

The Presidential Address: Can one person make a difference?

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President of the American College of Surgeons

In recent years, the nature of the Presidential Address of this College has evolved into something very akin to a baccalaureate; it is directed toward those being newly initiated into Fellowship. This year, there is added historical significance since you are the last class entering into Fellowship during the tenure of Dr. C. Rollins Hanlon as Director.

Quality of care

I have had the opportunity to be a member of the faculty and an actively practicing surgeon at three university medical centers. At all three, my patients came predominately by physician referral, and usually from other communities. While at the University of Virginia in Charlottesville, I first became aware of certain hospitals that seemed to have developed an unusually high level of medical competence; this could be seen in the care given to patients who were later referred to the university hospital. At the University of Miami, the same pattern was evident, as it has been at Emory in Atlanta. In cities, there has been wide divergence in quality of care among hospitals only a few blocks apart. These differences are not related to hospital resources or the nature of the patient population. They are, however, related directly to the nature of the physician population.

In the last five years, two Presidents of this College have specifically addressed the role of the American College of Surgeons in improving the quality of care of surgical patients. President G. Tom Shires' 1981 address entitled, "The Ongoing Pursuit of High Quality," asked again these questions: Why does the College exist, and why did we join it? The answers were the same as those proposed by Dr. Franklin Martin, the Founder, and restated by Dr. Loyal Davis during the 50th Anniversary of the College. The fundamental purpose of the American College of Surgeons is to raise the standards for care of surgical patients, and every Fellow's reason for joining should be his or her dedication to that goal.

In 1984, Dr. Charles Drake entitled his address, "Fellowship: the Benchmark for American Surgery." In qualifying for Fellowship, each Initiate has achieved the following. You have earned the MD

degree or its equivalent; you have gained admission into and completed a surgical residency program approved by the Accreditation Council for Graduate Medical Education; you have qualified to take the certifying board examinations and have been willing to be examined. You have passed these tests and received board certification. You have demonstrated professional, moral, and ethical fitness to your colleagues who have recommended you for Fellowship. Following all this, you have passed the review of the Credentials Committee of the American College of Surgeons. These are the high standards cited by Dr. Drake; they are widely used for granting surgical privileges in Canada, but are frequently ignored in the United States. The incompletely trained, the maltrained, and the non-certified surgeon (whether by failure to take or failure to pass the examinations) continues to function with few impediments in this country. It is in this light that I see the enormous impact, to a hospital or an entire community, of one or two key individuals who will not tolerate substandard surgical care. I believe that the complex changes in our health-care system will accentuate the importance of such leadership at the community level.

Exceptional role model

Many of you must be concerned about this new responsibility, asking, "Can one person really make a difference?" In answering that question, I will speak briefly about a man who is an exceptional role model; he has made a difference in his hospitals, his universities, his communities, and his profession. Let us look at what he did and, more important, *how* he did it.

Dr. Hanlon was born in Baltimore, was reared there, and attended the Jesuit institutions of Loyola High School and College. Upon graduation from Loyola, he was admitted to the Johns Hopkins University School of Medicine. He was an apt student, and following graduation in 1938, was selected for the Hopkins internship in surgery. The following year, as was the custom, he spent in the laboratory as the Halsted Fellow in Surgery. These were the pre-Blalock years at Hopkins, and in 1940 Dr. Hanlon transferred to a great second genera-

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tion Halstedian residency, the Cincinnati General Hospital, under the renowned Dr. Mont Reid. During his four years in that program, he spent one year as an Exchange Fellow to the University of California at San Francisco, then under the leadership of Dr. Howard Naffziger.

Upon completion of his residency, he entered the U.S. Navy and served in the China-Burma-India theatre. He was stationed at a dispensary in the interior of China. This type of assignment is given only to those who volunteer for Dangerous and Detached Duty, an early demonstration of a facet of his character that has continued throughout his career, a high degree of personal *courage*. In 1946, the war over, he returned to civilian status and pondered his future, with several permanent career opportunities open to him. However, he elected to seek additional training, was accepted at Hopkins, and spent two more years in residency there.

It was now the Blalock era at Hopkins and Dr. Hanlon was trained in both general surgery and surgery of the heart. As the last of the single chief residents, a tradition that began with Halsted, his responsibility was enormous. In undertaking this difficult job, he demonstrated one of the fundamental qualities necessary for real achievement, the capability for and a willingness to *work*. Dr. Alfred Blalock recognized this great talent and asked Dr. Hanlon to join the full-time faculty. He was named director of the Surgical Research Laboratories and concentrated his personal efforts on cardiothoracic surgery. His surgical scholarship was outstanding and his operative creativity gained international recognition with the development of the Blalock-Hanlon procedure for palliation of transposition of the great vessels.

This was a spectacular period in Hopkins' surgical history and possibly unique in the annals of our American surgical heritage. From the Hopkins surgical faculty and house staff of 1946-1950, there have been seven Presidents of this College and ten Presidents of the American Surgical Association, and these numbers will continue to grow. Many additional honors have come to this group from other important organizations and specialty societies.

I have emphasized the Hopkins years to highlight Dr. Hanlon's next step. From this academic pinnacle, he elected to go down and start climbing again, this time with a Jesuit school, St. Louis University. There was no doubt it would be a difficult task, requiring sustained effort for many years. He was not just the first full-time surgeon at St. Louis University; he was the first full-time appointee in any clinical department. He served as chairman of surgery there for 19 years and developed a highly respected program, one of international prominence in cardiac surgery. Dr. Val Willman, who trained with Dr. Hanlon and then succeeded him as chairman, has said that these years were characterized by legendary compassion and *caring for the patient*, continuous pursuit of excellence for the university, and the clear demonstration of *unimpeachable integrity*.

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In reflecting on his St. Louis years, Dr. Hanlon commented that the job obviously had entailed a lot of difficulties, but difficulty was just another word for challenge. He met these challenges with distinction, as evidenced by the following honors during the St. Louis years: the presidencies of the Society of University Surgeons, the International Cardiovascular Society, and the Society for Vascular Surgery.

In 1967 he was named to the Board of Regents of this College; as a Regent he gained insight and a growing interest in the College's work. At this point in his career he possessed impeccable academic credentials, great experience as a clinical surgeon, and high esteem as a department chairman. His

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future was certainly secure and bright, but he sensed that his personal contribution could be greater if he moved to another arena. In 1969 he accepted the position of Director of the American College of Surgeons.

Key figures

Several great men have been key figures in this College, such as J. M. T. Finney, George Crile, the

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Mayo brothers, and Loyal Davis. However, in my evaluation of the development of this College, I consider three men to have been of pivotal importance.

First, of course, was Dr. Franklin Martin, whose enormous work in the conception, organization, and founding of this College is beautifully portrayed in Dr. Loyal Davis' book, *Fellowship of Surgeons*. Dr. Martin continued as the Director until 1935.

The second was Dr. Evarts Graham. Dr. Graham, co-founder and first chairman of the American Board of Surgery, was a vociferous critic of the College in the late thirties. He believed deeply in the mission and goals of this College, but could see that input from the great surgical educators was lacking and sorely needed. Then, in 1941, he was named President of the College; this was followed by 13 years as a Regent, the last three as Chairman of the Board. In these roles, he brought the great American educators into positions of influence and led the College to a higher, more productive plane.

The third person of central importance to this College has been C. Rollins Hanlon. He brought to the directorship academic credentials unlike any of his predecessors and he used them fully in his effort to take the next and still more difficult step: he carried the College into the inner circles of our great universities and medical centers. In this arena, the College has continued to base its actions on its only fundamental principle, improvement in the quality

of care of the surgical patient. These ideals can be carried by you to your hospital or community. Set high standards for yourself, your surgical associates, and other colleagues, prepare for a lifetime of continuous education, and seek the appropriate mechanisms to develop a truly informed public in your community. The College developed a public service announcement that says, “You trust him with your life, shouldn't he be a surgeon?” In Jeffersonian concepts, “freedom of choice” is significant *only* when there is an informed public. In this quest, always be certain that self-interest is demonstrably subordinate to a higher professional concern; help your people understand what a “bench mark” means.

Under Dr. Hanlon's forthright leadership, the College has fought many battles on these issues, embracing such widely varied topics as itinerant surgery, the limited-license practitioner and medical staff privileges, and upholding the credentialing standards of the Joint Commission on Accreditation of Hospitals. In the educational field, the College has been essential to upgrading the accreditation process for graduate education. Although victory is not completely won, much progress has been and is being made. The work of the College with the federal government, through a Washington office, has begun and is continuing to grow. Despite many such individual achievements, I believe Dr. Hanlon's greatest success has been in binding together the great universities, the clinics, and the individual practitioners of surgery to uphold the spirit and mission of this College.

It is clearly apparent that Dr. Hanlon has become one of the most influential surgeons in this country. But more important, the position of Director of the American College of Surgeons has been carried to that same high plane. No stronger support for this statement need be sought than a move to the College from that most cherished academic position, Chairman, Department of Surgery, University of California at San Francisco. I am speaking, of course, of Dr. Paul Ebert, who became the eighth Director of this College on November 1st. In the final analysis, the total Hanlon career is one of the most important this country has produced, ever.

In closing, it gives me great joy to welcome the new Fellows of 1986, people who can make a difference, and to salute my mentor, colleague, and friend, Dr. C. Rollins Hanlon.