

The Next Hundred Years

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...to sing
 To lords and ladies of Byzantium
 Of what is past, or passing, or to come.
 —William Butler Yeats, “Sailing to Byzantium”

Tonight we complete 99 years of this great fellowship in the city where it all began. At the First Convocation of the American College of Surgeons (ACS) in the autumn of 1913, President JMT Finney (Fig. 1) said, “Today the history of surgery in the United States and Canada is opened to a new page.” And now our centennial year is upon us.

The founders of this College did remarkable things. And I hope you read about them and their successors this week, in the excellent history by Drs Nahrwold and Kernahan called *A Century of Surgeons and Surgery*. Carry it around with you and page through it at quiet moments to learn what surgery was like in the Americas before Dr Franklin H Martin (Fig. 2) and his colleagues had the courage to change things. How they and their successors transformed our profession from the risky business of 100 years ago to the true science of relieving suffering should make you proud to have cast your lot with ACS.

So you are the 100-year class of Fellows of the American College of Surgeons of the United States and Canada. Who are you? Introduce yourselves to your colleagues on either side of you, tell them your name, your specialty, and where you’re from. You could make a friend for life.

It is possible, and even likely, that one of you has either just met the future President of the American College of Surgeons, who will take office roughly 30 years from now, or that you are that person yourself. In fact, there has been one astonishingly fertile fellowship class, of October 24, 1974, which met at the Clinical Congress in Miami Beach, FL, the first and last time it was ever held there. That one class produced 5 presidents—a fact I doubt they know themselves—including our first 2 women, pediatric surgeon Dr Kathryn Anderson and my immediate predecessor, Dr Patricia Numann, as

well as academic general surgeon Dr Ted Copeland, rural general surgeon Dr Richard Sabo from Montana, and neurosurgeon, Dr Edward Laws.

So you have chosen to join forces with the 82% of diplomates of the American Board of Surgery who are also Fellows of ACS. Let me introduce you further to one another and tell you what you told me, in our survey of your fellowship class this summer: you are 1,377 strong. A little more than 1,000 of you are men and 300 are women. Your average age is 41 and you have been in practice typically 4 years or more. Eighty-three percent of you are residents of the US and Canada, but a full 17%—232 of you—are our new international fellows from 49 different countries and every continent



Fig re 2. D F H M . , 1910.

inspired by the Royal College of Surgeons of England, after which he modeled the robes and ceremony you see tonight, and he spent much of his long tenure as

Secretary traveling and establishing friendships with leading surgeons of Central and South America, and of Australia and New Zealand. A century later, Figure 3 shows a map of the international chapters of ACS: beginning with our 10 largest, in Mexico, India, Japan, Argentina, the Philippines, Australia, Brazil, and Greece; and then our full roster of 37 countries with chapters throughout the world, and Honorary Fellows from all over the planet.

More than half of you, 56%, are general surgeons, and the rest cover the entire spectrum of specialties. A vast majority (93%) of the North Americans in your class practice in cities and suburbs, but some stalwarts among you (7%) have chosen the life of a rural surgeon.

My class, of October 14, 1976, was similar to yours in some ways, but also very different. We were mostly general surgeons who operated with wide exposure; some of today's specialties did not exist or were in their infancy, such as minimally invasive and endovascular surgery. But the most striking difference between your class and mine is in the number of women: our 15 (1%) to your 307 (22%). The great news about this for leadership at every level of the ACS in the next 100 years is what we know about collective intelligence. The term collective intelligence refers to harnessing the power of a large number of people to solve a difficult problem as

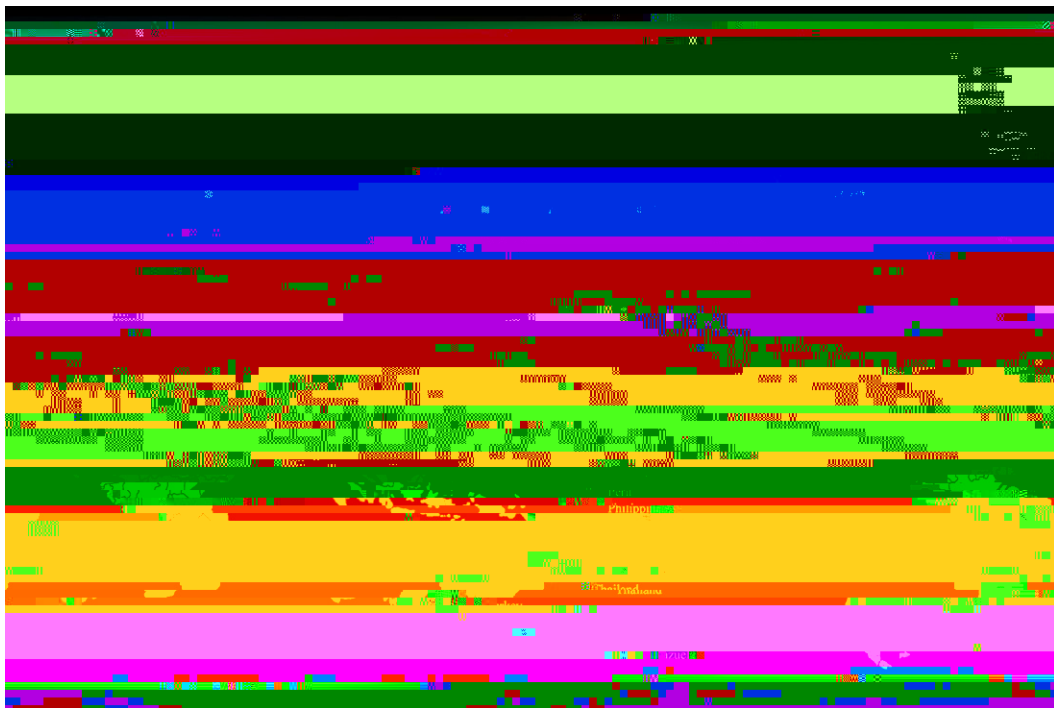


Fig re 3. A C g f B . , 2012.) . . . A C g f

a group. And researchers at MIT's Center for Collective Intelligence have found that the key factor in success, more important than the individual IQs of the group, more important by far than the IQ of the leader, is a high level of emotional intelligence. In other words, having a successful team, in and out of the operating room, isn't just about having smart people – it's about having people who will work together well. And emotional intelligence is strongly correlated with women.

I have always known what women surgeons could do—or at the very least, since 1972, when my first surgical partner was my mother-in-law, Dr Anita Figueredo (Fig. 4

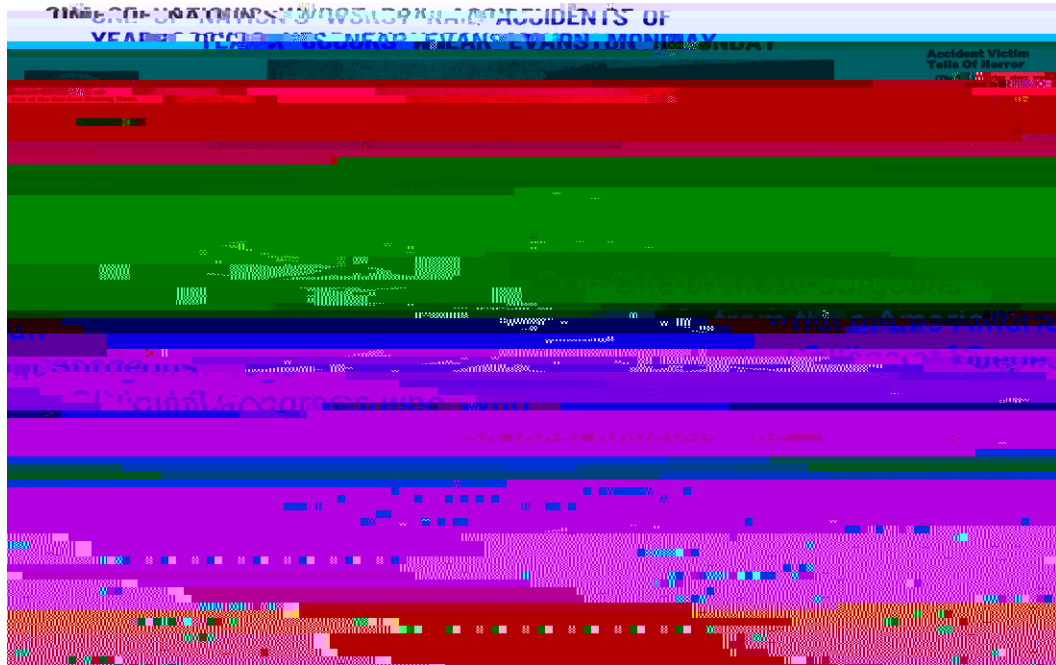


Fig re 5. G E , N 1951. (R) *Unita County Herald,*

Francisco November 5 to 9 in the Fairmont Hotel. On Sunday, November 11 at 5:00 PM, some of the attending surgeons and their wives boarded the streamliner City of San Francisco, bound for Chicago. Eighteen hours later near Evanston, WY, the City of San Francisco ran a red light covered by new snow and hit the back of the halted City of Los Angeles with such force that the mangled cars

took out a freight train on the side track. Some of the surgeons died; others crawled out of the wreckage and acted quickly, splinting fractures and generally helping the wounded. I was an 11-year-old onlooker, standing next to my dad, a locomotive engineer who ran those passenger trains, and I suddenly knew I wanted to be able to take care of people like that.



Fig re 6. D J E_f . D H , P A C g_f 1963. 1964.

And so it was, at the half-century mark of this College,
in 1962, I entered medical school at the University of

One model of health care delivery that addresses all the concerns I am voicing today comes from one of the oldest standing committees in ACS, the Committee on Trauma, founded 1922 by Dr Charles Scudder; and that is the Inclusive Trauma System Model. In trauma systems, inclusive means the involvement of all committed providers to care for all injured patients, of which only the most critically injured need transportation to a Level I or II trauma center. The great majority of injured patients can and should be managed by local surgeons who are part of the inclusive system, but patients with life-threatening injuries are transferred smoothly to the level of care with resources necessary to deal with their complex injuries. This model is applicable to other time-sensitive surgical conditions, as well as to medical emergencies such as heart attack and stroke.

ACCESS

The crux of managing surgical care anywhere is the problem of barriers to access, whether for disparity of race or sex; lack of insurance, as for millions of Americans; long wait times or distances; because of weather and terrain in the Dakotas or on the plains of Saskatchewan; or for maldistribution and a shortage of surgeons nearly everywhere in the world. The ACS is committed to a policy of high quality, safe, appropriate, and affordable surgical care. This emphasis on Inspiring Quality: Highest Standards and Better Outcomes has already been a seminal contribution of our Executive Director, Dr David Hoyt.

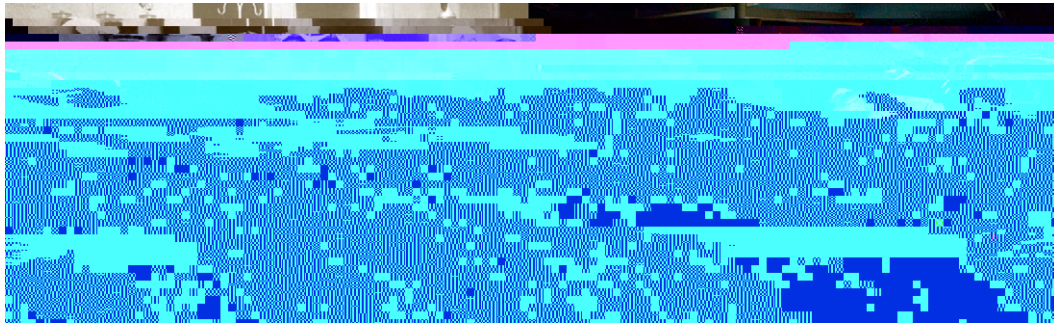


Fig re 9. O 100 A B O J
 D E P A A C B C M D
 30, 2012. (R D E ; g g f C M D
 R g f)

Association, both in his Presidential Address and with an expert panel. I believe the ACS, including specialty societies, and the American Board of Surgery, American Surgical Association, the Royal College of Physicians and Surgeons of Canada (RSPSC), and all international surgical leaders, should collaborate with one another about recreating surgical education and training for this century. This was the focus of a recent combined meeting of the ACS Board of Regents and Board of Governors on the concept of a new "Transition to Practice" general surgery fellowship, and using innovations such as the sophisticated simulation centers arising around the nation and abroad.

And there is one powerful concept proposed by tonight's recipient of the Distinguished Service Award, my friend Dr George Sheldon, that could address a sheaf of pressing needs including access in time of disaster, and for the chronically underserved; rural surgery, and internationalism; rapid response to new pandemics, and disasters; the idealism that drove most young physicians to medicine in the first place; and even student loan forgiveness. And that is a call for retooling the uniformed service of the United States Public Health Service Commissioned Corps to expand dramatically and to include surgeons along with primary care physicians, in teams, for 2 years of desperately needed service before settling into the rest of their professional lives.

INTERNATIONALISM

The world is flat and all these concerns about access, rural surgery, shortages and maldistribution, and surgical education are profoundly international as well. Advanced

Trauma Life Support, ATLS, is the most widespread international program of ACS, the largest phalanx of internationalism, with 1.3 million physicians trained in 63 countries since the program began in 1980. Dr Haile Debas has said that trauma is a global endemic, and of course, it was the earliest surgical disease. As first used in Homer's Iliad, the Greek word for physician is iatros meaning remover of arrows. Much of trauma surgery has been learned in wars over the ages, leading to the great truism that "the only victor in war is medicine." The ACS, through the Committee on Trauma, must address the global endemic in peace and war and disaster. As Dr Debas has also said, "We should have a diplomacy of health." And for everyone here who ever wishes to volunteer as a surgeon anywhere in the world, for any length of time, our College has created the on-line forum, Operation Giving Back, which cuts through layers of uncertainty and red tape to match the desire to give with need.

I believe that international collaboration is essential to the future of our profession on this planet. For that reason, I have made a high priority of supporting the excellent work of the ACS International Relations Committee, where I will meet with the presidents of International Surgical Colleges and Societies. We have much to do together.

And finally, I must say that all this urgent and endless need should never make you forget the great privilege you have as a fully qualified surgeon wherever you are in the world. My greatest wish for you, the newest Fellows of the American College of Surgeons, is the joy of a life in surgery that has been mine (Fig. 9).