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Presidential Address

United We Stand

HERAND ABCARIAN, M.D.

From Cook County Hospital, Chicago, Illinois

THE OPPORTUNITY OF serving The American Society of Colon and Rectal Surgeons as its President is a unique and singular privilege. I am grateful to have had this opportunity and I consider this the pinnacle of my professional career.

Most of you who know me well also know that I am rarely at a loss for words, but I must admit that I found preparing and delivering a Presidential Address to this body a most intimidating task. After all, having heard the last 18 such addresses and having read the text of many recent ones in the last few weeks leaves one with a strong feeling of not only what is there left to say, but also how can one even come close to the eloquence of the giants who seemingly have said it all before. Moreover, I had to look hard to see whether there is any good news to bring to the Society, as I was reluctant to be the prophet of doom and gloom.

Having had a year to reflect on these matters, I thought I would share with you today my beliefs of the specialty of Colon and Rectal Surgery, what it does for each one of us individually, what we can do for it collectively, and where the future of the specialty lies in relationship to other disciplines in medicine.

To many, if not all, it is abundantly obvious that the golden era of the practice of medicine is behind us. We have, to a great extent, been burdened with governmental bureaucracy, an increasingly difficult medicolegal climate, and dwindling public confidence. Some days it is hard to figure out whether we are the good guys or the ones wearing the black hats in the old cowboy movies.

Despite all the negatives, however, there are very few of us, I suspect, who would opt for anything else—even another field within surgery. I know when I arrived at Cook County Hospital in Chicago in June 1966, I had only one ambition—to become a cardiovascular surgeon. As fate would have it, during my internship I had a terribly performed pilonidal cystectomy. This required two years of sitz baths and two further operations, the last one by a master Colon and Rectal Surgeon—the late Durand Smith—to correct it. This singular event steered me toward the specialty of Colon and Rectal Surgery. I suspect many of you chose the specialty under more desirable circumstances. When I asked Dr. Smith if I could join the newly founded Colon and Rectal Surgery Residency Program at Cook County Hospital two years later, it was already quite clear to me that the promise of America was not a guarantee but an opportunity.

As I stand before you, a testament to this promise, I submit to you that things have not changed all that much in the last 20 years. We can still see wonderful young men and women competing in a difficult match to enter our training programs. The excellence of these programs, many with additional time and opportunity for quality research, have guaranteed a better graduating

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class of our residents. The fair but tough examination process of the American Board of Colon and Rectal Surgery assures that our young colleagues possess a basic fund of knowledge and have successfully passed a certifying examination of the highest caliber. As the trend has shown, there are few who are not and will not be doubly board certified by the American Board of Surgery as well as by our own Board. The public demands the assurance that, through the process of certification and ultimately recertification, Colon and Rectal Surgeons would do good, and, most importantly, no harm.

I also firmly believe that advancement of the specialty, either during the training period or subsequently in practice, depends on the availability of credible research projects, many utilizing the animal model. We have, in the recent past, seen opposition, demonstrations, and, unfortunately, violence against research institutions. We must be continuously vigilant against the well-organized forces of the animal advocates, who, through occasionally well-meant intentions, but often misguided tactics, pose a great threat to credible research done under the most humane conditions and under the scrupulous supervision of the Institutional Review Boards.

On an individual basis, well-trained colon and rectal surgeons are in high demand. They not only hold their own, but also excel and walk tall among all surgical specialists, well balanced, as I always contend, with a chip on both shoulders. Granted, they may not be financially as well off as those who practiced one or two generations before them, but the practice of surgery, colon and rectal surgery included, must not be looked at as a profitable business. The college students of today, looking for a lucrative future, have come to appreciate that having an M.B.A. or J.D. is more important than an M.D. Despite all of that, who can overlook the fact that we are still better off than at least 95 percent of our fellow human beings? Shouldn't we be content and thankful rather than resentful? I wonder how many of us would really trade what we do, and the satisfaction that goes with it, for what might be more profitable.

Let us also not forget that practice environment and financial considerations are not the only factors that have changed in the last two or three decades. There are few here today who did not have part of their surgical training in a public institution. You may have fond or unpleasant memories of those days and may even have a perception of what the public institutions of today look like. But I do wonder how many really know what is actually going on in a public hospital such as Cook County Hospital where I have spent all of my professional life. These days, one sees not only the racially or ethnically underprivileged, the unemployed, the homeless, and the sick poor, but also, with alarmingly increasing frequency, the blue collar worker who has to forego medical coverage to assure his employment, the decent working class unfortunate to have an illness between jobs, the college student with insurance deemed inadequate to allow admission to a private hospital, the young men and women, some professionals, in a losing battle with AIDS, and all in all some of our very neighbors we never thought would end up in a public hospital.

Our fortunes might have declined in perception, or even in reality, but it is not hard to see that many of those around us have taken a real beating. Estimates of the number of people who either cannot afford or are without medical insurance ranges from 37 to 40 million in the United States. In the last 20 years, I have heard one of the august past presidents of this Society preach to his residents, colleagues, and just about anyone who would lend him an ear that (and I paraphrase) "For all that we take, we should give something back." I believe it is high time that we all heed the preachings of Gene Salvati and, in our ledgers, open a third column after debits and credits and call it GOH for "Goodness of Heart." All of us must provide our share of free care, discounted care, or whatever one chooses to call it. We cannot count on the day that, through governmental or Divine intervention, these types of services will not be needed anymore—to say nothing of the satisfaction of being benevolent and charitable.

On a national level, when we are called upon by organized medicine, *i.e.*, AMA, ACS, ABMS, CMSS, we must participate. Colon and Rectal Surgeons may constitute only 0.2 percent of the total memberships of the American College of Surgeons, but comparatively we have the largest number of participants during the Annual Clinical Congress and we attract the largest audiences during the general sessions and postgraduate courses. Moreover, when we are called to meet with other surgical specialties in regard to difficult socioeconomic issues such as unnecessary surgery, second opinions, resource-based relative value scales, *etc., we participate,* and it is gratifying to know that we have just as many votes as those surgical specialties whose membership exceeds ours by the thousands. We must never abandon the achievements of our predecessors with our lack of participation. Our forefathers, through a remarkable insight, started our Society and fought for and got us the Specialty Board. It is our duty to participate in long and boring meetings, time-consuming and seemingly unproductive committees, or, occasionally, in more satisfying panels and conferences. Those who participate do not have a corner on 28-hour days and are not blessed with eight-day weeks, but they do participate for the good of the Specialty and, at the risk of missing an office day, work a longer week afterward, and, yes, commit the most sacrilegious act of sacrificing some of

the time that should be ideally spent at home and devoted to the family.

On the international scene, Colon and Rectal Surgery has come to enjoy a tremendous success. The remarkable expansion of the specialty from the English-speaking world to the rest of the globe cannot be overlooked. All one has to do is to count the number of fine articles appearing in *Diseases of the Colon & Rectum* from the far corners of the world. I believe *Disease of the Colon & Rectum* has a wider constituency than the *World Journal of Surgery,* which was intended to have an international readership. The very fact that the Tripartite meeting is held in Toronto, Canada, this year speaks well for the international nature of our expanding specialty. I believe we must build on this, remove boundaries and language barriers, overcome prejudices, open our minds, and become a truly international family.

Since the last Tripartite meeting, we have seen Colon and Rectal Surgical Societies blossom and grow like flowering bushes. Traditional General Surgical views simply cannot keep us down. Witness the Canadian Society of Colon and Rectal Surgeons and the recent formation of the Society of Colon and Rectal Surgeons of Australia, despite strong opposition from certain segments of the surgical community. Similar movements in many European, Latin American, and Asian countries cannot be too far behind. We must do all we can to speak for them, nuture them, and, when necessary, give credence to their programs and symposia with our support, participation, and even ASCRS cosponsorships of their meetings. In essence we should be a big brother to them but not patronize them.

During the past year I have been asked by many why we participate in the World Congress of Gastroenterology. Others have suggested breaking away from this group and joining the CICD-SIS alliance. Having, on many occasions, served as a token colon and rectal surgeon in gastroenterologic or general surgical panels, I personally, can live comfortably with both groups. However, I submit to you that our future and interests lie neither with the gastroenterologists nor the general surgeons. On the contrary, I believe our future rests with other colon and rectal surgeons, wherever they are, and I dream of the day when our specialty will become a single, vast, international federation of the colon and rectal surgical societies of all nations. Then we can communicate and understand each other completely and without the fear of someone using the dreaded word *"diverticuli."*

In closing, I must tell you that, despite my well-recognized cynicism, I remain optimistic. I believe colon and rectal surgeons will do well individually and collectively on local, national, and international levels. Our specialty will continue to expand, remain strong, and be in demand. The road may not be smooth and we may face detours, but, ultimately, the specialty, with our efforts and participation, will overcome all obstacles.

We will continue to have complex and, at times, painful problems, but our problems are not without solutions. In the wise words of Bernard Baruch, "There are no insolvable problems. There are merely problems for which no solutions have yet been found." Our strength is in our Unity. United we stand and united we shall succeed.