

1992
Heart

A SENSE OF WHERE YOU ARE

In 1967, John Forsythe wrote a book about Bill Bradley. The title of this book was "A Sense of Where You Are" and its thesis was that Bill Bradley was an outstanding basketball player, in large part, because of his ability on the basketball court to know where he was. Supposedly his peripheral vision exceeded that of most people and he had an uncanny sense to know where he was and where other players were on the court. This phrase has always stuck in my mind and it has always seemed an important concept to me to know where you are. It is impractical to think that you have an outstanding subspecialty practice in a rural farm community. Similarly, the ability to do research on a disease process which you rarely see in your practice is unrealistic. If one is interested in having a fulfilling life and achieving the goals which help one to realize that fulfillment, then it is important to recognize the implications of where we are and how we will get to the point where we want to be.

Well, where are we? Specifically, you are in lovely city today, enjoying what I hope will be an outstanding meeting. The Hilton Hotel venue is outstanding and provides each of us the opportunity for a stimulating intellectual environment, as well as an opportunity for comraderie and fellowship, which has become so meaningful to those of us in this subspecialty. More specifically, we are involved in

the game of medicine on a team called colon and rectal surgery. There should be no doubt in your mind that we are a well defined and recognized team with a manager, a director of player personnel and all of the financial, image, and personnel problems that are faced by every other team in the league.

As I reflect upon the obligation and opportunity of presenting this address, I couldn't help but review the previous 90 addresses which have been given to the Society. I looked for guidance as to the nature of the talk I should give, as well as the length. A number of the past presidents have strictly given scientific talks. Others have given historical reflections. Since 1977, however, at the time when I first became active in the Society, it has been clear that the tone has been somewhat different. During this time, we have reflected upon our own problems. During this halftime talk, I would like reflect upon the season and the momentum which the Society has gained. Fortunately, we have been blessed with some all Stars on the team. At this point let me acknowledge the extraordinary contributions of Dr. Huber and Chiu in putting this program together. As this year's manager, (and your President is in office about as long as NBA Managers) the first player personnel decisions I made were to get these two men involved and they have really come through. I have been honored to serve as your President this past year and am grateful to all those that have had playing time and helped to to make it so enjoyable. The quality of the council members who provide an extraordinary amount of uncompensated time and effort has been much appreciated. In addition, the

availability of the EAI family may be transparent to many, but has made much of our success possible.

The game of medicine has changed a great deal in the last decade and our team structure and game plan is changing to meet the challenge. Is this relevant to you? I believe it is. I believe our society, is embarking upon an era where unprecedented service and support will be provided to the team members.

What does it mean to be on the colon and rectal team? In the past, this team has been associated with an image problem, and perhaps even a self-image problem. In addition, the American Society of Colon and Rectal Surgery has had substantial financial problems that bordered on being without any funds as recently as 1987. It is the smallest group in the American College of Surgery and has suffered from lack of visibility. It has had minimal academic input and was perceived as a group of individuals who did mostly perineal surgery. Meetings were lack luster and often plagued with anecdotal experiences and little scientific data. There were few academic affiliations.

In the last 15 years, however, this team has been restructured dramatically. In particular, I can't help but reflect on some of the outstanding plays of the past few seasons.

Financial stability has been restored to the Society, and we have the resources to meet our objectives.

Because our hometown audiences is limited, we remain the smallest of the identified subspecialty groups in the American College of Surgery. Enthusiasm and

local support is great, however, and we have the highest percent of participation in the college, and the course which we put on every year at the annual American College of Surgery meeting is the highest attended.

The academic input into the educational institutions has increased dramatically. 85% of surgical training programs in this country now acknowledge having a colon and rectal surgeon on their staff. In addition, there is a rapidly increasing demand for full time academic colon and rectal surgeons. This is clearly an unmet demand and efforts need to be made to educate qualified people for these academic positions.

We have made an effort this year to increase the activity and participation in major surgical and political organizations in the United States. Members of this Society are now active and in leadership positions in SAGES, the Society of Surgical Oncology, the Society of Surgery of the Alimentary Tract, and other national organizations.

The specialty is recognized as having made revolutionary contributions to the care of patients with colon and rectal problems. The Society has established the continence preserving alternatives in the management of colon and rectal diseases, it has developed the technology and techniques necessary to understand anorectal physiology and pathophysiology. These contributions have been the result of an investment in innovative research. We need to continue to foster and support meaningful and clinically relevant research and to draft new members onto the team who can support this aspect of our game plan.

We had a slam dunk when Dr. Rosen and the Committee on Standards defined the standards of care for several colon and rectal diseases. These have been published, accepted by other societies and will become the standards by which management of these problems is judged. Many might argue that the development of standards is inappropriate and difficult. However, standards are now the rules of the game, if we do not develop these standards others will do it. It is clear that our leadership role in the management of these diseases demand that we make this effort.

The three pointer of the year was the evolution of our involvement in the socioeconomic aspects of medicine. I want to make sure you recognized the contribution which Terry Hicks, Richard Burg and other members of the Socioeconomic Committee are making to the planning that takes place in Washington. We have developed the mechanisms to make sure that our team's game plan is presented in Washington. Most recently, one of the three surgeons who were asked to make recommendations about the relative work units for abdominal surgery was chosen from our Society and similarly, one of the few endoscopists who was asked to make recommendations on the relative work units for endoscopy was chosen from the Society. These are landmark appointments, and the fact that our Society is increasingly recognized as having legitimate responsibility for leadership in management of patients with colon and rectal diseases needs to be applauded.

Finally, anyone who has attended the meetings over the last 15 years, can't help but recognize the evolution what Dick Vitale calls "Showtime". The presentations are timely, they are concise, they are well presented with slides that are legible and we have a meeting which is fun to attend.

All of these events represent the maturing of our specialty. As I pointed out at the beginning of this talk, the advantage of having a sense of where you are, lies in helping you to identify where you want to go. It is my feeling that we are clearly going in the right direction. Of greatest concern to me, however, is how do we sustain the progress that we have made in the last few years. There are many aspects of our society which have matured, and have benefitted from the wisdom that comes through an organization that has been perpetuated through the decades. On the other hand, there are many youthful aspects of our society which are new, innovative and growing. Somehow, we need to be merge and sustain these energies and cannot allow them to wane. How do we do that?

First we must plan for the future. To perpetuate this game plan, the society held a strategic planning meeting in May which allowed us to identify our energies and focus them in what will hopefully be a long-term meaningful pattern. This will require a continuing process and commitment of human and financial resources. Realistically, it may require \$20,000 to \$30,000 a year to continue this process over the next few years. This seems like a lot of money, but in fact, it represents less than 10% of our annual surplus, and to that extent is a very small investment in our future.

For the first time, the council has identified the Mission of the Society.

That Mission is to:

"Advance and promote the science and practice of the treatment of patients with diseases and disorders affecting the colon and rectum"

On the one hand this mission may seem obvious, but it is just as important for what it does not say as for what it does say. All of our activities should be directed toward furthering this mission. Furthermore, it will be the goals of this society to:

"assure that colon and rectal surgery will be recognized and respected as a growing specialized body of knowledge and expertise which is necessary to provide the highest possible quality of and continued improvement in, patient care.

That colon and rectal surgeons will enjoy a profession characterized by personal satisfaction, security, challenge, and reward, and finally,

that members of the society will lead the definition of standards of excellence in the treatment of colon and rectal diseases.

This strategic planning method will help to ensure that we appropriately focus and allocate our resources, but without volunteers, without individuals who are willing to commit time and effort to the welfare of the Society and the specialty, the progress of the last decade cannot continue. Therefore, the second requirement for success in the future we be greater use of all the team members. Virtually every President has solicited greater member involvement in recent presidential speeches. I too sought more involvement but only six members wrote to volunteer. Our society will require increased participation and effort on the part of the team members if we are going to have a winning season.. If our direction is to be sustained, we need to have new vital, active, committed input from the membership. The council can make judgments about the perpetuation of our financial resources, but our human resources are even more valuable and if they are not made available to the Society, then we will not be able to perpetuate the advances which have been made. It is said that from those who much as give, much is to be expected. It is clear to me that this point in our specialty, we have a great deal for which we should be thankful. We have been given a great deal, much is to be expected from us.

In conclusion, where are we? We are members of a privileged society, we have made unbelievable progress in the last 15 years. We have a society which is respected, is recognized as being the leader in the management of patients with diseases and disorders of the colon and rectum. We have made substantial contributions to the management of these disorders, and have been recognized for making these contributions. This society has developed the financial resources to

serve the membership in a way that has been impossible in the past. It remains a goal of the council to determine the best ways in which service to the membership can be enhanced, and we look for input in this area. The use of our most important resource, human resources, need to be expanded. We have been given a great deal and a great deal is expected from us. The game is ours to win.