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A Picture from Philadelphia

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I would like to express my humble and most profound gratitude for the honor of serving this Society as president for the past year. I've approached this presidential address with some trepidation. What can I say that will be of interest that hasn't already been said? I've sat through 22 previous presidential addresses, and reviewed several more in preparation for my own talk. I'm sad to say that I had forgotten the pertinent message of many of these speeches, a fact that I am prepared to accept that most of you will accord to mine today. A couple of addresses I distinctly remember because of their length; sitting through these talks I passed through all of the classic stages described by Elisabeth Kubler-Ross¹—denial, anger, bargaining with God, depression, and finally reluctant acceptance. I hope not to follow in this mold, and I'm going to attempt to finish at about the anger stage, or at least before the stage of depression that seems to characterize so many of today's surgical meetings.

The title of my talk is "A Picture from Philadelphia," and the picture I would like to use as a starting reference is the Thomas Eakins' painting, *The Gross*

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Clinic. This work was completed in 1875, in anticipation of the American Centennial Celebration held in Philadelphia the following year. It now hangs in Alumni Hall at Thomas Jefferson University. Thomas Hoving, the former director of the Metropolitan Museum of Art, has called this the most powerful painting ever produced by an American artist.²

The focal point of the picture is Dr. Samuel Gross, the most famous American surgeon of his day. Gross is caught in a momentary pause after making an incision in the thigh of an adolescent boy to remove a segment of tuberculous bone. He is operating in an amphitheater filled with students. The patient is a

charity case, designated so because of the patient's gray stockings and because his mother has been permitted to accompany him to the operating theater. Gross, the surgeon, is depicted in an act of healing, an act of teaching, an act of charity.

How different was Gross's Philadelphia from my Philadelphia? How different was Gross's America from our America? Obviously there have been some advances in surgery. Even in Philadelphia we no longer pour chloroform on gauze for anesthesia. It's interesting to compare a picture of Philadelphia made in 1875 with a picture of Philadelphia taken today.

The life expectancy of a baby born in Philadelphia in 1875 was 39 years. Actually that represented great progress, since the life expectancy of a baby born in Philadelphia in 1775 has been estimated to have been between 10 and 19 years. Today a baby born in Philadelphia has a life expectancy of 78 years.

The most common abdominal malignancy in Gross's Philadelphia was gastric cancer, which was incurable. The most common abdominal malignancy in Philadelphia today is colorectal cancer, which every member of this Society possesses the knowledge and talent to cure and the knowledge and ability to prevent.

When Samuel Gross's portrait was being painted, America's security was being threatened by an uneducated and hostile people who, rightly or wrongly, felt displaced and dispossessed by the government of the United States. As the finishing oils were being applied to this painting, these hostile and angry people sent a wake-up call to the American government at the Battle of the Little Big Horn.

Today a hostile and uneducated people, rightly or wrongly, blame their dispossession and predicament on the government of the United States, and on September 11, 2001, they sent a wake-up call to the American people by sequential acts of terrorism that were inconceivable to us until that day.

The attacks of September 11 have hurt the American people deeply, but these incidents have also restored a sense of resolve and unity that seemed to have left us during the last decades of the twentieth century. People influenced by the most repressive dictatorships imaginable, with a hatred for us that was fanatical and suicidal, considered our idea of freedom of religion as repugnant, our concept of equality of the sexes as disgusting, and our basic way of life as intolerable. Now that the American people have been made aware of these basic facts, we have, as a nation, recognized that we must now take action to defeat

and eradicate this threat to our country. The final outcome of this action is not in doubt. The error of our adversaries was to misinterpret America's good will and tolerance for weakness.

The last few decades were not only characterized by the failure of a complacent America to recognize this threat from abroad, but we have also failed to come to grips with a health care delivery system that is now threatening to break apart. This problem is not new. You will remember that candidate Bill Clinton promised that his legacy would be the reform of health care in America. The system is fragmenting for many reasons, and to attempt to elucidate these multiple factors is far beyond my limited abilities to present in this brief time.

However, our very ability to provide quality professional care is now being threatened, and some causes include an aging population, a decreasing rate of reimbursement for professional services, an uninsured population that we cannot morally ignore, increasing and unreasonable liability judgments that have elevated professional liability rates to unacceptable and unsustainable levels, and the recognition that managed care, which was supposed to promote health and contain costs, has failed miserably and is now despised by patients, physicians, and corporate purchasers of health care.

The system is under great strain, and drastic steps to fix it will certainly be required soon. As the country's response to the September 11 attacks came quickly once the basic facts that permitted these attacks were digested by the nation, I am optimistic to think that this nation will take appropriate steps to repair the health care system once the inadequacies of the present system are made clear. A public dialog must occur. The obvious unfair situations that now exist must be clearly presented. I would like to take the next few minutes to present a few of these problems as they exist in Philadelphia, hoping that you will recognize that these are a sample of problems that exist across our nation.

Dr. George Gowen, a member of this Society, lent me this figurative picture of Philadelphia: four thousand physicians practice in Philadelphia, where there are 8,000 policemen and 16,000 attorneys. What's wrong with this picture?

Accept for the moment that there are a finite number of health care dollars available in Philadelphia. How many of those health care dollars go to the attorneys, how many dollars are available to provide health care benefits for the policemen, and how many

dollars are available to pay for the services of the people who actually provide the health care? The total amount of money awarded for liability damages in the city of Philadelphia in 2001 exceeded the amount awarded for all damage claims in the entire state of California. What's wrong with this picture?

We desperately need tort reform, and I would hope that a society concerned for the best interests of its people would implement a no-fault health insurance system, so that patients who are injured are compensated, and the compensation goes to the patients and not to attorneys.

The majority of medical liability cases in Philadelphia are still dismissed or found in favor of the defendant, and yet the increasing number of frivolous suits being filed requires defense, and the exorbitant damages awarded have driven medical liability insurance companies from the state. Premiums for liability insurance have, for some specialties, doubled. These premiums represent dollars taken directly out of the health care system; university practices find that research funds have disappeared; physicians are having to trim their staffs, reduce the number of nurses in their offices, and forego the purchase of new and improved equipment. Many obstetricians find that they cannot afford to deliver babies because they cannot afford the liability premiums. Neurosurgeons cannot continue to practice when their liability rates are \$300,000 a year. What's wrong with this picture?

Our patients find that their health insurance premiums are increasing. Managed care was supposed to curtail the rise in medical costs, but it's turned out that costs are rising, but services are being increasingly denied. Days of hospitalization that the physician caring for the patient believes are necessary are almost routinely challenged and reimbursement to the hospital is automatically denied unless we make a vigorous response to the challenge. These inappropriate challenges consume a huge amount of physicians' efforts, taking more of our time away from appropriate professional activity. Still the premiums for health insurance are increasing. What's wrong with this picture?

Are these increases in insurance premiums necessary because the health insurance companies are in financial trouble? Three giant Blue Cross and Blue Shield companies that provide health insurance to more than half the population of Pennsylvania have stockpiled huge cash surpluses in recent years while increasing premium rates by annual double-digit rates. These companies, all nonprofit organizations,

hold more than \$3 billion in surplus—far in excess of legal requirements. Those surpluses could have been reduced by \$2.2 billion last year and still would have met minimum reserve levels set by the Pennsylvania Insurance Department. An article in the *Philadelphia Inquirer* noted that these companies have taken on the appearance of big businesses in recent years, expanding onto new turf, buying for-profit subsidiaries, paying \$1 million-plus salaries to top executives, and hoarding cash. The Blues were established in the 1930s to provide affordable health insurance to people struggling through the Great Depression. On paper, that mission—to be “charitable and benevolent” institutions—remains unchanged. And yet premiums are being increased! What's wrong with this picture?

Are our patients' health care premiums going elsewhere than to pay for their often denied hospital services or professional fees? Isn't it a little disturbing that the executives of these insurance companies that are notorious for denying hospital days and for questioning excessive diagnostic studies seem to be somewhat excessively compensated? A recent review of executive compensation in *Forbes* magazine reveals the huge compensation packages awarded to the chief executives of some of these companies in 2001.³ These are some of the same companies that routinely deny an extra hospital day for a patient that I, as the treating physician, believe is appropriate for my patient. What's wrong with this picture?

Are all the components of the health care system affected to the same degree in this era of diminishing reimbursement? Well, it turns out that in 2001, the hospitals in Philadelphia were reimbursed by managed care companies at the second highest rate in the United States. Only Phoenix hospitals received a higher reimbursement rate from the managed care companies. But the reimbursement the physicians in Philadelphia received from these very same managed care companies was the absolute lowest in the country. What's wrong with this picture?

I've tried to paint these pictures from Philadelphia with realism, but the perspective seems distorted, the pallet severe. The pictures have not, to date, been widely appreciated by the public. Our legislators have not seemed concerned. You have been asked, repeatedly, by various bodies of organized medicine, including this Society and the American College of Surgeons, to contact your legislators and enlist their support for health care reform. But the United States Senate rewarded us with a five percent cut in Medicare reimbursement this year. I'm afraid that the best

efforts of our professional organizations are not going to be able to persuade our legislators to enact the appropriate and necessary changes. Quite frankly, congressmen don't seem to be too concerned with the opinions of surgeons or physicians until they become ill. However, they are quite concerned with a much larger constituency over which we have considerable influence: our patients.

The system is now so strained that surgeons can simply no longer sustain our practice and deliver quality care. Our margins have been trimmed so severely that we cannot provide charity care, cannot maintain our facilities, cannot sustain our staffs, cannot, in short, practice surgery that will meet the standard of care.

As surgeons we have continued to be advocates for our patients, to work harder, accept less. But the payers, including the federal government, have mistaken our professionalism for weakness. We must frame the debate, present the honest facts, educate the public, enlist our patients to this cause, and allow society to decide if this country will provide the finest health care in the world. Because of who we are and who we can yet be, I have absolutely no doubt as to the outcome of the debate.

As a reminder of who we are, I would like to remember who we were, and return to our original picture. Samuel Gross was the outstanding surgeon in Philadelphia and the most famous physician in America in his time, but today he is remembered mainly because of this picture. And in the final analysis, it has become an icon not because it represents the man, great as he was, but because it represents our profession, which is greater still. The knowledge, instruments and techniques of our profession have changed, but the soul of surgery has not.

I was reading a text written by Dr. Gross, and I came across his words set down a century and a quarter ago. I would like to close with a picture of Philadelphia described by Dr. Gross himself.

"The world has seen many a sad picture. I will draw one of the surgeon. It is midday; the sun is bright and beautiful; all nature is redolent of joy. In a large house, almost overhanging this street so full of life and gayety, lies on a couch an emaciated figure, once one of the sweetest and loveliest of ladies, an affectionate wife, an adored mother, the subject of a frightful disease of one of her limbs.

"In an adjoining room is the surgeon, with his assistants, spreading out his instruments and getting things in readiness for the impending operation. He



"The Gross Clinic" by Thomas Eakins. Reprinted by permission of Jefferson Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania.

assigns to each his appropriate place. One administers chloroform; another takes charge of the limb; one screws down the tourniquet on the principal artery; and another holds himself in readiness to follow the knife with his sponge. The flaps are soon formed, the bone severed, the vessels tied, and the huge wound approximated. The woman is pale and ghastly, the pulse hardly perceptible, the skin wet and clammy, the voice husky, the sight indistinct. Someone whispers into the ear of the surgeon, 'The patient, I fear, is dying.'

"Restoratives are administered, the pulse gradually rises, and after a few hours of hard work and terrible anxiety reaction occurs. The poor woman was only faint from the joint influence of the anesthetic, shock, and loss of blood. An assistant, a kind of sentinel, is placed as a guard over her, with instructions to send word the moment the slightest change for the worse is perceived. The surgeon goes about his business, visits other patients on the way, and at length, long after the usual hour, he sits down, worried and exhausted, to his cold and comfortless meal, with a mouth almost as dry and a voice as husky as his patient's. He eats mechanically, exchanges hardly a word with any member of his family, and sullenly retires to his study,

to prescribe for his patients—never, during all this time, forgetting the poor mutilated object he left a few hours ago. He is about to lie down to get a moment's repose after the severe toil of the day, when suddenly he hears a loud ring of the bell, and a servant begs his immediate presence at the sick chamber: 'They think she is dying.'

"He hurries to the scene with rapid pace and anxious feeling. The stump is of a crimson color, and the patient lies in a profound swoon. An artery has suddenly given way; the exhaustion is extreme; the dressings are removed; and the recusant vessel is promptly secured. The vital current ebbs and flows, reaction is still more tardy than before, and it is not until a late hour of the night that the surgeon, literally worn out in mind and body, retires to his home in search of repose. Does he sleep? He tries, but he cannot. His mind is with his patient; he hears every footstep on the pavement under his window, and is in momentary expectation of the ringing of the night-bell. He is disturbed by the wildest fancies, he sees the most terrific objects, and, as he rises early in the morning to hasten to his patient's chamber, he feels that he has been cheated of the rest of which he stood so much in need.

"Is this picture overdrawn? I have sat for it a thousand times, and there is not an educated, conscientious surgeon that will not certify to its accuracy."⁴

Dr. Gross wrote these words more than a century and a quarter ago. And yet I will venture that there is not an educated and conscientious surgeon in this room who cannot recognize his thoughts, who does not share his experience.

In closing, I urge you to remember who we were, to recognize who we are, and to take the necessary steps to preserve our heritage for who we are yet to be. Thank you very much for the honor of serving as your president.

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