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Presidential Address

Make a Dent

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To serve as President of the American Society of Colon and Rectal Surgeons has been a great challenge, an honor that exceeds any other in my career, and a privilege that will be remembered forever. I appreciate your trust, and I'll cherish the memories.

I decided to give this talk with this title two years ago, after listening to Herand Abcarian's address at the Toronto meeting.

Dr. Abcarian discussed the issue of giving something back for all that we take. He referred to Gene Salvati's principle that we each have a "G.O.H.," or goodness of heart, column in our books and our thoughts. Individually, to greater or lesser degrees, this is done by all of you here, in your clinic coverage, your free or discounted care, in the extra time you put forth for patient and family education, in donations, and in many other ways. Much of this comes from time you might take more comfortably with your spouse or your children or your friends. The satisfaction of charitable or benevolent care is rewarding; you can be proud of that.

Does the ASCRS have a goodness of heart column? I didn't see one on the Council's list of work. I haven't heard one discussed.

I will describe for you briefly the current overall agenda of this Society, professionalism and what true professionalism for this Society might imply, and, lastly, how we might get there.

This Society has five major agenda items, which

have been present since the first meeting in 1899 in Columbus, Ohio. They have been greatly expanded and will continue to grow.

The educational value of our association was and is the keystone that gives us credence. Education sponsored by us occurs in many ways, including this annual meeting and the preparation and learning done to present a paper or poster. The fourth syllabus is in progress; self-assessment examinations date to the 1970s. Training programs have sprung from this foundation, as has the examining board. Regional meetings are cosponsored, the journal *Diseases of the Colon & Rectum* is published monthly, recertification training is given, new and upgraded instruments and drugs are shown; all combine to give each of us a sense of being closer to the cutting edge of modern surgery. Our educational arm is strong; you can be proud of that.

The agenda item, research, has had a profound increase in activity and interest here for several years. Basic research sponsored by ASCRS is being presented at this meeting. Program time allotted to research is increasing yearly. The Research Foundation is thriving now after many years of inactivity, due to enlightened and dedicated leadership and due to your generous funding. A review of surgical fellowships and scholarships currently available, published in the February 1991 *Bulletin of the American College of Surgeons*, shows that this Society and the Foundation provide more grants—both in numbers and dollar value—than any other society or surgical specialty in this country. More training programs are adding a second year, that for research, to the colon and rectal residency. A chair of colon and rectal surgery has

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been established; others are coming. Our research arm is strengthening; you can be proud of that.

The **political** agenda for ASCRS has become an important mix of pain and pleasure. The political pain and work, which is significant now, results from the need to hold our place in an ever-changing medical environment, where costs and dollars are more discussed in some arenas than is quality of care. Practice guidelines are one result; ours are important, improving, and require many hours of volunteer effort. Further distress comes to us from interactions with HCFA, the PPRC, and, at times, the CMSS and others.

The pleasure is afforded from interactions with the American College of Surgeons, the Association of Coloproctology of Great Britain and Ireland, the Section of Colon and Rectal Surgery of the Royal Australasian College of Surgeons, the American Medical Association, the International Society of University Colon and Rectal Surgeons, the enterostomal therapists, and many other groups. SAGES, the Society of American Gastrointestinal and Endoscopic Surgeons, sprung from ASCRS roots. Our political arm is doing well; you can be proud of that.

Fourthly, the **public relations** agenda has taken an improved and more noticeable step in the last five years. News releases highlighting papers given at this meeting are distributed. Patient brochures for several procedures and disease states have been a huge success. The Colorectal Advisory Corporation is fully functional, assisting plaintiffs and defendants fairly and equally. This Society was the first in the country to waive annual dues for those called up to the Persian Gulf Crisis. The media attention was gratifying. More ideas are in line from the Public Relations Committee and from our outstanding administrative team in Palatine, Illinois; you can be proud of that.

Lastly, the **social** agenda of ASCRS is a great satisfaction to all of us. From rodeos in Texas to the Boston Pops, from museums in Toronto to the zoo in San Diego, from the banquets and the receptions, and mostly from the informal, but critically important, meetings in the halls and rooms of these hotels, we have each benefited greatly. The traditions of this Society are deeply embedded; strong and lasting friendships begin here. This Society remains a forum for colleagues to discuss ideas, problems, their families, and their aspirations; you can be proud of that.

I am honored to serve as the Governor to the American College of Surgeons. After my report, which was brief, at the last Governors' meeting, two Governors came to me to ask, "How is it that your Society does so much for its members?" That was a joy to hear. The answer I gave to myself was, "We can do more."

What is professionalism, and how is it defined for a society of professors, or lawyers, or nurses, or colon and rectal surgeons? Professionalism is not a technical or legal distinction; rather, it is a social contract between a group or organization and the overall populace that it serves. This social contract carries with it responsibilities and corresponding privileges. Professionalism always implies a specialized body of knowledge, a code of ethics, and an overall responsibility to society, to serve the public trust. The specialized body of knowledge, such as is held by this audience, must be continually advanced, shared freely, and maintained at an excellent level, with deficiencies corrected on a voluntary and continuing basis.

Secondly, for a professional, an ethical code of behavior must be established and followed. This may be more demanding than the prevailing civil law. The professional, group or individual, places service as a fundamental ethic, putting the interests of those being served ahead of self-interest. The ASCRS does well in an examination of these first two requirements; you can be proud of that.

The third implication of professionalism demands a societal responsibility, a contribution beyond the practice of the profession *per se*, by involvement with the community at large. Dr. Robert Veatch, Director of the Kennedy Institute of Ethics at Georgetown University, has described an important need for professional associations in the 1990s, a fiduciary obligation to serve the public trust. We cannot yet feel pride in this goal.

For credibility and to be a truly professional surgical society, the American Society of Colon and Rectal Surgeons must outwardly demonstrate a social agenda, a social conscience.

With the obligations of professionalism, certain privileges also pertain. Most importantly, there is an authorization by society to be autonomous, to be free to determine the standards of conduct and practice from within the profession, rather than being subjected to externally generated standards. There is freedom to exercise professional judgment in the application of the professional's spe-

cialized body of knowledge. The ASCRS sets the standards of knowledge in colon and rectal surgery, and we are allowed and even encouraged by society to apply that knowledge. As examples, witness the Government's allowance of a tax deduction for your attendance here, or your hospital's reliance on your certification, or recertification, as one determinant of competence. Nationally or state by state, attendance here counts as Category I in continuing medical education. Professionalism allows autonomous behavior, in addition to the public's recognition and respect toward professional organizations.

I have summarized where this Society stands in its current agenda plan and discussed briefly the 1990s interpretation of professionalism. We must add to our agenda and complete all of the requirements for true professionalism. For credibility, for the public good, for the ultimate good of ourselves, the ASCRS should outwardly demonstrate a social agenda, a social conscience. For now let me name it the "goodness of heart" item on our list.

Dr. Leland Kaiser, a professor at the University of Colorado, a futurist and a spellbinding speaker, predicts that the decade of the '90s will be the decade of social consciousness in this country and abroad. Many of you have seen this before, in the '60s, in the Haight-Ashbury, in the beads and flower children. Now it's coming back, except it's in the boardrooms of corporations, and in societies such as ours.

My hope would be the following: The Fellows and Council of the American Society of Colon and Rectal Surgeons would develop a standing committee or foundation dedicated to serving the problems of this country, problems other than access to medical care, other than medical care for the indigent, other than AIDS, other than any difficulty related to medicine; in other words, a charitable work with no strings, no consideration in our minds or others that it is in any way self-serving. The committee would be composed of members, of wives or husbands, of lay people, of those already involved in these issues. The overhead for this work would not be the incredible losses by the Government's Department of Housing and Urban Development or even the excellent overhead of the United Way. The costs to do the work to provide charity sponsored by us would be zero. I know of people in this audience who would jump at the chance of a ten or twenty thousand dollar grant to

help in their community. I know of people in this audience who would be pleased to report back to us each year on the results of this program.

Can we afford to fund a new project? Without any increase in dues, without any increase in convention registration fees, without jeopardizing any of your programs, we could donate \$50,000 annually for the ASCRS social consciousness program, the Goodness of Heart Committee. I am convinced that it would be spent wisely. I am convinced that, once started, it will continue, become an obsession, and consume the energies and emotions of those involved.

Where would the funds be allocated? This question will be for the committee, but I would anticipate applications from ASCRS members similar to those that arrive for research grants. Environmental issues might be considered. Shelters could be improved, meals for the hungry purchased. I would very much like to see us help some of the newest group of refugees in this country, homeless children and homeless families.

Is anyone else thinking this way? Over two years ago, the Board of the magazine *Better Homes and Gardens* started a foundation for aid and research on homeless families. Much of their work and research has centered in and around Boston. Eighteen months ago, the Jefferson County Medical Society in Louisville took control of Mission House, a homeless shelter. That county medical society provides 500 meals a day and shelter for 200. Federal and local grants have now accompanied their efforts. I know of no national medical or surgical society, including the AMA and the ACS, that has started a similar program. We must get started; others will surely follow.

There are smaller programs than the one I suggest for us; not less important, just smaller. Three weeks ago the Angels Little League T-Ball Team, in San Bernardino, boys 5-8 years of age, had saved their allowances and collected cans to earn a Disneyland trip. Instead, they decided to buy lunches for the homeless in their park, delivered the meals in their blue uniforms, with enough left over so that homeless families with small children received an extra sack for dinner Sunday night. The boys didn't see Disneyland, but the memory of their concern for others will last much longer.

When I was a boy, there weren't homeless in every city and town. Now, in cities large and small, in Marin County, California, and Westchester

County, New York, there are humans suffering. This problem has burgeoned in the 1980s and seems so severe and prevalent that an intolerant and uncaring attitude has developed. Somehow it is easier to walk past the 10th child on the street than the first. According to a recent study by the National Academy of Sciences, a minimum of 100,000 children will be homeless tonight. Half of these are under 5 years of age; 13 percent are infants. Abused, neglected, hungry, they don't have any of the chances most of us took for granted. We can help some of them.

Gloria, a college graduate from Mexico City, and her daughter, Giovanna, were abruptly homeless and in a shelter in San Francisco. They lived with my family and me for 4 months, until 1 year ago, which allowed Gloria time to resume employment and find independent housing for Giovanna and herself. Minimal costs, great rewards.

Remember that 22 percent of the homeless in this country have employment, but not the means to get started in a room or apartment. A little help from someone, possibly from this Society, can turn lives around.

If you believe that the ASCRS should launch a

program of community charitable service, please make this known to the Council. Why should we do this? There are several reasons.

First, it would be a fine public relations move; taking an honorable and proper step toward helping the public structure in the United States would be viewed favorably, and we can rely on media coverage in the medical and lay press. Other societies will follow the ASCRS lead, making our step a larger one.

More importantly, it will allow all of us to feel better about ourselves, about our role in the overall scheme of events in this country, and further improve our self-image of an already very successful organization. For us, the tree of professionalism would sprout the last branch.

Most of all, the most important reason to pursue this course is that it is necessary, the right thing to do. To quote Adolph Monod, "Between the great things that we cannot do and the small things we will not do, the danger is that we will do nothing."

Fellows, members, guests, we cannot solve social problems occurring in our society in the 1990s, but we can, and should, **make a dent**. You will be proud of that.