
MARCH 1994

PRESIDENTIAL ADDRESS

Together We Will Do It

W. Patrick Mazier, M.D.

Ferguson Clinic, Grand Rapids, Michigan

Twenty-three years ago, Dr. James Ferguson stood where I stand now and spoke to you as your president. He had a message for us when we called ourselves the American Proctologic Society. I was a part of the audience then, young, and full of ambition. I listened carefully; I was proud of our President, "my boss," and I was proud to be a "proctologist." In 1973 we had a name change; we became the "American Society of Colon and Rectal Surgeons." I felt a sense of increasing pride then as I do now. Today, I stand here as *your* president, a dream come true; proud to be here and very thankful to you and to many others for this, *all of this*. I am especially grateful and hopeful that this will be my chance, my opportunity, to bring you a message and to ask for your help. I will ask you to do something for me and for your society, and ultimately for yourself. I will not speak for long, I will tell you a few stories, give you some examples, tweak your imagination a little, and maybe, just maybe, make you feel a little bit guilty.

Please regard the title of this address carefully, and take it very seriously, because this is my message and my heartfelt wish that "together we will do it."

The obvious first question one might ask is "how"? Let me tell you about a man I knew as a child. I was four or five years old. His shop was next to my father's store; we were separated by an empty lot through which a little stream ran. In the mornings I would sit on our back porch watching for the smoke from his chimney. As soon as I would see it I would go running across the lot, jump the stream, and invariably soil my pajama bottoms in the mud. I spent most of the first hour of the day

marveling at Mr. Walker. He had the same thing for breakfast every day; a quart of sweetened tea and a half a loaf of dry bread. The high point of my day was to share his breakfast. I wanted to be like him so much I even wanted what he ate. Throughout the day I would run back and forth watching him work. He had a big apprentice named Winston who wielded the huge sledge which I could never lift. Mr. Walker mastered the four-pound sledge; he could make it sing. He would reach under his bellows and always find just the right piece of metal from which a horseshoe was made from scratch. He mended broken wagon wheels, made springs and axles; he could do anything. He was perfect. He was small and ugly. He was black, and at that time in my life I thought that all blacksmiths were black. He smelled bad, wore ugly steel-rimmed glasses, and was grimy, but I loved him. Mr. Walker was my first hero and was my hero for a long, long time. I vowed that one day I would be a blacksmith too. When I was about seven years old, I came home from boarding school at the end of term and found that Mr. Walker had left and would not return. I cried and complained to my father because I did not like his son, Keith, who was six foot two and very strong and much too young. My father consoled me. I have never forgotten Mr. Walker. I still remember him with great affection. He was kind and patient; he was my favorite in all the world.

As I grew many heroes became a part of my life and also a part of me. I first came to the United States as an extern in 1962, and externed at Grant Hospital where I met Dr. Ralph Sampson, God Bless him. He is dead and gone now. He was the

first colorectal surgeon I ever knew. He made a remarkable impression on me. Later, while doing my residency in Louisville, Kentucky, I came into contact with Dr. Marvin Lucas who has also passed on. He was the second colorectal surgeon in my life. It is because of these two men that today I stand here as a colorectal surgeon. These two men were also heroes in my life and as we now call them "role models." These three people, a few among very many, had one remarkable quality in common that most outstanding men and women have. They had "*strong personal commitment.*"

With this office comes the responsibility to think seriously not only of this specialty, and those who practice it, and benefit from it, patient as well as surgeon, but in a more general or strategic sense, our relationship with all of medicine, with our country, and our people. I must admit that until now my thoughts have been about 90 percent selfish; how things would be in the future for me; never really doubting or questioning my own personal concerns. When one is forced to focus on the big picture, things change. "Meaning" becomes significant and more relative. "I" becomes "we," and "us" links with "them." Our responsibility is real and deserves our attention and careful thought. We are a part of, and not apart. *We* should feel the obligation to take part *in* and contribute *to* the solution of our problems. Rapid unimaginable changes will occur. We are at this time, already experiencing some of these. All of us will be involved and affected. *We* must prepare and be prepared. *We* must commit individually and collectively. This is obligatory but it will help us to find a better way.

I just told you a story of a special person in my life. The answer to the question, "how will we do it together?", is obvious. It is first and foremost, "with strong personal commitment." Following immediately upon this question is the next question which is the meaning of "We." What do *I* mean when *I* say "we"? I will tell you. Just prior to taking the podium you heard a presentation from Dr. Tom Dailey, "a preliminary report." In June 1992, I attended a meeting of the American Medical Association at which all of the representatives of the various specialties and subspecialties of medicine were represented. At that time I sat next to a high ranking official of the AMA. As I listened to the various presentations of the different specialties regarding their plans for health care, the thought

suddenly occurred to me that I had not heard a plan from any surgical specialty, so I turned to this high ranking official of the AMA, a surgeon, and asked, "do we not have a plan?" "No!" I asked him why and he said, "Well, surgeons don't seem to care." To make a long story short, I asked him six very cogent questions, and every one of his answers brought a sad sense of disappointment to me. This is when I thought, "we should have a plan," as others have a plan for this problem that we now all face; so that "we" is all inclusive, not just our specialty, but all of medicine. Dr. Dailey's committee has done a fine job. To be effective, we must speak as one; we must speak good sense; we must speak loudly; and we must speak often.

Here is another true story. In the time of Shaka, that great man who founded the Zulu Nation, an Angloirishman named Flynn was invited to stay in the great chief's kraal. Flynn came to observe that Zulu boys in the youngest age group were given charge of a herd of goats, usually numbered in the hundreds. The older lads had a similar responsibility for herds of cattle. Flynn was amazed that these boys knew each goat and each cow so well that if even one was missing, he could tell immediately. To Flynn the animals were so similar he thought it an impossible task to be able to do what they did. He could not *comprehend* how the boys did it. The answer was finally provided by Shaka; it was their responsibility and if they did not do their job well they were severely punished. "Si non per amoreum tunc per timorem," as the Jesuits say. "If not through love, then through fear."

Why this story then? Because impossible tasks are so because they are seen as such, but you and I know that anything is possible; there is always a way. A tough job can be done and it can even be fun. Let us, therefore, not be daunted by this "impossible" mess the "health care system is in." We can solve it and we will.

When I took my board examinations in 1969 along with 15 colleagues, there were few if any books of reference, let alone texts to study from. Our journal was blue and suffered from the blues! But something happened along the way; maybe it was an overdose of growth hormone or something. I don't know. *My* how things have grown and *how* they have changed for the better. No other surgical group, regardless of size has had so many books and texts published in the past few years as we have. Our blue journal is now green and good and

rapidly approaching “better.” Soon it will be best. I know it will. Here then is reflected true talent. The fruit of effort from men and women who *do* things; they *produce*. How proud I am of these accomplishments.

During my year as president I have strained to open the doors of our society to afford a fuller participation among all of the membership. New committees have been established, among other reasons, to identify talent. And we have it, *lots* of it. So why should we fear the future? The Chinese sages say, “No man can predict the consequences of his actions.” I say, “choose a worthy goal and work hard to get there.” No need then for worry. If Operation Desert Storm was a success, it was so because there was excellent leadership, personal commitment from those involved, and, last and most important, a firm economic base without which it would have surely failed. We have role models; we have personal commitment; we have lots of proven talent and good leaders; and even though we are small, we are great. What’s to stop us?

Let me tell you another story about a young boy named Parker Brisett. He was the smallest of seven, all boys. His brothers were fishermen and stevedores. His father caught sharks and turtles for a living. Parker was special. He was loved by his mother because he was a little “slow” and teased unmercifully by his brothers, especially the two just before him. He was the first to leave in the morning and the last to come home at night with the goats. Toward the end of the mango season one beautiful fruit remained, high in the treetop and inaccessible. The stronger brothers hurled stones and fired their slingshots in an attempt to get at the fruit. There was no success. Parker gave the mango a good look, decided he had to have it, and said to himself, “what’s the program here,” and he conceived a plan, but he had to take a risk. He had to climb the tree in the dark. The lad may have been young and to his brothers stupid, cowardly, and frail, but he had courage and he trusted his ability as a tree climber. That night, with some of his father’s fish net, he climbed as high as he could, attached the net below the mango and shook the limb which bore the mango. He ate it on the spot, high in the tree. He slept contentedly and never told his brothers. Do not for one moment, therefore, think we are not up to it because we are small and others think that we are just proctologists.

Remember Parker Brisett. Thus, wisdom is not always a function of age anymore than strength or courage a function of size. Among surgical subspecialties we would be considered small. What are we—insignificant? A pebble in a shoe? A burr under a saddle?

But young Parker was up to taking a risk and he had a plan as *we* also have plans. Consider this: 1987—Mouret performs the first laparoscopic cholecystectomy in a human; 1988—Mouret is denounced at Lycee Chirurgicale de Francais; and 1989—Mouret is reinstated and given the Croix de Chirurgie, the highest honor of the Lycee Chirurgicale.

One man’s courage and the willingness to take a risk has once more brought countless benefits to all. How many great things have been accomplished because of this, and mind you, without a double-blinded prospective study with subsequent statistical analysis!

We must have courage and we must take the risk. Like Parker, our society also has plans and we have had them for sometime. They are being implemented as you have heard. Dr. Dailey outlined some great strategies for us this morning. They are simple, but doable. Medicine has brought us all security, pleasure, fulfillment, prestige, fortune and even fame, and, hopefully, some measure of satisfaction few, if any, other of the professions afford. To those of us who came to America, medicine means even more because truly this is God’s country. Believe me, and if you don’t, then tell me where on earth would you rather live? Be, therefore, good to your profession and blessings will come to you. Heroes, role models, personal commitment, talent, productive capability, planning, and a willingness to take risks and good leadership.

We have them all. We lack only a firm economic base and this should be the easiest of them all to accomplish. There is no doubt in my mind that patients continue to love and trust “their doctor,” especially when illness strikes and we are there for them. Unfortunately, the same does not hold for our profession. The electorate has lost faith in our profession and although we still enjoy a fair percentage of the public trust, it has sadly diminished over the past few decades. We are a victim of the political system and at the same time at least in part responsible for our own declining popularity. We must restore the faith. We must *do* something!

We cannot afford the luxury of living in "splendid isolation." So here is what I would like you to do and I challenge every healthcare giver, every doctor, every nurse, every hospital administrator to do the same, and if we do this together *we will win*. I would like you to make a strong personal commitment; I would like you to be proactive as well as reactive; and I would like you to dedicate one day each year, election day to medicine, not free work which we all do. Send your money to your society to fund clinical research. Some of us already do this and I have gathered many pledges already to continue this support. If you do this, you will have

fulfilled a part of your Hippocratic Oath; you will feel good about it; and you will have sent a very powerful message to everyone—to medicine, to your patients, and to your government. *Si non per amorem, tunc per timorem*. But, if you must do this, then do it through love and not through fear, and oh, think of the consequences if we do nothing. Teaching, in my opinion, is the noblest profession; medicine is a close second. I know of only a few doctors who don't do both. We have a noble heritage. Let us continue to grow a noble tradition and together we will do it. And, *don't forget Parker Brisett!*

A MESSAGE TO OUR SUBSCRIBERS

Williams & Wilkins and most other publishers seal issues of professional journals in polywrap bags to mail to subscribers. Although these bags are very effective in protecting issues from damage during transport, they are not biodegradable and pose serious environmental problems. A number of you have written to us to suggest that we change to biodegradable plastic or paper wrappers or no wrappers at all. We have considered the alternatives and have chosen the one imposing the least environmental threat—no wrappers for issues mailing to addresses within the United States. Second class postage regulations require that wrappers be used to mail issues outside the United States.

We hope your issues of *DISEASES OF THE COLON & RECTUM* arrive in good condition. If they do not, please let us know.

**ALMA J. WILLS
President
Periodical Publishing**