the new in science with their heritage of humanism and service from the past to attain new heights of usefulness to mankind.