

PRESIDENTIAL ADDRESS:

WE MIGHT BE GIANTS

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I SHOULD FIRST of all like to thank the Association for the privilege of serving as its President during the past year. In addition to being a great honor it has afforded me the opportunity to meet and interact with a number of members whom I would otherwise never have met. I feel that this is the greatest benefit which I have garnered during the last year. Conversely, I hope that my stewardship has served the organization well and allowed it to grow not only in numbers but also in organizational maturity and in the professional excellence to which its members are dedicated. More practically, I should like to thank you for your gift of this Presidential address which allows me to dictate a topic of my own choosing and be assured that because of the politeness of the membership, I will have a relatively captive audience. I am perhaps even more thankful since this *carte blanche* comes at a time when I am neither too old to remember what it is I have to say, nor too young to be able to say it without a modicum of thoughtfulness.

In these times abounding with cynicism and distrust of all authority and most institutions, we have seen the image of the physician change from the all-knowing, all-caring and all-healing father figure to that of a less-than-honest, perhaps kindly, certainly money-grasping bumbler whose medical opinions and judgment are continually under scrutiny from a wide variety of sources. The net result has been a gradual but sure reduction in stature of the physician from near giant to munchkin.

I do not propose to categorically defend the physicians' hallowed position by crediting our detractors with malignant myopia. Rather, I would like to explore

some of our surgical giants and see how we of this present day measure up to their standards.

Criticism of physicians, especially surgeons, is really nothing new. Certainly the eighteenth century French and English cartoons, especially those of Rowlandsen, convey an impression of less than total respect for the surgical craftsman. As a matter of fact with a few notable exceptions such as Galen the state of the art until the time of John Hunter was crude and nonscientific at best.

For a real surgical giant it is hard to beat Hunter's diverse contributions ranging from organ transplantation to animal husbandry. However, at about the same time in the United States, Benjamin Rush was achieving his giant status not only through contributions in the field of public health and medical education but also as a politician and belated signer of the Declaration of Independence. In addition, numerous lesser-known physicians in Revolutionary and Frontier America reached increased stature because they were often the only educated men in town. So it is not unusual to see physicians as "defacto" lawyers, judges and congressmen, stamping out the destinies of a developing nation. While these men were placing their imprint upon the United States, another race of medical giants was making its indelible mark upon medicine and specifically surgery in Europe. Billroth and Mikulicz with their varied surgical contributions as well as musical expertise and Kocher with his inquisitive mind and practical considerations of improving the total operating room environment were among the forerunners of modern surgical giants. These men

taught or inspired the next wave of American giants: Sen, Fenger, Mayo, Halsted, and Murphy—truly an impressive litany of surgical innovators. So it is that we surgeons have a proud heritage of giants including three Nobel laureates: Kocher, Carrel, and Huggins.

What then is different today? Why do we not seem to have men of this fabled stature leading our profession in these times of trials? Certainly today the field of true giants seems notably sparse.

Perhaps it is the lack of great problems with relatively simple solutions which hampers us. The gastric resection will never again be discovered though there are many individuals proposing countless modifications.

Perhaps it is our training programs which have adopted ever narrowing perspectives as the surgical subspecialties have multiplied and prospered.

Perhaps it is the fact that we, the mentors and practitioners of the art, have become too involved with peripheral issues to make ourselves heard as an effective voice for better patient treatment. Perhaps, as is most likely, it is all of these reasons plus a myriad of others of which I am not even aware.

However, when we look at the men who were the giants of the formative years of surgery, several common features are readily apparent. All were intelligent, hard-driving, innovative persons who were not limited to a narrow sphere either in medicine or in the rest of their endeavors. Billroth as a musician and music critic and Rush as a politician were every bit as vocal and erudite as Billroth the surgeon and Rush the preventive medicine advocate.

Our medical challenges are of a different character than those of our predecessors in that we are not concerned only with problems of surgical technique and basic physiology. Intermingled in our daily practice at all levels are such nonmedical entities as cost containment, PSRO, medical education, third-party carriers and a whole host of related fellow travelers, each with its accompanying baggage and bureaucracy.

As we have had the Year of the Child and the Year of the Family, I would propose that we undertake to build the Year of the Physician by meaningful and intelligent discussion in these areas which are becoming so closely intertwined in our everyday practice. If a program or policy seems appropriate and beneficial to our patients, students or coworkers, support it with fact as well as feeling and, conversely, do not be timid to offer constructive criticism to a program which seems poor in conception or unworkable in practice. In short, get involved in the business of helping to shape the modern ecosystem of our medical practice.

Be willing and able to speak out intelligently on these matters instead of merely mumbling and shuffling back to the safety of the operating suite.

Whether this effort means an increased commitment to some type of organized medicine or even more involvement on hospital or community committees, make it your business to become informed on the issue, and do not be afraid to voice your opinions in response either to critics or well-wishers.

For example, when the high costs of medical care and physician's fees are flaunted, speak up with the fact that of every dollar expended on health care only twelve cents represents the physician's fee.

Recognize that PSRO has its good and bad sides and can be used to guarantee that patients receive medical care at a reasonable fee. Utilization review, in spite of its mountain of paper work, might just work to ferret out those few physicians who have lost track of the practicalities of medical practice.

For those who are involved in the teaching of students and residents, by example and teaching impress upon these young physicians the human and caring side of medicine as well as its technical and scientific aspects.

By providing this effective and erudite voice of medicine in the problems and programs which beset our profession today, we may in our own time and in our own way become giants.