

Personal Adversity
David Margolin, MD
ASCRS Presidential Address
June 2019

I have been truly humbled and honored to serve as president of the American Society of Colorectal surgeons for the past year. By tradition one of the duties of the president is to give the presidential address at the annual meeting. As noted by past president John Remington in 1974 this could be good or bad.

Good for me since as president I get to choose the topic, I don't have to get approval from the program committee, and out of respect for the office of the president I'm guaranteed a full house with a somewhat polite audience.

Bad for everyone else here, since you're stuck listening to me, hoping that I won't drone on and on about nothing.

I promise, I will do my best not bore you with a never-ending PowerPoint presentation and try to make this talk relevant or at least thought provoking.

My year as president of the ASCRS has given me the chance to talk to colorectal surgeons around the globe. Across the United States. In Europe. In the Dominican Republic. In Ecuador. From the Philippines to Bolivia. What I found is that universally, surgeons are looking for ways to take better care of their patients. They're looking for new technology to treat diseases more efficiently, data to optimize patient care, and educational opportunities that provide the best outcomes possible.

The opportunity to meet and talk with other surgeons has been the highlight of my presidency. It reminds me what's great about the ASCRS.

However, today I want to talk about something on a more personal level. I want to talk about dealing with personal adversity.

As some of you know, I just finished the first year of a two-year program for a master's in health care management. This involves on-site education six times a year. I came home in August and noticed my neck and jaw hurt. I figured I slept funny. It didn't get any better. I went to the ENT; he said possible parotiditis, let's see what ATBS do for a week. It didn't get any better.

The next step was a CT of the head and neck.

It showed a 2 cm mass in the deep lobe of the parotid with no lymphadenopathy; an FNA was inconclusive. So, on October 1, I underwent a paratodicetmy. On October 15 I was diagnosed with Stage IV small cell lung cancer.

I'm saying this not to look for pity, sympathy, or even admiration for completing my presidency but to put in context the rest of this presidential address in the hope that you may gain some insight from my challenges. By the way I'm doing great; I finished my chemotherapy and am on single-agent immunotherapy. I just got back from an eight-day golf trip to Ireland with my son and after this meeting I will be back at work. I feel really lucky to be able to say that.

As surgeons we're used to dealing with the hardships of others. We do our best to cure diseases and alleviate suffering. Unfortunately, it doesn't always turn out that way. No matter how empathetic we are about these hardships, usually they affect other people and not us. We maintain a distance that allows us to get through the day. Most of time we don't talk about what we would do if we were the patient. This isn't wrong, it's how we can function. That was how I functioned. I cared about my patients, tried to alleviate their pain, cure their disease, and be sympathetic to their needs, but I could compartmentalize— compartmentalizing my work, my family, and life outside the hospital.

Some of you might remember the scene from "The Big Chill" where Jeff Goldblum says, "I don't know anyone who could get through the day without two or three juicy rationalizations. They're more important than sex." Unfortunately, rationalization and compartmentalization don't work when you become the patient.

I remember sitting in the ENT's office alone, my first post-op visit. I was doing well, no pain, no facial nerve issues, no need for anyone to go with me. I was expecting the path to come back a benign pleomorphic adenoma. When the surgeon came in, someone I've known and worked with for years, he didn't look like his usual self.

Now I know why our patients stop listening when they hear the word "cancer."

I knew what the diagnosis of stage IV small cell lung cancer meant. But I really wasn't listening. My mind was going a thousand different directions I really wasn't thinking about me or my prognosis. I was thinking about:

My family and friends. My wife, my children, my sister, my parents, my friends from grade school, college, and in New Orleans. How would I tell them? What would happen to my family?

My colleagues and co-workers. My partners and fellows, The ASCRS, people who are used to counting on me. Especially Chuck, my boss and friend for over 20 years. How could I tell him? How could I let them down?

Patients. I had surgeries scheduled. What about them?

Here's the thing: Everyone in this audience will go through some form of adversity, some major life event. When? Who knows? But how you deal with it and prioritize what's important to you will impact not just you but everything around you.

We all have different coping mechanisms, withdrawal, denial, becoming defensive. My way of coping with fear and uncertainty is intellectualization. I was going to read everything I could on PubMed. I was going to learn more about extensive small cell lung cancer than anyone.

But I've also come to realize it's not all about me. As surgeons we learn from the beginning that in the OR we are the "captain of the ship," "the real surgery can't start till we get there," but adversity affects everyone. It disrupts everyone's life and routine. While people may think that being stoic, keeping everything to yourself and not imposing on anyone, is the best way to deal with personal challenges, I've come to realize that personal adversity affects everyone in your orbit and sharing with the people you care about helps them as well as you.

It makes me incredibly angry and sad that I have to put the people I love and care about through this ordeal. The uncertainty weighs on everyone. While we all try and deal with these emotions, this is not what anyone signed up for. No one knows what to say. Cancer becomes the elephant in the room. I'm not trying to preach but hoping that in these days of physician burnout and increasing physician suicide rates that something I say here resonates with someone in audience. Like most things, open and honest communication with a little humor gets everyone through the rough spots.

Ironically, in our negotiations class at Harvard, before any of this happened, one of our professors recommended reading Victor Frankl's "Man's Search for Meaning". Frankl, a holocaust survivor and psychologist, discusses how we can find meaning in tragedy. Quoting Nietzsche, Frankl says, "he who has the why to live can almost bear any how." For the why, Frankl identified three sources for individual meaning that resonated with me as I was confronted with my own mortality.

Love, caring for and about another person.

Work, doing something significant with your time.

Courage, remaining brave and dignified in the face of adversity.

I found most meaning in love.

I've been married my wife Jeanne, an amazing woman, for 29 years. We met the first day of medical school, at a party for the incoming students. I figured she's smart, cute, and hanging out by the keg. Did I really need anything else? And after all this time I still feel the same way. I don't need anything else.

We've built a great life together and she has supported me throughout all my endeavors, work, school, golf, and even bad guitar playing. She keeps me grounded, she goes to chemotherapy with me, she worries way too much about me. Just as I worry about what this is doing to her. I couldn't have gotten to where I am or get through this without her. Words really can't say how important she is to me and how much love her.

We have two great kids, Elizabeth and Eric. Forget their achievements (and there are a lot); they are both way smarter than me. They are great people, kind, caring, and empathetic.

It's not that I've ignored them in the past, it's just that I appreciate them more now. I appreciate the time I've spent with them and will get to spend with them. It's really fun watching them grow and I can't wait to see how their lives unfold. Right now, I appreciate Eric's sense of humor, his wit, his sensitivity and his golf game; he smacks the crap out of the ball, doesn't always know where it's going but still hits it far. I appreciate Elizabeth's adventurous spirit, her willing to try anything, like trying to walk on to the Stanford crew team having never been in a shell in her life. The forcefulness that she stands up for what she believes is amazing. I also appreciate our bad bagel making and good Pizza making, and the help she has given me at school. Turnabout is fair play.

Growing up in Cleveland, with my family still here, I'm lucky enough to have my sister and parents here to see me speak for the first time. I can't thank my parents enough for the foundation they gave me. They instilled in me a sense of empathy and compassion, how to treat people right. By watching them as I grew up I came to learn the value of hard work. I also learned that regardless of how hard you work life isn't always fair.

Despite having lost my youngest sister last summer, my parents have continued to be the glue that binds our family together. I've found strength and courage through them.

My sister Betsy is tough as nails on the outside but one of the most caring people I've ever met. Through her, I've seen first-hand how to deal with life's challenges. She was diagnosed with Crohn's disease as child, has had multiple surgeries, and has not only persevered but flourished. She's gotten married to a great guy, had two kids, and been active in the Crohns colitis foundation. She's also helped my patients, especially young women, learn how to cope with having an ostomy. She's helped them to understand that Crohn's disease or having a stoma doesn't define them. To me she epitomizes Frankl's ability to find individual meaning in life.

Plus, I'm lucky enough to have the same friends that I met in elementary school. While we live all over the country, we are still Cleveland boys at heart. It's amazing that when we see each other time and distance become no obstacle. When we get together, as some of did on a recent golf trip to Ireland, it's as if were still on the streets of Shaker Heights.

When you are faced with challenges or adversity it's important that you have people that can support you and ground you, keep you from always thinking the worst. I have those people in my family, friends and colleagues. The strength and kindness I've seen in them while dealing with this has helped give me the courage to go forward.

When people learn that a person they care about is facing some type of adversity, they want to help. Having people want to help you can be difficult (it was for me) but as our Rabbi in New Orleans says, "Give generously and receive graciously." Giving generously is easy—as people in

health care, helping people is in our nature—but for a lot of us, including me, receiving graciously can be difficult. Receiving is humbling. Seeing how much people love and care about you can be overwhelming. But remembering that this isn't all about you, helped me realize and appreciate the kindness in other people. To me more than anything this epitomizes the love Frankl describes and it give tremendous strength in tough times.

Frankl also mentions there is meaning in work, doing something significant with your time. I've learned how much being a colorectal surgeon means to me. I've been fortunate enough to have great training at University Hospitals of Cleveland, just down the road, and at the Ochsner Clinic in New Orleans. I've also had two great jobs. First, the five years I spent at Henry Ford Hospital in Detroit with John Eggenberger, Eric Szylagi, Sadeef Kahn and Chong Lee. There I learned how to be a colorectal surgeon, how to take what I learned in fellowship and apply it.

The second, for the last 16 years, has been back at the Ochsner Clinic. There, with Chuck Whitlow, Terry Hicks, Dave Beck, Allan Timcke and Dave Vargas, plus the recent addition of Brian Kann, (who has done outstanding job organizing this meeting, putting together an educational program that has something for everyone) and Forrest Johnston (the new kid). I've had the opportunity to not only further develop clinically as a colon and rectal surgeon but, with the collaboration of Dr. Li Li, develop a functioning translational science lab. This outstanding group has given me the opportunity to grow not just as a surgeon but as a person. They have supported me not just during challenging times but when things are going great.

While being a colon and rectal surgeon is an integral part of who each of us are, with our desire to take care of patients, to alleviate their suffering, plus the enjoyment we get from operating (it's fun), it gives us sense of identity and meaning. But we are more than that; we are mothers, fathers, brothers, sisters and friends. We are surgeons who dedicate so much time to our patients, but we need to embrace the other facets of our lives and find meaning outside the hospital. You don't need a major illness or life-altering event to prioritize what's important to you and find balance in your life.

It's in this last year that I truly realized that the ASCRS as a society is more than the sum of our individual members. I'd don't know if it's from the challenges I've faced, re-examining my priorities or serving a president, but my appreciation for the ASCRS has grown exponentially. I'm deeply indebted to the executive council, our executive director, committee chairs, committee members, and our management company. These people embody the ASCRS's vision and mission:

To be the premier society and recognized authority for health care providers who collaborate to improve professional development and patient care through education and research . . .

dedicated to advancing the understanding, prevention and treatment of disorders of the colon, rectum and anus . . .

in patient-centered, high quality, high value health care, achieved through professionalism, unique knowledge and skills, and the fellowship of our Society members.

These aren't just words.

During my time as president I've seen that the members and fellows actually live these words.

Remember these are all volunteers. It's incredible, the amount and quality of work that individuals perform to move the Society forward for both our patients and our members.

What they have accomplished this year was beyond my wildest expectations. We have:

Transitioned to a new management company, Kellen. With Kellen we have the infrastructure to implement the ASCRS Strategic Plan, help improve the website for both members and patients, and develop a multi-year Strategic Marketing Plan.

We have revised the committee structure: The at-large executive council members have developed an orientation manual for committee leadership and committee members. The committee assignment process, usually done in late August, was completed before this year's annual meeting, allowing committees to meet with new members as well as outgoing members to improve continuity and institutional memory, letting the committees start the year off and running. We have implemented Higher Logic, a file-sharing and communication platform, to allow easier and more efficient committee communication.

We've increased international engagement with Central and South America, and China. To not only make sure that the ASCRS remains the preeminent colorectal society but to expand our opportunities for education, research, and learning, improving the care of colorectal patient worldwide. It's better to build bridges than walls.

We are in the process of improving our educational offerings, looking to take the ASCRS textbook online, potentially utilizing a new educational platform to make all the ASCRS educational assets easier to access and assuring they are up-to-date especially in the areas of IBD, pelvic floor and rectal cancer.

We've tried to change the nature of our relationship with industry from a transactional nature to a collaborative one by developing an industry relations council. The council, which includes ASCRS and industry leaders, will work to better align the Society's goals with industries in a true partnership.

The effort and quality put into the society from the committees still amazes me. A perfect example is the massive membership practice survey organized by the health care economics committee. They had 800 survey respondents, an incredible number. I can't express my gratitude enough and the results will be discussed at the business meeting on Tuesday.

As for the executive council, they are the epitome of servant leaders. They listen to what the membership says. They realize that the Society isn't perfect, and are willing to make hard decisions to improve things. A significant part of this is fostering increased transparency when it comes to committee leadership and the Society's decision-making process. An important first step has been making sure the executive council minutes are put on the web for all members to

see. The council takes seriously their fiduciary relationship, their stewardship of the Society working hard to improve the ASCRS—leaving it better than when they found it.

Finding meaning in courage while facing personal challenges is, as described Frankl, what makes us human. Forces beyond our control impact our lives in countless ways, and we have the freedom to choose how we respond. Ok, so my initial response to read all of PubMed didn't go so well. I couldn't read it all. But it did make me think about how was I going to deal with this challenge. I made a conscious effort to be myself. I am not going to complain about the unfairness of someone who has only smoked two cigarettes as a teenager getting a cancer that is almost exclusively associated with smokers. I am not going to pity myself. I am going to do what I normally do until I can't. I'm going to love, work, play golf and be myself. I think it's important for people to find humor where they can. Initially it may make people a bit uncomfortable, but the people who know and love you will laugh with you. And you know what, it feels good for everyone. It brings normalcy back. I think that's what Frankl meant, what we all want and strive for in the face of personal challenges, is a return to normalcy.

Being president of the American Society of Colon and Rectal Surgeons has been one of the greatest honors of my life. As I said before I couldn't have made it through this year without the help of the executive council, especially Dr. Tracy Hull, our president-elect who has been on the phone with me every Thursday at 6:30 am; David Westman, our executive director; the people at Kellen, our new management company; the committee chairs; and the committee members who really are the lifeblood of the society.

I also want to specially thank Drs. Guy Orangio and Terry Hicks, our past presidents, for the guidance and friendship they have given me over the years. As you can see this really is a team effort.

Together we have worked to move the Society forward.

We have transitioned successfully to our new management company, we have revamped the committee and election, we have worked hard to improve the educational offerings so that the membership has access to the latest information and technology and we have increased the Society's international engagement. The state of the society is strong.

It would have been a lot easier today stand here to talk about rectal cancer, fecal incontinence, or translational research, but I hope talking about the challenges I'm going through gives everyone here a chance to remember what's really important to them.