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Presidential Address

PHYSICIAN FIRST—SPECIALIST SECOND

You have done me the honor of allowing me to serve as your President. The esteem of one's peers is truly a blessing in life.

I should like to share with you some of my most sincere reflections on the future status of the profession of medicine and of our specialty within the profession. One cannot have lived a full life and carried the responsibilities of leadership without some soul-searching contemplation. Let us consider and explore the following topics: (1) The training of younger physicians in our specialty of proctology; (2) the role of our Society in advancing knowledge in our specialty; (3) the relationship of our Society to the profession of medicine as a whole, and (4) the responsibility of each of us as physicians to our profession of medicine and to the public which it serves.

1. *The Training of Younger Physicians in Proctology.* Proctology is a specialized branch of surgery and as such demands extensive training in the requirements of diagnostic and surgical skills. One of our great needs is to encourage younger men, as they acquire their surgical residency training, to consider the field of proctology. However, in addition to this recruitment of able men with promise, I believe we should do everything we can to interest the general practitioner and other specialists in our work thus emphasizing the importance of proctology as a specialty and enhancing the service we can render to our patients.

As the scientific papers in our current program illustrate, the gynecologist and the obstetrician (to name only two specialists) can profit much by using the specialized skills of proctologists to help solve the complications of pregnancy. We know that the general practitioner is most often the first physician to see the patient and that he may later require our specialized services and skills. I think, therefore, it is almost axiomatic that all of us in our hospital or medical school teaching practice should be constantly on the alert to observe the oncoming generation of physicians and do our best to give them counsel on the clinical values of our specialty.

I believe a return of the preceptorship system in undergraduate medical education is needed. Indeed, it is already underway in many medical schools and it is here (where the young student spends some weeks with his preceptor, the established physician) that we can capture the imagination of our younger colleagues-to-be and eventually bring them into our specialty.

Twenty-two medical schools of the nation now have preceptorship training for senior year medical students. In ten of these medical schools the preceptorship is compulsory as part of the curriculum. In the other twelve schools it is elective. While the length of the preceptorship may vary from school to school, the average time is six weeks for the student.

It is in his preceptorship training that the student—working with a private practitioner of medicine—discovers, probably for the first

time, that medicine in private practice is quite different from the expectations derived from the textbook facts of his classroom lectures and the "ivory tower" training he obtains in a medical school or a university teaching hospital.

In the preceptorship program the student sees people as individuals, not merely as beds on a ward, and he begins to learn the vital importance of that very real but intangible thing called the doctor-patient relationship. He sees the private patients of his preceptor-physician responding to treatment often far better and faster than they would under the same treatment in clinics or on the wards because of this intimate doctor-patient relationship. The student thus begins dimly to realize that the practice of medicine is something more than batteries of diagnostic tests. He learns of the art and the science of medicine, and that it is important to treat the person as well as the disease.

There is, of course, no substitute for full time residency training in proctology or in any field of medicine. However, circumstances which are recognized by The American Board of Proctology make approved preceptorships in proctology necessary and desirable. According to the present special professional qualifications required by the board, a candidate may qualify in one of three ways. I quote from the September, 1954 folder. "He shall have completed: (1) Two years of approved general surgical residency and two years of approved proctologic residency; or (2) Three years of approved general surgical residency and two years of approved proctologic preceptorship; or (3) Two years of approved general surgical residency and three years of approved proctologic preceptorship."

It would be well for more medical schools and hospitals to encourage and provide facilities for graduate and resident training in proctology. This special field of surgery offers boundless opportunity for relief of acute and chronic inflammatory conditions of the colon, rectum and anal canal as well as early diagnosis and eradication of neoplastic lesions in these locations. Significant opportunities for clinical and laboratory research are also available, and for the physician in private practice there is an abundance of patients.

2. *The Role of Our Society in Advancing Knowledge of Our Specialty.* As members of The American Proctologic Society it is incumbent upon us to advance the knowledge of our specialized field of medicine. This we do among one another of our own group by our clinical presentations and proctologic surgical papers, each of which in its own small way broadens our horizons and contributes to the continuing postgraduate education of each of us. We are better proctologists this year than last; we shall be better proctologists next year than we are today.

This, too, is as it should be. However, I am reminded that a specialist (whatever his field) is a man who is said to know more and more about less and less.

I do not mean that we should all become philosophers—who know less and less about more and more—but that desirable as it may be to educate each other as we do, it is also most desirable to spread our knowledge to other branches of medicine. Too often, as I am sure you will agree, we see patients by referral at a very late stage in the course of their affliction. If other physicians, not proctologists, knew more about the basic elements of our specialty, they could more swiftly recognize conditions that could be corrected at an early stage and not at an advanced stage. This would be far better medicine, and more beneficial and less costly for the patient too. We should never forget that it is for the welfare of the patient that the profession of medicine exists.

How may we spread our knowledge to other branches of medicine? The older way is to hope that other physicians will read our specialized papers as they are published in *The American Journal of Surgery* or other medical publications. Such publication helps all proctologists in the education of each other, but I sometimes fear that it only fulfills the goal of teaching us, as proctologists, more and more about less and less.

As I have these fears I begin to believe that we should do much more. Instead of merely publishing papers on the latest tiny iota of our proctologic knowledge, I believe our Society might well consider as Society policy the encouragement of our members with the ability to write to publish down-to-earth, practical scientific papers of the generalized review type. These summary papers, through our Society, could then be submitted to the leading journals of the other specialties of medicine or surgery to help other specialists attain some of the basic, fundamental knowl-

edge of our field. We should not neglect journals in the general practice field as media for such publication.

I also believe that we should not only officially encourage our members to write such papers but also that the Society should buy reprints of these articles and distribute them to selected physicians. Indeed, each member of our Society might act as a distributor in his home town to see that the other physicians of his community would have the benefits of this basic proctologic knowledge. At this intimate, personalized level the "spreading of the gospel," so to speak, would arouse intense interest and be most effective.

To implement these suggestions I have drafted a resolution which will be submitted to a meeting of the Fellows for formal action.

3. *The Relationship of Our Society to Medicine as a Whole.* In the remarks which I have just made one can visualize an important step which our Society can make toward medicine as a whole. However, the "spreading of the gospel" of our specialized knowledge to the rest of the profession is only one approach.

In our turn (and remember this can be no one-way street) we, too, must keep an open mind and keep in touch with the progress of other specialties. We cannot expect them to listen to us and learn of our progress if we are not equally receptive in our turn.

Our Society publishes each year a bibliography of proctologic progress throughout the world. Thus we have at hand a convenient means of keeping abreast of advances in our specialty. I believe that the compilation of this bibliography should be a function of our Committee on Education.

I would suggest that this committee be broadened further so that it perhaps would have the title, The Committee on Education and Public Service, and that it would take on the additional function of selecting and distributing reprints of key articles to other physicians. The details would have to be worked out, but perhaps our Society could afford the expense of this reprint service to the rest of the profession. I do not mean to imply that we should send reprints to 165,000 physicians in the United States, but I am sure that each of our members could suggest ten or twenty other physicians in his home town who should have or would like to have such reprints.

4. *The Responsibility of All Individual Physicians to the Profession as a Whole and to the Public Which It Serves.* We are all physicians first and specialists second. This we must never forget. I urge all of you to enter into the activities of medicine on all fronts and not merely within our own specialty. It is all too easy to become immersed in our own private practice and let the rest of the physicians "run" organized medicine. I say this from deep personal knowledge because I have had the honor of being President of my local county medical society in Brooklyn, and I am well aware of the tremendous variety of problems which medicine faces today on many fronts—public health, medical economics and public relations.

Too many physicians show great apathy about their local county medical society. They will complain about it and say, "What do I get for my dues? Why don't they do something?"

All of you can do something about this problem in your own local community by expending personal activity and responsibility in the matter. I would strongly recommend that you serve on committees of your society, perhaps even assuming posts of leadership among the officers. You will find that this takes time, but I assure you that the participation not only brings personal satisfaction but also is deeply needed by the medical profession.

Perhaps in some Utopian community in this nation everything is perfect, but I doubt that such a community exists. I would urge you to work actively in your county medical society. Reflection upon the following questions may help improve any undesirable situation.

1. Are there conflicts between hospitals and physicians in your own community?

2. What about medical care plans in your community? Are the conflicts of health insurance in your city resolved or do they continue to present problems? Is free choice of physician by the patient provided in such plans? Is the fee schedule equitable, reasonable and just?

3. Is there any place in your community where a patient can go and get a fair and impartial hearing if he has a complaint, particularly on fees?

4. How are the public and press relations of your community for the medical profession? Is it a cordial relationship with the press, radio and TV? Or do the newspapers show antagonism and constantly snipe at the profession?

5. Do the physicians of your community enter into activities of voluntary health agen-

cies and the work of social welfare agencies? Or does the medical profession stay aloof in these matters?

I could go on with other key questions but I need not, for I am sure all of you recognize that these matters and the conflicts and problems which they raise are all within the province of your home town medical soceity. They are problems which your county medical society can help resolve if it has the will and the energy to do so. You in turn owe it to yourself and to the profession of medicine to see that your county medical society does something about these matters.

That does not mean that you should air your complaints only in hospital staff rooms. It means that you, yourself, should take action by working actively in your county medical society, thereby helping to remedy whatever needs to be done.

As specialists in our chosen field of proctology, the easy and unconstructive attitude is to withdraw into our clinical specialty and let the "other fellow" face the knotty problems which I have raised.

I am afraid, and this is why I emphasize the point, that too many physicians across the nation have taken just this same attitude of withdrawal into the specialties and thus seek to escape personal responsibility for the great and broad problems of medicine. Yet, by retreating into this "monastery" of specialized clinical medicine, these man have not helped but hindered and handicapped the profession of medicine.

I am sure you have heard patients say when asked what they think of medicine, "I think *my* doctor is wonderful but oh, that awful organized profession of medicine . . ." This means that the public is blaming the profession as a whole for its acts or rather its lack of action on important problems of medical economics, public relations and so on.

The point I should like to stress is that we specialists need to participate in the general affairs of medicine at the county medical society level. Just because we are proctologists does not mean we can solve the problems better than they are being solved now, but we must assume individual responsibility in an attempt to solve them. We cannot, in a word, escape the criticisms which the public now foists upon "the medical profession."

What the public thinks of doctors has also another aspect, namely, how we deal with our own individual patients. This applies particularly to physicians who are specialists.

In a recent major speech before the National Health Council, J. Robert Moskin, Articles Editor of the *Woman's Home Companion* had this to say of doctors:

"The doctors and you and we editors have to explain the story of medicine to all the people, if we want all the people both to support and derive the maximum benefit from medicine today.

"The problems of communication we have in common are three. These barriers are creatures of our times. They did not exist in our father's time.

"The first problem (the only one that I shall discuss) is the inhumanity of medicine. The impersonalization of medicine today. I mean just that: the inhumanity of medicine today. This is our greatest problem.

"It is almost a cliché to ask what has become of the old-fashioned family doctor. It is a cliché to you and me, but it represents a tragedy to the person (the patient) you and I are trying to reach when we work together."

Mr. Moskin was only citing the tiny fraction of physicians who act brusquely or with cold impersonality toward their patients. I am afraid that it is the specialists among the medical profession who are the greatest offenders in this regard. I do not say that all specialists, after their years of specialized training, should revert to the role of the old time country doctor of 1870, for the progress which has come from specialization would soon be lost if we retrogressed to the medicine of the time of Grover Cleveland.

We must never forget that patients are people and want to be treated as people, not as animated machines that have broken down in some function.

Specialists do not have to sit and listen to every variation of every complaint of every patient in the discussion of his health. That, I believe, is the role of the family physician who more and more is becoming the patient's "personal physician." He guides him to the right specialist or consultant and explains the implications of what has to be done, its costs and the role of the various specialists who may be needed.

The specialists, and we among them, have their part to play also in making medicine

once again a "human" profession. What we can do is to realize, that there is an art as well as a science of medicine. In this present era the science of medicine is at its zenith. In therapy, surgery and preventive medicine it truly performs wonders as the morbidity and mortality tables indicate.

We have to remember that when the science of medicine is at a high level, the physician who benefits by these new discoveries is apt to forget that curing the patient of his disease is not enough, at least not enough as the patient sees it. "How" he is cured becomes an equally important factor.

As I see the problem and as I interpret the remarks of the Editor whom I have already quoted, we must apply more of the art of medicine in our own individual practice. As we order the newest antibiotic by mouth or give it by injection (which we are virtually certain will prevent or modify infection in the patient) we must also apply some of the practical and very human psychology which used to be called the bedside manner.

I am convinced that such application of the art of medicine will bring us closer, psychologically, to our patients. The art and science of medicine must be blended; either alone is not enough.

We must become a friend as well as a physician. We become human as the patient wants us to become human. Thereby we not only help ourselves but also the profession of medicine as a whole in our own small way.

To each of you, members and guests, good health and dedication to the profession which you serve. My first impulse was to wish you success also, but I know that this is unnecessary for success will come almost automatically if you are dedicated men. This I know you are.

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