

Presidential Address
The Best of the Midwest

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From Grand Rapids, Michigan

IT IS TRULY AN HONOR and very special privilege to have served as President of the Midwest Surgical Association. The honor is very humbling given the many more talented and deserving surgeons in this organization. I have certainly received much more than I have given to the Association. The family friendships and the fellowship among colleagues in this great meeting atmosphere that includes the family is the signature trait of this organization. The members of the Midwest Surgical Association should feel very proud of the organization and the good things it is doing.

The brief remarks today will be about one of my favorite subjects. Namely, you, the Midwest Surgical Association. You are truly the "Best of the Midwest." If you listen closely you may hear your name, institution, or state mentioned. If not please accept my apology for not taking enough time to recognize you or my chronic lack of sensitivity, but please understand that what is said about one of you actually applies to all of you. Patrick Henry said, "I have but one lamp by which my feet are guided and that is the lamp of experience. I know of no way of judging the future but by the past." As surgeons, especially in our training, we develop our experience and hone our judgments so that we can provide better care to our patients. Aldous Huxley said, "Experience is not what happens to you; it is what you do with what happens to you." The experiences associated with the Midwest Surgical Association rank as some of the most outstanding experiences in my personal and professional career. It is these experiences, people and relationships that are truly the "Best of the Midwest." Today's presentation is much like a Charles Dickens Christmas story with tales of meetings past, meetings present and meetings future.

Let's start with the meetings past component. The past of this organization has been well chronicled by Dr. Jim DeBord in his publication in 1994.¹ Meetings

past have come a long way since the initial organizational meeting held in the summer of 1957 at the Country Club of Peoria. The first formal meeting in 1958 at the Wagon Wheel Lodge in Rockton, IL established the foundation of this organization with an emphasis on young surgeons and the ethics of surgery as reflected by the Constitution and By-Laws that were developed. It is to the past that we owe much and we truly stand on the shoulders of giants. My own journal was in great part influenced by the several surgeons who have also made major contributions to the Midwest Surgical Association. As a medical student many years ago my first encounter with a Professor and Chairman of a Department of Surgery was when I met Dr. Alexander Walt. As a medical student I was in complete awe of Dr. Walt; while I was training as a resident Dr. Walt was respected, revered, and even feared; and as I became a surgeon, Dr. Walt embodied

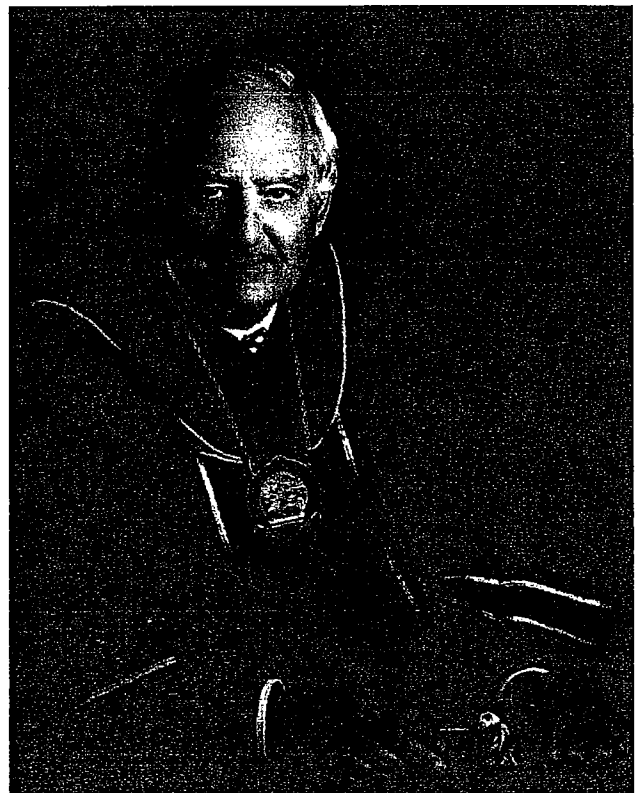


FIG. 1. Alexander J. Walt, MB, ChB, MS (Surg), FACS (C), FRCS (Eng), FMC (S Afr) (HON), FRCS (Ed) (HON).

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what it meant to be a surgeon. Dr. Scott Dulchavsky in his edited collections of Dr. Walt's presentations comments that "Dr. Walt was as intolerant of poor grammar or personal appearance as he was of shoddy patient care."² As you are all well aware Dr. Walt served as the 75th President of the American College of Surgeons. Dr. Walt was also the first Harridge memorial Lecturer of the Midwest Surgical Association and has always been a surgical role model to me and today's address is dedicated to his memory. His wife Irene provided the portrait likeness of Dr. Walt (Fig. 1) and in the typical gracious Walt manner wished the Association a successful meeting. Clearly while we cannot emulate Dr. Walt we can honor him and try to compensate by promoting the qualities and principles he demonstrated. He stated: "Certain immutable principles will remain: (1) We are in the service of the patient; (2) We preserve the covenant, sacred if you like, to cure, if possible, otherwise to palliate; (3) We continue to be well trained and should be prepared to provide periodic proof of our proficiency; and (4) We must always exercise professional responsibility ..."³

Three Professors of Surgery at Wayne State University and its Department of Surgery greatly contributed to my commitment to surgery as a profession. Not surprisingly each of these professors have also made significant contributions to the Midwest Surgical Association. Dr. Robert F. Wilson served as our 18th President and instilled a desire and curiosity with his great teaching and his unique surgical demeanor. He also served as the first Governor from the Midwest Surgical Association to the American College of Surgeons. Dr. Charles Lucas served as our 20th President and was a role model of the surgeon as teacher and researcher with a commitment to optimal patient care. Finally Dr. Anna Ledgerwood, who still is my hero, served as the 27th President of the Midwest Surgical Association. I thank her for her support to her present and former students and how she has allowed them to develop as young surgeons. She continues to nurture them and even discipline them long after they feel they need it. There are also many other members of the Midwest Surgical Association who have provided many kindnesses, encouragement, and great contributions over the years. Many of them would be embarrassed at a personal identification and would even deny any such influence. One special thanks and recognition, however, is due to Dr. Ken Printen. He served as the first Recorder and Historian and Chairman of the Editorial Committee of this Association. He was also the 21st President of the Association and the first President who was not from Illinois or Michigan. It was Ken Printen who single-handedly, without firing a shot or spilling one drop of blood, developed, engineered, and produced high-quality manuscripts of

the Midwest Surgical Association papers for publication in *The American Surgeon*. It was his direct personal and professional relationship with Dr. Bowden at the Southeastern Surgical Association that achieved this important publication relationship for the Midwest Surgical Association. It has been said that an editor separates the wheat from the chaff ... and prints the chaff. Dr. Printen would magnanimously support this description. It was under Dr. Printen's careful editorial spell that I came to appreciate and attempt to emulate the responsibilities as Recorder. Now Dr. McHenry has set the mark even higher for our organization and our papers are uniformly published and regularly contribute to the body of surgical literature.

To move to the present I will use the following case report: On an early Saturday morning in August of 1989, we loaded our family into our station wagon, ready and eager for a trip to the Midwest Surgical Association meeting in Kohler, WI. Our station wagon was packed and our three young children were still sleeping in their pajamas. As we traveled between Grand Haven and Holland, MI, the morning was very foggy and the limited-access highway had limited visibility. Little did we suspect that in the next 30 minutes an event would be triggered that we would forever remember and associate with the Midwest Surgical Association.

Heading south between Grand Haven and Holland our station wagon suddenly encountered and crashed into a large semi-tractor truck and trailer directly across the foggy road. This image and the feeling of hopelessness as I slammed on the brakes and the car crashed into the side of the trailer will live with me forever. Suddenly our entire family was in a serious motor vehicle crash. As a trauma surgeon and a trauma director I was now a trauma victim with serious injury to my family. Unfortunately our state had not yet organized into a state trauma system. However, I am grateful for the many blessings that came as a result of this tragedy. I don't know how, but there was a Good Samaritan bystander who came to our aid, called 911 and was a true angel of mercy who somehow was able to divert passing cars from slamming into our vehicle. I am grateful that he carefully guided and stabilized the crash scene. Two emergency medical services (EMS) units responded, one from the north and one from the south. The injuries were serious to all of us in the front seat and our two daughters in the back were jolted, very frightened, but had minor injuries. The EMS units communicated and indicated they were going to take my son and myself to the north to a municipal hospital and my wife and daughters south to a municipal hospital. However, a Level I trauma center was approximately 30 minutes away, but in the next county, beyond the EMS guidelines. After some dis-

cussion both EMS units were able to make the trip to our Level I trauma center, and I am grateful they were able to keep our family together and get us to definitive care. We were promptly treated by well-trained trauma teams skilled in the care of the injured patient. Within 30 minutes my son, who suffered a severe comminuted open tibia/fibula fracture, was treated by a pediatric orthopedic surgeon who was available and promptly took him to the operating room for definitive care of his fracture. My wife sustained the most serious injuries, including a dislocated hip and blunt chest injuries including a hemopneumothorax. Within minutes of her arrival her dislocated hip was relocated and her injuries were managed. As for myself as is befitting a general surgeon my shattered kneecap was repaired 12 hours later as my care was bumped from the Saturday operating room schedule by more urgent cases. We received outstanding care and my wife and son were exemplary patients. They worked hard on their recovery and were model patients. The same could not be said for myself as the residents daily had to draw straws to find out who the unlucky one was who had to round on me and document my poor progress.

During this time there arose a new discovery—a real surprise—but another test of our resolve. It was learned that my wife was just 6 weeks pregnant. There were many concerns and opinions about the health status of our unborn child. However, we were again blessed. The healing that we experienced over the next several weeks became complete the following April with the great joy of the birth of my daughter, Megan Catherine. So this year, as we packed and planned to travel to Wisconsin for the Midwest Surgical Association meeting a good deal of these thoughts and memories returned. So what has been learned from this experience? What has been done because of it? Certainly trauma and injury remain a common part of our society. What has happened in the Midwest in response to it?

As the Michigan Committee on Trauma Chairman for 6 years I came to know firsthand of the efforts to improve trauma care on a state and regional basis. This combination of feelings about trauma, family, and the surgeons in the Midwest Surgical Association led to the development of a survey that was completed by the state Committee on Trauma Chairmen in the Midwest United States. The goal of this survey was to take stock and identify the status of trauma care and trauma systems in the Midwest United States. You will not be surprised to learn that many surgeons in the Midwest Surgical Association have provided leadership in the effort to provide optimal trauma care in the Midwest states. Many of you in your communities and your institutions either directly or indirectly each day make

significant advances to the care of trauma patients. I congratulate you and applaud you for the committees you serve on, the institutional commitments you have made, and the integrity and responsibility with which you support and provide trauma care in your communities. The survey was sent to State Chairmen of both Region V and Region VII of the American College of Surgeons Committee on Trauma (Table 1). Region V consists of seven committees representing Ohio, Minnesota, Wisconsin, Indiana, Michigan, Illinois, and Chicago; and Region VII consists of the four committees from the states of Kansas, Missouri, Nebraska, and Iowa. The questionnaire helped identify the status of trauma system activity and trauma education throughout the Midwest states. It is very pleasing to report that since our motor vehicle crash much progress has been made in trauma care and trauma system development in the Midwest states.

The survey found that many positive advances in trauma education have come from the committed efforts of surgeons who teach Advanced Trauma Life Support (ATLS®) and who have developed Trauma Services in their hospitals with a new level of commitment to trauma care. All states now indicate they train surgery residents in ATLS® and that trauma care training occurs on a Trauma Service for the training of surgery residents in their programs. The development of trauma services at hospitals that previously lacked them has been directly related to the stimulus to achieve trauma center verification by the American College of Surgeons. Additionally there is routine training of emergency medicine residents in ATLS® and all trauma surgeons have ATLS® training. The surgeons of the Midwest Surgical Association have participated in these efforts in their communities and institutions and my family and I are very grateful to you for your efforts on behalf of the injured who need and deserve this care.

In the area of trauma system development, progress has also been made in the Midwest states. Six of the states have established trauma systems including Chi-

TABLE 1. *Region V and Region VIII Committee on Trauma Chairmen*

Committee	Chairman
Chicago	Richard J. Fantus, M.D., F.A.C.S.
Illinois	James Gregory, M.D., F.A.C.S.
Indiana	Gerardo A. Gomez, M.D., F.A.C.S.
Minnesota	Scott Zietlow, M.D., F.A.C.S.
Wisconsin	James R. Wallace, M.D., F.A.C.S.
Ohio	Jay A. Johannigman, M.D., F.A.C.S.
Michigan	Larry Diebel, M.D., F.A.C.S.
Iowa	Thomas M. Foley, M.D., F.A.C.S.
Kansas	R. Stephen Smith, M.D., F.A.C.S.
Nebraska	Joseph C. Stothert, Jr., M.D., F.A.C.S.
Missouri	Marc J. Shapiro, M.D., F.A.C.S.

ago, Illinois, Missouri, Iowa, Ohio, and Wisconsin (Table 2). Our own state of Michigan has developed a statewide Trauma Commission appointed by the Governor to study and recommend trauma system development and two other states have legislative activities that are working toward trauma system development. These efforts are again supported by the surgeons of the Midwest who are committed to the optimal care of the injured patient and are willing to work the political process with a commitment to the opportunity to develop a trauma system for their states. Verification of trauma centers occurs regularly and voluntarily in the Midwest and surgeons of the Midwest Surgical Association have provided the trauma leadership in this area in the majority of the Midwest states. Dr. Walt would be pleased to see that this much progress has been achieved in the last 10 to 20 years. Much of that

progress has been achieved primarily by the hard work of the surgeons of the Midwest states in the communities in which they serve their patients.

The future is both bright and promising. It is well known to those here that the hallmark of the Midwest Surgical Association is the involvement of the family in the meeting, its activities, its planning, and the lives of its members. Strong families are made by strong people who believe enough in the value of their parenthood that they are willing to arrange their lives if necessary around home and family.⁴ Across our society when we rank institutions and associations all major institutional success depends on the health of the family for its survival. It is refreshing to be able to reaffirm our relationship in this area. In the words of the poet Robert Browning, "... the best is yet to be." Surgeons, and especially young surgeons in the Midwest, the Midwest Surgical Association welcomes you and congratulates you for the good work that you are doing in your communities. Your families, your careers, and your colleagues are welcome in this Association and it is certain that with your involvement the best is yet to be.

TABLE 2. Status of Trauma Systems in the Midwest States

Date/State	Verification
Trauma system in place	
1982/Missouri	State/COT
1988/Chicago	State
1988/Illinois	State/COT
2000/Ohio	COT
2001/Iowa	State/COT
2001/Wisconsin	Self
Trauma system in progress	
2001/Michigan (Trauma Commission)	COT
2001/Nebraska (Legislation)	None
2001/Kansas (Legislation)	COT
2001/Minnesota	COT
2001/Indiana	COT

COT, Committee on Trauma.

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4. DeVos RM. Hope from my Heart: Ten Lessons for Life. Nashville: Thomas Nelson, Inc., 2000, p. 80.