Volume 44

Diseases of the
COLON & RECTUM

Number 12

DECEMBER 2001

PRESIDENTIAL ADDRESS

Finding Longitude

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MacKeigan JM. Finding longitude. Dis Colon Rectum 2001; 44:1739-1742.

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I wish to thank the Society for the privilege of standing before you today, and for the wisdom to place this presentation before lunch. It gives me reassurance that if the hall should empty during this presentation, it has nothing to do with the quality of the talk, but more to do with the quality of the lunch.

Today, I would like to talk to you about longitude—finding longitude. We are all navigators; we are pilots sailing our own vessels—explorers launched into uncertain realms in uncertain times—at a time when our profession and the value of our professionalism is constantly being questioned. But let us not give up hope. Francis Bacon wrote in the *Advancement of Learning*: "They are all discoverers that think there is no land, when they can see nothing but sea."[1] During the early 1700s, the age of exploration, navigation was treacherous. Ships went aground frequently, and ships were literally lost at sea as soon as they lost sight of land.

Dava Sobel in her book *Longitude* tells the story of navigation, of scientific discovery and independence, of politics and its influence on independent thought, discovery, and the seeking of new worlds.[2] As you know, the latitudes are the parallel lines encircling the globe, fixed, for the most part, by the laws of nature. The longitudes, in contrast, were set by *politics* as well as by science. The placement of the 0° longitude, the Prime Meridian—where east meets west—was purely a political decision. Any line could have been the reference point. Previously, lacking a practical method to determine longitude, to determine their place in the world, every great captain became lost at sea. Magellan and Drake, da Gama and Balboa—all moved more by good luck than by design.

While science looked to the stars and moon, and their precision and repetition, for a solution to locating one's place on the ocean, it took a *political* act of the British Parliament, the Longitude Act of 1714, to set the stage for a sound, scientific solution. It funded a research proposal. For you see, the solution was the development of the clock. If you know both the time

Read at the meeting of The American Society of Colon and Rectal Surgeons, San Diego, California, June 2 to 7, 2001.
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of the home port and the current time, you are able to calculate where you are in this world. Finding longitude is a function of time. The whole story is too long to recount today, but suffice it to say, the solution was marred by a process of prejudice, changing rules, and political interference.

Craig Ruff, in a chapter on "Leadership, Followership, and Science," talks about the blending of science and community, of politics and the truth. He states that "politics mediates science," that politics is public policy, and public policy is politics.[3] With the mention of politics, most of us cringe. It is not perceived to be part of the solution, but something that is tolerated for our freedom. But I would maintain that we in medicine have lost our political freedom, abdicated our responsibility to politicians, to business leaders, and increasingly to the public with consumerism. "Politics is Governance"[3]—whether national, state, local, hospital boards, or medical groups. Politics balances points of view and creates a set of values, and not always our values. It then forces those values on the "tribe." Medicine and science explore facts. Health is our business, but everything is politics. Politics balances fact and opinion, and the end result is public policy. It is politics that determines how we navigate—how we find longitude.

However, there is opportunity, and the horizon offers hope. The public, the business community, and unions have lost confidence in the managed care model as a solution for public policy. In many countries, politics is health care and governance. In the United States the government funds more than one-half of health care costs. Increasingly, legislatures are mandating insurance benefits such as colonic screening or diabetes management. The scope of practice for others has changed the landscape and even public funding of care. The increasing difficulty of hospital funding, staffing, and nurse training threaten the foundations of our system.

We must join the debate. As we lose confidence in our national medical associations to provide relief from public policy, we at the specialty Society (The American Society of Colon and Rectal Surgeons), will have to be more active outside of science and education. We have to be part of the negotiation. We must enjoin with others and revitalize ourselves, the American College of Surgeons, the American Medical Association, and similar substitute organizations. The medical society of your state and specialty are tools at our disposal. We need to use them. They are for us to shape and brandish. They are our community of professionalism, of values and ethics. They are needed to contribute to public policy.

The stories of ships and navigation often call forth deeper questions. The 20th Century tragedy of the *Titanic* was retold recently in a movie of the same name. This really is an ancient story of how a society of human beings on a ship mirrors the larger society in which they live. This story, formed at the end of a century of promise, portrays a technologically advanced society—"unsinkable" to its designers and crew —having been sunk by its greed, its hubris, and its indifference.

What survives in this century is our love of our profession and our patients, our imagination and hope for the future. The new century has been launched, and from the prow we need to scour the horizon and steer firmly and confidently toward the unknown, comfortable that our own moral compass is true. We are worried about our declining reimbursement, loss of freedom, medical errors, and public discontent. We must learn to cultivate and appreciate the meaning of what we do for society—the meaning of our knowledge and skill—and communicate to our colleagues and to the public. Finding a personal meaning opens up the mention of satisfaction and joy, not just survival.

The horizon offers hope. The technology of genetics and education of the public will lie in the specialists' hands. Our specialty lends itself to an increasing role in the diagnosis, education, and treatment of colonic inherited disorders. We must explore and fund more training in this domain for members and trainees. We must get off our latitude and find our longitude—find our proper place and role as a specialty in this domain. Genetic diagnosis and therapy will be part of our responsibility, but we must be willing to enjoin the public debate regarding testing and privacy. The ownership of expertise in this field is yet to be defined.

The horizon offers hope. Quality is on the horizon. We have always practiced and promoted quality, more than most organizations, and more than most medical societies. We are at a pivotal point in our Society's history. How we tack and respond to the question of communicating our quality will determine our right to our proper place, and our place in determining public policy. Increasing reports about the training background of the surgeon and the volume of surgery as critical factors, put us in a proper role and responsibility to communicate that quality—our quality—and to develop the tools needed. The recently appointed Quality Assessment and Safety Committee is one of those instruments. We may not be able to defend or support the individual surgeon's quality, but collectively we can

build the infrastructure to allow the individual to navigate his or her own course—to find longitude.

The horizon offers hope. Increasingly, the payer is looking beyond the insurance company for partnering and understanding of the medical system. Understanding the needs of business, and business processes, may be a way for medicine to provide some efficiencies.

General Motors recently developed the "Leap Frog Group" of employers to look outside the insurance industry for solutions. This is a coalition of 100 major employers in this country. They plan to place palm pilot devices in the hands of 100,000 physicians over the next year and develop coalitions to study quality and safety. Chrysler Corporation has moved its Continuous Improvement Workshop into the medical community, a process of business efficiency to reduce costs and duplications. Our office participated in the program, and we have since developed more efficient ways to process paper with two fewer employees. Similar processes in emergency rooms have shortened waiting times and reduced duplicated procedures.

One suggestion has been to adopt some of these processes in our own situation. We in medicine may even consider a standard used by auto manufactures and others such as the International Standards Organization (ISO 9000). These are quality management standards and guidelines and have a global reputation. The payer and employer understand ISO more than the Joint Commission on the Accreditation of Healthcare Organizations standards (our U.S. hospital review process). There are eight quality management systems of the ISO.

These focus on customer service, leadership, involvement of people, process approach, system approach to management, continual improvement, factual approach to decision-making. and mutually beneficial supplier relationships. Many people's immediate response to all of this is "more buzzwords." The truth may lie somewhere between the cynical and the idealistic. As the hope for more reimbursement fades, solutions can be found through efficiencies to help lower costs. Certainly, reduction of what has been termed "hassle factors" serves all of us well. These issues are national and international issues, but the solutions are found at the local and state or provincial level, in varying degrees of politics. Support for your local and state or regional organizations continues to be a foundation for continuing relationships with industry and with the community and with political leaders.

But let me get back to longitudes. The 0° longitude, the Greenwich line, is a political reference point. East meets West at any longitude, and increasingly our Society has had an international presence and responsibility. The number of citizens of international origin who are members of this Society has increased substantially. In the past several years, more than 50 percent of new members joining our Society have been living outside the United States. For the past ten years, an International Relations Committee has provided a wonderful forum for communication and fellowship, and it sponsors an international traveling fellow. These efforts must continue.

A new International Committee has been formed to carry our responsibilities further. The Society's Journal publishes supplements for the Japanese Society of Coloproctology and a quarterly issue for Spanish and Latin American colon and rectal surgeons. Soon the Journal will be available on the Internet. Our Society has responsibilities to assist in certification and accreditation processes in other countries where formative colon and rectal societies are emerging. Our responsibility to understand other cultures, other delivery systems, and other methods and to know each other better will be increasingly important. Already, areas of the United States and some major cites have a majority of what have been termed "minorities." We will have to respond to these changes with a diversity of approaches.

There is a plan. The strategic plan of the society recently has been formed, and is "a work in progress." There are six main goals: Meet the educational needs of the membership, develop the infrastructure to ensure delivery of appropriate care, enhance effective communication, maximize collaboration with other organizations, promote research, and maintain the Society's fiscal stability and enhance membership.

All of these speak to an international and national agenda and responsibility, a responsibility for a future of meaning and a purpose for us all. We can partake in politics, develop quality measures, lead in the health care of genetic intestinal diseases, and have a responsible relationship with business. We have a clear mission. We have developed a course and direction—a foundation of fiscal and professional responsibility. Our Society is an instrument to help us navigate, change, take risks, alter course, and to find longitude.

To quote from Tennyson[4]:

". . .Come, my friends./ 'Tis not too late to seek a newer world./ Push off. . . for [our] purpose holds/ To sail beyond the sunset. . ../ Though much is taken, much abides; and though/ We are not now that

strength which in old days/ Moved earth and heaven; that which we are, we are,—/One equal temper of heroic hearts/ Made weak by time and fate, but strong in will/ To strive, to seek, to find, and not to yield."

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