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Presidential Address

THE flood of criticism that is currently being directed against the practitioners of medicine has caused our profession to reflect upon its shortcomings and engage in some soul-searching of its own. This cannot fail to have a beneficial effect although there is nothing new in this concern of the physician over his own inadequacies and those of his colleagues. In the preface of an early text on proctology published in 1887, the authors voiced their concern over the practices of what they referred to as "the modern Western Rectal Specialist."* They wrote: ". . . he now undertakes to treat other common rectal disorders as well, in a fashion peculiarly his own and suited rather to his own convenience as an itinerant than to his patients' real welfare."

We still have the counterpart of the old "modern Western Rectal Specialist" with us today in all parts of our country in the attenuated form of the self-styled proctologist who directly and by inference claims that he has certain methods of his own with which he can treat all rectal disorders without causing the patient any discomfort or loss of time and without the benefits of hospitalization. Practitioners of this type will be with us as long as gullible patients can be found, and vocal opposition alone will not be sufficient to counteract the discredit that they reflect upon our specialty. We can best oppose the noxious influence of these practitioners by the constructive method of equipping ourselves to provide our patients with the finest scientific care and by

* ANDREWS, E. and ANDREWS, E. W. Rectal and Anal Surgery. Chicago, 1889. W. T. Keener.

establishing a sound physician-patient relationship with those who seek our services. In the remarks that follow I will touch upon what our Society has done and what our individual members can continue to do to meet the criticism that has been directed toward the medical profession and our component specialty.

Proctology as a specialty was established by foresighted physicians who early recognized that the medical rights and privileges of the patients were being violated by the irregular practitioners of that era. This group of charlatans flourished near the turn of the century because of the indifference of the medical profession to the treatment of those who were suffering from disorders of the colon and rectum.

This Society has played a leading role in establishing our specialty upon a sound scientific basis and in bringing to it the dignity and prestige that it now enjoys. The motivating power of this organization has been the strong desire on the part of its members to interest fellow practitioners in the specialty in order that better medical care be available to those afflicted with proctologic disorders. It is for this reason that membership has not been limited to a select group of specialists but has been open to all practitioners who had a genuine interest in preparing themselves to render better care to those of their patients who presented themselves with proctologic complaints. Our Society has encouraged the formation of regional proctologic groups which have no official connection with this organization but serve to stimulate interest in the various

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phases of our specialty. For many years those in charge of our scientific programs have sought to present a well balanced group of subjects both directly and indirectly related to proctology. An important feature of each annual meeting has been a symposium conducted by physicians well versed in some particular phase of our specialty. This year, for the second time, an additional day has been made a part of our annual meeting so that it could be devoted to a consideration of the basic sciences presented by faculty members of the universities in the city in which we assemble. Largely through the efforts of some of our individual members accredited residencies have been established and maintained to train physicians in methods of proctologic diagnosis and treatment.

It is in ways such as these that our Society has endeavored to fulfill its obligations to our founding members. However, this policy has placed upon us an added responsibility to both our patients and to our profession. To stimulate the interest of our fellow physicians in the diagnosis and treatment of proctologic disorders is not enough; we must maintain the high standards already established and continue to insist that those upon whom membership is conferred meet all the qualifications of the classification to which they are elected.

The American Board of Proctology has been established for the certification of specialists in our particular branch of medicine. The Board is an autonomous entity unassociated with this Society although we have the privilege of electing four of our members to represent us in its deliberations. Certification by an examining Board does not denote the full measure of any physician's medical ability; it is the recognition that he is given by his colleagues that is the true index of his professional stature. However, certification by the Board is tangible evidence that a physician is qualified to render the type of medical care to which the patient is entitled.

Up to this point I have briefly touched upon the creditable manner in which our Society as an organization and proctologists as a group have assumed the responsibility for providing better care for those patients who have turned to us for medical attention. The remainder of the time at my disposal will be devoted to a consideration of the obligations of the individual physician to those who are in need of his services. Many of the following comments

would be applicable to any practitioner of medicine but the nature of this Society is such that I will deal with the subject from the standpoint of the proctologist.

It would be impossible to fulfill the obligations placed upon us if we failed to maintain a close physician-patient relationship. This may be difficult at times because we are frequently called upon to serve our patients in the role of consultants. In this capacity we must reveal to each patient our genuine interest in his welfare and we must avoid giving him the impression that we are merely acting as indifferent superspecialists.

The nature of our specialty is such that it can best be practiced within the confines of our office and of our hospitals. This fact, however, does not relieve us of the responsibility of providing medical care to our patients whenever or wherever it is needed. Although we are engaged in the practice of a limited specialty, we are none the less physicians and as such are obligated to provide emergency medical service whenever called upon. Whether we render this service ourselves or through a designated substitute, the responsibility is ours until the emergency has been met.

Unnecessary demands are often made upon the harassed physician by the thoughtlessness of an ill but self-centered patient. Nevertheless, we should never lose sight of the fact that the patient, with his real or fancied illness, is entitled to the consideration which he too frequently fails to show us.

Every patient is entitled to receive whatever time and attention may be necessary to enable us to reach at least a tentative diagnosis. If the time is not available at the initial examination, arrangements can be made for the patient to return at a designated hour when he can be given the attention which he deserves and quite properly expects.

The anatomic limits of our specialty are such that most of the involved areas are accessible for direct examination. This should enable us, with the proper expenditure of time and effort, to reach a correct diagnosis to a degree seldom attained in any other branch of medicine. However, in spite of the restricted field in which we work there can be no justification for us to lose sight of the fact that we are dealing with only one integral part of that marvelous and awe-inspiring organic entity known as the human body. Although we may

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carry the designation of specialists in proctology, above all we must remain physicians dedicated to the art and science of healing.

Each patient should be given a reasonable explanation of the results he can expect from the treatment that he is to receive. In periods such as this, when the tensions of daily life are reflected in many of those whom we see in our consulting rooms, it is not enough to control the symptoms with medication and dismiss the patient with the impression that he will have no further difficulty. Patients of this type are in desperate need of a simple explanation of the nature of the functional disorders which are the source of their deep concern. All patients are not capable of accepting such an explanation, but those who do will leave our office better prepared to meet the vicissitudes that they are bound to encounter in subsequent daily life.

If the contemplated surgical operation may result in a permanent or temporary colostomy, it is our responsibility to mention this possibility to the patient. It can then be explained that a colostomy is at times the necessary consequence of a radical surgical procedure and is in no way incompatible with a comfortable and useful mode of life. Those who have followed this practice have seldom encountered a patient who for this reason has denied himself the advantages of a radical surgical procedure. Instead, they have gained for themselves a patient who from the outset has granted his physician his full confidence and complete cooperation. Failure to discuss this subject with the patient prior to an elective surgical procedure is, in my opinion, a violation of his rights as an individual.

No sweeping statement can be made concerning the desirability of discussing with a patient who has carcinoma the exact nature and extent of his illness. This is a matter which must be decided upon an individual basis and is one which calls for a thorough understanding of human nature. However, regardless of the manner in which it is done, we are morally obligated to prepare such a patient to face reality courageously without depriving him of the hope that is essential for his continued existence.

The indiscriminate employment of laboratory and roentgenologic procedures is no substitute for the conscientious medical attention to which every patient is entitled. In evaluating

the physical status of a patient, the dependency of some physicians upon the information obtained from laboratory procedures leads one to surmise that they are seeking a method by which they can discard the information gained through the exercise of their native intelligence and rely for their diagnosis upon the results obtained by processing a punched card through a standard I.B.M. machine.

Without the intelligent use of laboratory procedures we would deprive our patients of the scientific tools that are at our command. However, unless utilized with a modicum of common sense, a multitude of laboratory tests can add little to our knowledge of the patient but can contribute greatly to the cost of his medical care.

Consultation service should not be requested without good cause nor should it be withheld whenever deemed necessary. The principle of allowing the patient his free choice of a physician should also be applicable when a consultant is to be summoned.

For the benefit of both the patient and the hospital we should formulate definite plans to coordinate the services that will be required during the time of hospitalization. Laboratory procedures, x-ray studies and consultation service should be planned in logical sequence so that one does not interfere with the other to prolong unnecessarily the period of hospitalization. To inform the patient of the necessity for certain procedures and charges will provide him with a better understanding of the high cost that is so frequently associated with good medical care.

Any patient who displays an interest in the subject should be given a realistic estimate of the cost of the medical services that are recommended. The initiative for bringing about this discussion rests with us, because many patients are hesitant to broach a topic which may be of utmost concern to them but which is secondary to the purpose of their visit. In the event that the ordinary cost of our proposed services would result in a hardship to our patient, we are obligated to provide him with adequate medical service at a fee that he can afford to pay.

For many years the application form for membership in this Society has contained a pledge under which the applicant signs his name. This pledge contains the following sentence: "I also agree not to participate in

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fee-splitting or any other form of unethical medical practice." All but the oldest members of this Society have signed this pledge, and those who were not given this opportunity have over the years demonstrated their adherence to the principles which it embodies. Our opposition to any form of unethical practice is a matter of record and does not warrant extensive comment at this time.

A great deal of prominence, more perhaps than the subject merits, has been given by the lay press to the performance of unnecessary surgical procedures. Within the past year, during a panel discussion at a large medical meeting, one of this country's best known surgeons and teachers predicted that fewer hemorrhoidectomies would be done when unnecessary operations have been eliminated. This prediction may be correct, but one should not infer from these remarks that the proctologist is the one who is responsible for performing unwarranted surgical operations. He is no more to be blamed than can the gynecologist be held accountable for the needless hysterectomies for which the profession is currently criticized. It is the surgeon who has little or no interest in the diagnosis and treatment of proctologic disorders, and frequently the one who disparages proctology as a specialty, who is responsible for the unwarranted surgical procedures which are employed for the treatment of conditions which would readily respond to less radical therapy.

What constitutes good medical care, aside from its scientific aspects, has been the basis of the preceding remarks. Admittedly what has been said reflects a personal opinion and it is not to be expected that it will be met with complete agreement by every listener. However, the thoughts that have been expressed are based upon principles which will enable us to provide

medical care that is contrived for the welfare of the patient rather than for the interests of the practitioner.

Since the final quarter of the last century when a few foresighted physicians became interested in a field of medicine exploited by irregular practitioners and neglected by those who were indifferent to its potentialities, proctology has become firmly established in the group of recognized medical specialties. A few physicians whose surgical interests appear to be broader than their concept of the type of medical care to which the patient is entitled even now maintain that there is no justification for a specialty as restricted as ours. Discredit is often reflected upon our specialty by those who refer to themselves as proctologists but who adhere to systems and methods of therapy inadequate for all the conditions that they profess to treat.

To refute any criticism that may be directed toward our specialty we, as members of this Society and as individual practitioners, must continue to provide the kind of medical service to which our patients are rightfully entitled.

It is not the public expression of our approval of lofty principles that is the true measure of our desire to meet the responsibilities that are ours. The only adequate test of our sincerity in seeking to discharge our obligations properly is the manner in which we serve those who turn to us for medical attention. The strong foundation upon which our specialty has been established is a tribute to those who have preceded us. It is incumbent upon us to persist in our efforts to provide the highest quality of medical care if we are to merit the gratitude of our patients and command the respect of our fellow practitioners.

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