

## PRESIDENTIAL ADDRESS

by Barbara Lee Bass, MD, FACS, FRCS(Hon)



Editor's note: The following is an edited version of the Presi dential Address that Dr. Bass delivered at the Convocation



and often routine joyful opportunity, are experiencing a rare life event—an operation.

## Our communities need surgeons

Let's tackle a few other challenges. To frame this, be aware of just how valuable each of us is to our community as an asset. First, getting you to this skilled and knowledgeable point re ects an investment of well more than \$1 million: medical school, graduate medical education, and time and e ort calculations. Your money, our society's investment—a lost opportunity for another.

Second, the dire anticipated shortage of surgeons of many stripes—general surgeons, orthopaedists,

what one's life might be like as a surgeon, not **orthycedures**, augmented visualization, and minimal as a professional but as a wife or partner, a mother sites—fundamentally delivering us to-"precion friend.

We surgeons, of course, are not the only cohort oBut, how do we safely retool? We all recognize the working women and families who su er for the failupætential harm that comes with a surgeon's learning of our American society to embrace pregnancy, pareuntve, which in our past and present is largely borne ing, and child care as a common good. Our Collegeour trusting patients. You can't keep doing the old with the guidance of the Women in Surgery Committed if the new stu is (r)-31.9.7 -0.0346 (o)222 b.8 (and the Association of Women Surgeons (join it, by the way), has endorsed a statement that acknowledges the need for appropriate pregnancy and parental leave and clearly articulates that the choice to become a parent in no way diminishes a woman surgeon's commitment to her career.

Our profession must commit to forging meaningful maternity and child care policies and practices so that this issue will not be a factor that may defer prospec tive students from choosing our disciplines or restrict the career aspirations of women surgeons—more work for our College.

## Staying at the top of your surgical game: Retooling reimagined

Let's ponder another challenge. It took each of you between four and 10 years of formal training to get to your current level of pro ciency and knowledge. You're actually getting even better during these early years in independent practice.

But then ve, 10, 15 years from now, you are going to realize that while your foundational training is durable, you need to add a piece to your repertoire, a new potentially transformative skill. You are in a busy practice doing the best you can every day, and then something new must be added.

In my lifetime, I've seen numerous transformative technologies rock our surgical world: laparoscopic sur gery, endovascular surgery, robotic computer-aided surgery. Theoretically and in reality, each has brought incremental and sometimes transformative improvements in how we treat our patients.

Thematically, these advances have introduced new technologies, interfaces between our hands and our patients' bodies: image guidance, computer-aided

center for busy surgeons in practice and to study how best to deliver the retooling mission.

To begin to address this need, our College has gathered the stakeholders with vital interests in main taining a skilled surgical workforce. The parties include our payors and consumers, liability carriers, surgical technology industries, the executive leadership of the hospii.8 (t)-2§8 11.33 0 (e e)-11.0-7 (a)-1T.3 (e l)8.8 84003 Tc 0.02738.5 (y c) ()5 -13( (a))-11.0-



impact beyond yourself. Look to the College and other pro