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The Responsibility of a Heritage*

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FOUR DECADES AGO, on 5 May 1913, there met in the capital of our nation a group of surgeons who represented the elder statesmen of our guild in the United States and the Dominion of Canada. This was an epochal date for it marked the birth of the American College of Surgeons. These men recognized that certain changes in medical education and hospitalization procedures, and certain trends in surgical practice, demanded a rededication of surgeons to the traditions of the past, a forward-looking program for the future, and a re-emphasis of the principles for which the medical profession in its ultimate structure has always stood. It was for these reasons that this organization was projected.

The Founders of the College set up two requirements for Fellowship. The first was professional ability. The second, which was equally important, was the highest ethical and moral standards. These men, however, were realists as well as idealists. They were determined to admit to Fellowship only men who were primarily specialists in surgery. But they recognized—you must remember that this was 40 years ago—that the character and size of the community in which the candidate was practicing must, of necessity, be taken into consideration. As time has passed, the original necessity for flexibility has diminished, and we are now very close to the original objective.

THE ETHICS OF SURGICAL PRACTICE

Considerations of moral and ethical conduct must have weighed heavily upon the consciences of the Founders of the College. Eleven years after its founding, when the Congress assembled in New York, the director of the College, Dr. Franklin H. Martin, recalled in his annual report the dramatic moment at the organization meeting when "the respected dean of surgery in classic Indiana," Dr. Miles F. Porter, rose in his place and pleaded for "a declaration against the division of fees, the paying of commissions for surgical work, the buying and selling of patients." Dr. Porter's challenge, Dr. Martin continued, was accepted with enthusiasm and a declaration against the division of fees, a practice in which all the evils Dr. Porter had named were embodied, forthwith became one of the cardinal principles of the American College of Surgeons. The declaration was immediately implemented by the Board of Regents, and two further declarations against what Dr. Martin rightly called "this abominable practice" were prepared. The first was the so-called battle-ax pledge, which all Fellows have ever since signed, as part of the ritual of their admission to the College. The second was the Fellowship Pledge, a constructive declaration against unworthy transactions and a statement of the other amenities of good surgical practice and the obligations of Fellowship.

I think it important that in this Fellowship address I should recall these events to you who have just been accepted as Fellows of this College. The ceremony which admitted you places upon you certain responsibilities. You must live up to those obligations. It also places upon the College the responsibility of vouching for you in the eyes of the world. It stated and implied that this organization, after due process of investigation and examination, has determined that you are both competent and worthy.

It is a melancholy, but undeniable, fact that since the end of World War I, and even more since

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the end of World War II, the moral fiber of this nation has lost much of its strength. Perhaps it was inevitable in this torn world, where ideologies clash and the very existence of nations is at stake, that the higher values should have become, and should remain, darkly clouded. Yet we cannot permit the cardinal virtues of honesty and integrity, and the stoutness of character to which we give the old-fashioned name of uprightness, to be pushed into the background and there to remain dormant. These are still the spiritual values which man should live by.

These things apply to us as surgeons. There are some in our midst who do not recognize their obligations or who, recognizing them, lack the courage to live by them. They fall into the twin pitfalls of avarice and ill-gotten gains. They persuade themselves that they are justified in what they are doing. The philosophers would call their reasoning logicalized pragmatism.

It is regrettable that for the most part the men who are so conducting themselves are of the younger, postwar generation. But that does not relieve us who are older in the profession of blame for what is happening. We know that these attitudes exist. We are aware of surgical practices which violate professional principles and the principles of simple morality. Yet there is ample evidence that certain segments of the profession either blindly ignore what is happening, or contend that it is not happening in their own communities, or argue that it is of little consequence in the over-all surgical picture.

Let us face the facts frankly and honestly. Let us admit that there are men in our profession—fortunately their number is small—who practice division of fees, who do ghost surgery, who perform unnecessary operations, and who charge exorbitant fees for their services. Their number, as I say, is small, but even one malefactor reflects directly and unfavorably upon us all.

What is our responsibility in the matter? It is, I submit, to make every effort to end these practices. All of us are aware of them, even those of us who do not openly admit that they exist. But to prove them is of such extreme difficulty that few of us are willing to make the effort and endure the unpleasantness that the production of the proof requires. Let me remind you of something that Lincoln is supposed to have said, and might well have said: to accept by silence what they should protest makes cowards of men.

The practices which I have listed have been condemned by the American Medical Association, by numerous state organizations, by the most important of our surgical organizations, and by all of us, I think, in our hearts. I prefer to believe that the condemnation has been made in all seriousness and sincerity, for these practices bring odium upon us all. It is hard to see, therefore, why when a surgeon condemns them in public addresses or in press interviews, he finds himself the one to be censured. Can it be that the condemnation of evil practices is no more than lip service, no more than a concession to expediency? Within the past year, as I think most of you know, attempts have actually been made in certain medical organizations to discipline Regents of this College who simply told the truth about these invidious practices in press conferences. These attempts did not succeed. I doubt that such efforts will ever succeed. But that the issue should have been raised at all leaves one wondering—is the explanation that the wicked flee when no man pursueth?

SPECIALIZATION

Let me now turn to other matters. One of them is the development of specialization and its implications. Since the turn of the century this has been one of the outstanding changes in medical practice, particularly in the field of surgery. As this development became more and more evident, the leaders of the profession, who were concerned with making medical practice more scientific and with the preservation of higher ethical standards, came more and more to accentuate the importance of this program.

In 1886, something over a quarter of a century before the College of Surgeons came into existence, Samuel D. Gross, in his inaugural address as president of the American Surgical Association, said that he felt safe in saying that there was not then in the whole country a medical man who devoted himself exclusively to the practice of surgery. American medical men, he continued, were general practitioners who covered the entire field of medicine, surgery and obstetrics. This situation has, of course, been completely reversed, for a number of reasons. The first is the elevation of standards of graduate instruction in academic centers. The second is the certification of surgeons by committees of their peers, as represented by the American Board of Surgery and the American College of

Surgeons. The third is the change which has come about in the administration of hospitals, a change which was begun and has been continued in large part by the efforts of this College.

I do not propose to discuss tonight the question of specialization in its relationship to the practice of medicine. I am, of course, aware of the complaints that we have too many specialists, and that the specialist takes too narrow a view of his own field. I am convinced, however, that we do not have too many adequately trained specialists, and I am equally convinced that surgery is still too frequently being done by men of too little training and experience. This problem will not be solved by attempts to delineate the boundaries between minor and major surgery. Minor surgery, when done by an unskilled hand, is major surgery. Let me assure you, if you have not already learned, that when you are yourself the patient, all surgical procedures, single or multiple, simple or formidable, are very personal experiences. Any surgeon who has been ministered to by his fellow surgeons, however successfully, knows that, and understands, too, what DaCosta meant when he said that when his own time came, he would not wish to be operated on by a surgeon who "did not care a whole lot."

The old-time general practitioner has in large measure passed with the changing times. Perhaps that was inevitable, but it is still to be deplored. The cornerstone of medical practice should still be this type of physician, who represented, at his best, integrity, moral character, selflessness, willingness to serve with or without remuneration, and without consideration of his own time and comfort, because he was dedicated to the service of his fellow men.

There have arisen in recent years certain groups fostered by both medical and surgical elements within the parent body of American medicine, as well as by certain surgical contemporaries, who have advanced the thesis that a physician with a diploma from a recognized medical school, supplemented by a year's internship, is capable of caring for 85 per cent of the ailments to which man is subject, including grave surgical illness. To advance such a thesis is either to be incredibly naive or to assume that the average layman is completely lacking in knowledge of what constitutes sound surgical practice. To attempt to support this argument by an expression of yearning for the return of the old-fashioned general practitioner, is to assume the attitude of the ostrich toward change and progress in diagnosis, research and treatment, and to deny that science has done other than stand still over the first half of this century.

That earthy philosopher, the late Dr. Arthur Hertzler, said in his *Horse and Buggy Doctor* that the time was rapidly passing when a physician could wake up some fine morning and declare that he was a surgeon. The late Dr. C. Jeff Miller, a former president of this College and a man of singular gentleness and charity, used to talk, with a good deal of scorn, about "self-appointed specialists." Sir William Osler said that no more dangerous members of the profession exist than those born into it, so to speak, as specialists.

All of the important medical societies of the country co-operated in setting up the certifying boards in surgery and the surgical specialties which put an end to that situation. A definite program now exists for the training of surgeons by the utilization of all available hospital and teaching facilities. Pool's* lamentation, in his presidential address before the American Surgical Association in 1936, that the weakest link in the chain of medical education is postgraduate surgery is no longer true. There are still insufficient opportunities for the training of all physicians who wish to become surgeons, but the program of graduate instruction has been enormously increased. One of the advances is the utilization of hospitals of 300 beds and upward located in the smaller cities. These hospitals have no direct connection with medical schools, but if they are located not too far distant from teaching centers, and if they are properly conducted, can contribute a most positive and most useful element in postgraduate teaching.

HOSPITAL STANDARDIZATION

The standardized, accredited hospital is a pillar in the edifice of modern surgery, and a most important one. It has two functions. The first is its teaching function. The second is the protection of the patient. This means the enforcement of standards determined by the medical profession and based only upon professional ability and moral integrity. In plain words, this means that staff privileges should be limited exclusively to qualified surgeons. It means that only qualified surgeons, or surgeons who work under supervision in the process of qualification, should be permitted operating room privileges.

*Eugene H. Pool, "The Making of a Surgeon," *Transactions of the American Surgical Association*, 1936, 54: 1–11

I have no illusions about these requirements. This is a program which is neither simple to set up nor easy to administer in hospitals not associated with teaching institutions and not provided with independent financial support. Nevertheless, every hospital has a moral responsibility in this matter. It must insist that professional attainment and moral character shall determine the composition of the hospital staff.

Progress in the hospital standardization program has been spectacular in some respects and slow in others. A great step forward was taken when the Joint Commission on Accreditation of Hospitals was recently set up, under the auspices of the American College of Surgeons, the American Medical Association, the American College of Physicians, the American Hospital Association, and the Canadian Medical Association. This program cannot fail. It will inevitably have a most salutary effect upon the whole hospital picture. It should improve hospital economics. It should elevate professional performance. Finally, it should modify and improve our public relations, which at the moment are sadly in need of reformation and revitalization.

Dr. Fred W. Rankin, Lexington

THE CHALLENGE OF FELLOWSHIP

And now, once again, let me address myself directly to those of you who are newly admitted to Fellowship in the College. Let me offer you some advice which, as a distinguished president of Harvard once remarked under similar circumstances to a graduating class, is still new, for the excellent reason that although it has frequently been offered, it has seldom, if ever, been acted upon.

Yours is a noble heritage. You are, as Haggard said in his presidential address to this College, "the intelligent disciples of all the great minds who have glorified time." Your background in surgery is essentially British in character, though tinctured with the Germanic method of teaching. The combination has produced a generation whose duty it is to safeguard the traditions of the surgical world as they existed before two global wars.

You live in a changing world. The present era is the afternoon of the golden age of surgery. Function rather than structure now predominates in surgical interest. The anatomic surgeon is being replaced by the surgical physiologist. Enormous advances in surgical procedures have been possible because of correlated advances in anesthesia, diagnostic procedures, preoperative and postoperative management, and hospital programs. In all of these advances the surgeons of the United States have played an important role. If you are not already familiar with it, let me commend to you Evarts Graham's scholarly presidential address to the College in 1941. In it he related the developments of modern surgery up to that time—I need not remind you how many there have been since that time—and pointed out that "from force of circumstances the surgical world will surely look to America for leadership." American surgeons, he went on, must be prepared to assume that leadership. The defeat of Nazism and the correlated end of the degradation of medical practice for which that wicked doctrine was responsible has permitted us to preserve our surgical heritage, though there has been a hiatus of a decade or more. The standards which we have set, and which must be preserved at all costs, demand forceful, forward-looking, even aggressively energized execution.

It is an unfortunate paradox, as Paul Hawley said, that never before have there been so many competent young surgeons as are being trained today, and never, apparently, so many who are

finding it difficult to become established in ethical practice. They have been trained in surgical ethics under teachers who, almost without exception, are men of principle as well as of ability. But when they enter practice after their residency training, they often encounter difficulties in the location in which they have chosen to establish themselves because of the loose practices to which they are exposed by their colleagues who are already established.

I grant that this unhappy situation exists. Nonetheless, I think it fallacious to argue that a young surgeon who is certified by the American Board of Surgery and who holds Fellowship in the American College of Surgeons cannot survive economically in a small community if he observes the ethics of his profession, if he confines himself entirely to the specialty for which he was trained, and if he possesses his soul in patience while he waits for his practice to develop. I have many times given just that advice to young surgeons who consulted me about their future, and I can think of few who have not eventually succeeded.

THE REWARDS OF PRACTICE

The referral of patients to hospitals has increased inordinately over the past several years as hospital bed capacity has risen. The economic side of illness, for this and other reasons, has been brought forcefully to the patient's attention. The surgeon has a right to expect a pecuniary reward for his services. He has ideals, but he too must live. I wish, however, that I could impress upon young men who are just starting the practice of surgery that there is more than the financial side to surgical success. I wish that I could share with them my own experience and make them realize that service, proficiently, patiently and willingly performed, is the foundation upon which professional success and happiness are founded. It is hard to realize this when one is just starting out, but it is eternally true. Financial rewards are important and necessary, but they are automatic and of lesser consequence than the satisfaction that comes from duty well done. If these concepts could be put into practice, we should soon hear no more of exorbitant fees, out of all proportion to the services rendered and the ability of patients to tolerate them.

THE HUMANITIES OF MEDICINE

One phase of your relationship to the patient, the public and the press has been emphasized many times before Congresses of this College. Magnuson called attention to it in his excellent address at the San Francisco Congress in 1951. I refer to what Dr. C. Jeff Miller called the humanities of medicine. We have advanced far in scientific medicine, but as we have advanced, we have too frequently forgotten the relationship which once existed between physician and patient, and which the patient still needs and yearns for.

The physician must be advisor and friend if he is to fulfill his whole function. This role must be emphasized. Patients resent impersonal care, and all too often they receive it in group practice, in teaching centers, and even in private practice. It may be necessary that they pass through many hands and undergo many tests, but surely along the way we can take time for a word of explanation and cheer and anything else that will help to restore the older, happier relationship.

THE SURGEON, THE PROFESSION AND THE COLLEGE

In many respects surgeons carry the heaviest responsibilities of all physicians, if only because of the harm they can do. For this reason it is essential that they never forget what they are undertaking when they lay hands upon the human body. This is one respect in which I think medical education has been culpably remiss. It is essential that we determine a man's intellectual capacity and training before we allow him to begin the study of medicine, but we should make far greater efforts than we are now making to determine his qualities of heart and spirit, and we should dwell upon those things throughout all his days in medical school. These are qualities, of course, which stem from his family background and early training. We must have some foundation upon which to build, and it would pay us to look more deeply into it before we accept any candidate for a medical career. We should be certain, to use another old-fashioned phrase, that he has a vocation to medicine. Those of you who have entered the profession in that spirit will not need the reminder of what I am saying to you tonight.

"Contempt for traditional values," wrote a famous columnist, "and the secularization of ethical conceptions, as well as a decline in decorum with a default of personality, reason, and principle, are the characteristics of a decaying society which

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Third Inter-American Session

THE TIME IS NOW! The prescription is ready to be filled. Many a surgeon has been promising himself he would take some time for refresher courses and brush-up work on newer developments in surgery. Almost in the same breath he feels a little twinge of conscience about leaving his wife and family at home while he goes off to some medical school or clinic to study.

That same wife and surgeon in some of their more expansive moments have read circulars about Caribbean cruises which could take them away from those northern January days with their frozen car radiators, snowdrifts and traffic jams. Just as the glowing circulars have him convinced that he really needs the rest and sunshine he remembers those patients he might have cured more promptly had he been entirely familiar with some new procedures which have been developed. So, again old Demon Conscience badgers him out of the cruise and into some plans about the refresher work.

Here is his prescription. He boards the luxurious *R.M.S. Mauretania*, world famous cruising liner of the Cunard Steam-Ship line, in New York, December 29, 1954; attends surgical meetings aboard ship; sees the latest surgical motion pictures; between sessions rubs elbows with program speakers and has free interchange of ideas with hundreds of other surgeons on board; and discusses and examines new items of surgical equipment. Meanwhile, his ship is cruising southward and by New Year's Eve he is ready for the big shipboard celebration. On New Year's Day he is sightseeing in picturesque St. Thomas.

January second finds him in Martinique and on he goes to legendary and intriguing ports, with surgical meetings ashore in major cities and aboard ship between the shorter stops, until he traverses the Panama Canal and lands at Callao, the port city of Lima, Peru, to attend the Third Inter-American Session. The meeting offers attractions in all surgical specialties, and hospital clinics and joint sessions with the Peruvian Academy of Surgery. While in Lima he visits with distinguished surgeon colleagues from all the Latin American countries and sees some of the historical points in and around that city.

His ship, waiting for him at Callao, brings him back through the Canal, and stops at Balboa, Cristobal, Kingston, Port-au-Prince, Havana, Nassau and New York. Leading surgeons in the major ports prepare for his calls. Hospitals will be visited, programs prepared and clinical cases discussed.

On his arrival back in New York the prescription will have been filled and its therapeutic effects accomplished. The pangs of conscience are relieved because he is refreshed, both in mind and body, and ready for another swing of professional activities.

The Responsibility of a Heritage

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show themselves in advance of collapse." Are some of our professional shortcomings but part of an evolutionary cycle? Is the trend irreversible? For my own part, I refuse to believe it. I prefer to accept the challenge of the future. The goal of our profession is still service. The memorials left behind by elder surgeons are the young men whom they have trained in a profession that is still both a science and an art. These are enduring, these are monuments *aere perennius*, more lasting than brass. Technical procedures may be changed within a short space of years. The discovery of some new technique of handicraft may shortly be overturned by the discovery of another and better technique. But the training of young men to succeed older men is not only a duty well performed, not only a service toward our fellow men, but also a lasting spiritual satisfaction to the surgeon himself.

With this College for the background, with the opportunities and responsibilities which Fellowship in it bestows, deviations in moral rectitude are incompatible with the traditions of the past. It is the function and duty of this College, of which you newly admitted Fellows are the youngest acolytes, to carry forward the torch in a manner consonant with our heritage. This, indeed, may be our destiny.