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PRESIDENTIAL ADDRESS

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## It was the Best of Times, it was the Worst of Times

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*Great Neck, New York*

I would like to thank the Society and its members for the privilege of addressing you. For me, giving the presidential address is probably the most difficult task of this year. For inspiration, I reviewed the presidential addresses of recent years. After this review, I realized that the great issues pertaining to our Society have already been presented in a most eloquent manner. In fact, there is truly nothing presidential left to be said at this time. However, I also realized that I was completely unwilling to allow you an extra 15 minutes for lunch break. Therefore, I decided that, instead of giving you a presidential address, I would give us all a pep talk. If any of you would question the need for a pep talk, I would suggest that you spend a day or two visiting the surgical lounge of your local hospital. The detailed descriptions of the missed three-foot putt for the club championship, the Monday morning commentary on every football, basketball, or baseball game, the debate of the relative merits of a BMW *vs.* a Mercedes have all been replaced by endless discussions of the problems affecting physicians in general and more specifically surgeons. What has brought about this change? The reasons are many. We have a federal government that tells us that surgeons have little cognitive function in patient care and that our surgical skills are grossly overvalued. We have third-party payers who tell us on whom, when, and where we can operate and then demand to know why the patient was not discharged

immediately after surgery. We hear continuing reassurances from our federal and state governments that meaningful improvements in the malpractice situation are at hand, but nothing changes. If I were to ask each of you to add two, three, or half a dozen items to this list, I am sure you could all do so. Indeed, in many respects, these are the worst of times. However, if we limit our focus a little to colon and rectal surgery, in some respects, the view is much different. While everyone seems to be seeking a special identity as a breast surgeon, hernia surgeon, or laser surgeon, we, due to the wisdom of our professional forefathers, already have a guaranteed special identity through The American Board of Colon and Rectal Surgery, an identity recognized by every credentialing organization in this country. Through this entity and the Residency Review Committee, we have our residency programs, which I think we would all agree have increased both in number and in quality.

From a short time ago, when there were almost no colon and rectal surgeons in full-time academic practice, our presence in these positions has grown enormously. The American Society of Colon and Rectal Surgeons has had impressive growth in size, in international membership, in the quality and quantity of papers submitted for our national meeting, and in our participation in major national medical organizations such as the American College of Surgeons and the American Medical Association. The Research Foundation has grown to become a major supporter of research in our field. Through the wisdom of some of our past presidents, we have had the good fortune to

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Read at the meeting of The American Society of Colon and Rectal Surgeons, Orlando, Florida, May 8 to 13, 1994.  
No reprints are available.

have had Executive Administrators Incorporated take over the business management of our society. This has allowed us to go from a position of insolvency to a position of relative financial security. Without this improvement, many of the activities of the society would be curtailed or nonexistent. Indeed, it might be fair to say that in the small world of colon and rectal surgery, these may, indeed, be the best of times. When one evaluates these lists, it becomes clear that each has a common denominator. The worst of times is what I call the "They" list. These are the federal government, insurance companies, and a legal system upon which we can, at best, have little, and, at worst, no influence despite enormous efforts by members of our Society. Conversely, the best of times list is a "We"

list. These are a group of functions over which we, as colon and rectal surgeons, have total or near-total control. When I was looking for the appropriate words to summarize this pep talk, I realized that they had already been written. "God, grant me the serenity to accept the things I cannot change, the courage to change those things I can, and the wisdom to know the difference." Well, my friends, the reality is that we probably will have little influence on the worst-of-times list. What we can accomplish on the best-of-times list is limited by our desire, by our determination, and by our belief in ourselves and in our specialty. It is time for us to know the differences between the two.

I thank you.

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