Presidential Address

The flood of criticism that is currently being directed against the practitioners of medicine has caused our profession to reflect upon its shortcomings and engage in some soul-searching of its own. This cannot fail to have a beneficial effect although there is nothing new in this concern of the physician over his own inadequacies and those of his colleagues. In the preface of an early text on proctology published in 1887, the authors voiced their concern over the practices of what they referred to as "the modern Western Rectal Specialist." They wrote: "...he now undertakes to treat other common rectal disorders as well, in a fashion peculiarly his own and suited rather to his own convenience as an itinerant than to his patients' real welfare."

We still have the counterpart of the old "modern Western Rectal Specialist" with us today in all parts of our country in the attenuated form of the self-styled proctologist who directly and by inference claims that he has certain methods of his own with which he can treat all rectal disorders without causing the patient any discomfort or loss of time and without the benefits of hospitalization. Practitioners of this type will be with us as long as gullible patients can be found, and vocal opposition alone will not be sufficient to counteract the discredit that they reflect upon our specialty. We can best oppose the noxious influence of these practitioners by the constructive method of equipping ourselves to provide our patients with the finest scientific care and by establishing a sound physician-patient relationship with those who seek our services. In the remarks that follow I will touch upon what our Society has done and what our individual members can continue to do to meet the criticism that has been directed toward the medical profession and our component specialty.

Proctology as a specialty was established by foresighted physicians who early recognized that the medical rights and privileges of the patients were being violated by the irregular practitioners of that era. This group of charlatans flourished near the turn of the century because of the indifference of the medical profession to the treatment of those who were suffering from disorders of the colon and rectum.

This Society has played a leading role in establishing our specialty upon a sound scientific basis and in bringing to it the dignity and prestige that it now enjoys. The motivating power of this organization has been the strong desire on the part of its members to interest fellow practitioners in the specialty in order that better medical care be available to those afflicted with proctologic disorders. It is for this reason that membership has not been limited to a select group of specialists but has been open to all practitioners who had a genuine interest in preparing themselves to render better care to those of their patients who presented themselves with proctologic complaints. Our Society has encouraged the formation of regional proctologic groups which have no official connection with this organization but serve to stimulate interest in the various

phases of our specialty. For many years those in charge of our scientific programs have sought to present a well balanced group of subjects both directly and indirectly related to proctology. An important feature of each annual meeting has been a symposium conducted by physicians well versed in some particular phase of our specialty. This year, for the second time, an additional day has been made a part of our annual meeting so that it could be devoted to a consideration of the basic sciences presented by faculty members of the universities in the city in which we assemble. Largely through the efforts of some of our individual members accredited residencies have been established and maintained to train physicians in methods of proctologic diagnosis and treatment.

It is in ways such as these that our Society has endeavored to fulfill its obligations to our founding members. However, this policy has placed upon us an added responsibilities to both our patients and to our profession. To stimulate the interest of our fellow physicians in the diagnosis and treatment of proctologic disorders is not enough; we must maintain the high standards already established and continue to insist that those upon whom membership is conferred meet all the qualifications of the classification to which they are elected.

The American Board of Proctology has been established for the certification of specialists in our particular branch of medicine. The Board is an autonomous entity unassociated with this Society although we have the privilege of electing four of our members to represent us in its deliberations. Certification by an examining Board does not denote the full measure of any physician's medical ability; it is the recognition that he is given by his colleagues that is the true index of his professional stature. However, certification by the Board is tangible evidence that a physician is qualified to render the type of medical care to which the patient is entitled.

Up to this point I have briefly touched upon the creditable manner in which our Society as an organization and proctologists as a group have assumed the responsibility for providing better care for those patients who have turned to us for medical attention. The remainder of the time at my disposal will be devoted to a consideration of the obligations of the individual physician to those who are in need of his services. Many of the following comments would be applicable to any practitioner of medicine but the nature of this Society is such that I will deal with the subject from the standpoint of the proctologist.

It would be impossible to fulfill the obligations placed upon us if we failed to maintain a close physician-patient relationship. This may be difficult at times because we are frequently called upon to serve our patients in the role of consultants. In this capacity we must reveal to each patient our genuine interest in his welfare and we must avoid giving him the impression that we are merely acting as indif-

rent superspecialists.

The nature of our specialty is such that it can best be practiced within the confines of our office and of our hospitals. This fact, however, does not relieve us of the responsibility of providing medical care to our patients whenever or wherever it is needed. Although we are engaged in the practice of a limited specialty, we are none the less physicians and as such are obligated to provide emergency medical service whenever called upon. Whether we render this service ourselves or through a designated substitute, the responsibility is ours until the emergency has been met.

Unnecessary demands are often made upon the harassed physician by the thoughtlessness of an ill but self-centered patient. Nevertheless, we should never lose sight of the fact that the patient, with his real or fancied illness, is entitled to the consideration which he too frequently fails to show us.

Every patient is entitled to receive whatever time and attention may be necessary to enable us to reach at least a tentative diagnosis. If the time is not available at the initial examination, arrangements can be made for the patient to return at a designated hour when he can be given the attention which he deserves and quite properly expects.

The anatomic limits of our specialty are such that most of the involved areas are accessible for direct examination. This should enable us, with the proper expenditure of time and effort, to reach a correct diagnosis with a degree seldom attained in any other branch of medicine. However, in spite of the restricted field in which we work there can be no justification for us to lose sight of the fact that we are dealing with only one integral part of that marvelous and awe-inspiring organic entity known as the human body. Although we may
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carry the designation of specialists in pro-
tology, above all we must remain physicians
dedicated to the art and science of healing.

Each patient should be given a reasonable
explanation of the results he can expect from
the treatment that he is to receive. In periods
such as this, when the tensions of daily life
are reflected in many of those whom we see
in our consulting rooms, it is not enough to
tackle the symptoms with medication and
dissim the patient with the impression that
he will have no further difficulty. Patients of
this type are in desperate need of a simple
explanation of the nature of the functional
disorders which are the source of their deep
concern. All patients are not capable of ac-
testing such an explanation, but those who do
will leave our office better prepared to meet the
vicissitudes that they are bound to encounter
in subsequent daily life.

If the contemplated surgical operation may
result in a permanent or temporary colostomy,
it is our responsibility to mention this possi-
bility to the patient. It can then be explained
that a colostomy is at times the necessary con-
sequence of a radical surgical procedure and is
in no way incompatible with a comfortable and
useful mode of life. Those who have followed
this practice have seldom encountered a pa-
tient who for this reason has denied himself the
advantages of a radical surgical procedure.
Instead, they have gained for themselves a
patient who from the outset has granted his
physician his full confidence and complete
cooperation. Failure to discuss this subject
with the patient prior to an elective surgical
procedure is, in my opinion, a violation of his
rights as an individual.

All sweeping statement can be made con-
ning the desirability of discussing with a
patient who has carcinoma the exact nature
and extent of his illness. This is a matter which
must be decided upon an individual basis and is
one which calls for a thorough understanding of
human nature. However, regardless of the
manner in which it is done, we are morally
obligated to prepare such a patient to face
reality courageously without depriving him of
the hope that is essential for his continued
existence.

The indiscriminate employment of labora-
tory and roentgenologic procedures is no sub-
stitute for the conscientious medical attention
to which every patient is entitled. In evaluating
the physical status of a patient, the dependency
of some physicians upon the information ob-
tained from laboratory procedures leads one
to surmise that they are seeking a method by
which they can discard the information gained
through the exercise of their native intelligence
and rely for their diagnosis upon the results
obtained by processing a punched card through
a standard I.B.M. machine.

Without the intelligent use of laboratory
procedures we would deprive our patients of
the scientific tools that are at our command.
However, unless utilized with a modicum of
common sense, a multitude of laboratory tests
can add little to our knowledge of the patient
but can contribute greatly to the cost of his
medical care.

Consultation service should not be requested
without good cause nor should it be withheld
whenever deemed necessary. The principle of
allowing the patient his free choice of a physi-
cian should also be applicable when a con-
sultant is to be summoned.

For the benefit of both the patient and the
hospital we should formulate definite plans to
coordinate the services that will be required
during the time of hospitalization. Laboratory
procedures, x-ray studies and consultation
service should be planned in logical sequence
so that one does not interfere with the other
to prolong unnecessarily the period of hos-
pitalization. To inform the patient of the
necessity for certain procedures and charges
will provide him with a better understanding
of the high cost that is so frequently associated
with good medical care.

Any patient who displays an interest in the
subject should be given a realistic estimate of
the cost of the medical services that are re-
commended. The initiative for bringing about this
discussion rests with us, because many patients
are hesitant to broach a topic which may be
of utmost concern to them but which is sec-
ondary to the purpose of their visit. In the
event that the ordinary cost of our proposed
services would result in a hardship to our
patient, we are obligated to provide him with
adequate medical service at a fee that he can
afford to pay.

For many years the application form for
membership in this Society has contained a
pledge under which the applicant signs his
name. This pledge contains the following sen-
tence: "I also agree not to participate in
fee-splitting or any other form of unethical medical practice." All but the oldest members of this Society have signed this pledge, and those who were not given this opportunity have over the years demonstrated their adherence to the principles which it embodies. Our opposition to any form of unethical practice is a matter of record and does not warrant extensive comment at this time.

A great deal of prominence, more perhaps than the subject merits, has been given by the lay press to the performance of unnecessary surgical procedures. Within the past year, during a panel discussion at a large medical meeting, one of this country's best known surgeons and teachers predicted that fewer hemorrhoidectomies would be done when unnecessary operations have been eliminated. This prediction may be correct, but one should not infer from these remarks that the proctologist is the one who is responsible for performing unwarranted surgical operations. He is no more to be blamed than can the gynecologist be held accountable for the needless hysterectomies for which the profession is currently criticized. It is the surgeon who has little or no interest in the diagnosis and treatment of proctologic disorders, and frequently the one who disparages proctology as a specialty, who is responsible for the unwarranted surgical procedures which are employed for the treatment of conditions which would readily respond to less radical therapy.

What constitutes good medical care, aside from its scientific aspects, has been the basis of the preceding remarks. Admittedly what has been said reflects a personal opinion and it is not to be expected that it will be met with complete agreement by every listener. However, the thoughts that have been expressed are based upon principles which will enable us to provide medical care that is contrived for the welfare of the patient rather than for the interests of the practitioner.

Since the final quarter of the last century when a few foresighted physicians became interested in a field of medicine exploited by irregular practitioners and neglected by those who were indifferent to its potentialities, proctology has become firmly established in the group of recognized medical specialties. A few physicians whose surgical interests appear to be broader than their concept of the type of medical care to which the patient is entitled even now maintain that there is no justification for a specialty as restricted as ours. Discrediting is often reflected upon our specialty by those who refer to themselves as proctologists but who adhere to systems and methods of therapy inadequate for all the conditions that they profess to treat.

To refute any criticism that may be directed toward our specialty we, as members of this Society and as individual practitioners, must continue to provide the kind of medical service to which our patients are rightfully entitled. It is not the public expression of our approval of lofty principles that is the true measure of our desire to meet the responsibilities that are ours. The only adequate test of our sincerity in seeking to discharge our obligations properly is the manner in which we serve those who turn to us for medical attention. The strong foundation upon which our specialty has been established is a tribute to those who have preceded us. It is incumbent upon us to persist in our efforts to provide the highest quality of medical care if we are to merit the gratitude of our patients and command the respect of our fellow practitioners.

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