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THE STANDARDIZATION OF THE SURGEON *

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In discussing that phase of this symposium which has been assigned to me, namely, the standardization of the surgeon, there are certain fundamental facts that must be clearly understood. In the first place, it must be determined what one means when one uses the term "surgeon." In the second place, what is to be the basis of the standardization? Elsewhere I have endeavored to define the surgeon as a member of "a profession ennobled by men actuated solely by their desire to devote their time and their talents to the relief of suffering humanity, willing, yes, glad, at any time, if need be, to lay down their own lives for those of their fellow men; whose membership should embrace only men of singleness of purpose, unselfish, high-minded, zealous in their efforts to wrest from Nature the keys to her many mysteries; men who unconsciously, perhaps, in character and conduct, reflect in varying degree the life and spirit of the Great Physician; a profession free from taint of commercialism or graft, in which there shall be no room for the base, the unscrupulous, the ignorant or the unskilled; in which the test for membership has to do only with character and attainment." Are our ideals too high? Are we striving after the unattainable? Is it worth while to make the effort?

It is quite likely that the average man, if called on to define a surgeon, would say something like this: "a man who does surgery," meaning, of course, one who devotes his time and attention exclusively to this branch of medicine. But will that definition of the term be generally accepted by the members of the profession? As a matter of fact, is it not true that a great many doctors without adequate training consider themselves surgeons, qualified to practice surgery, and actually do perform surgical operations in all cases that offer, whether major or minor? Is it not true also, that a great many patients are being operated on who ought not to be operated on? To these questions candor and the facts compel us reluctantly to answer in the affirmative. It is our duty then to try to establish at once certain standards to which a man must conform before he can rightly enjoy the distinction that belongs to the title of Surgeon.

Let us consider the following:

1. The necessary education and training preliminary to the medical course. This is a most important and far-reaching factor, the full consideration of which would of itself take a large portion of the time at our disposal. It cannot, therefore, be more than referred to in passing. What form should it take, the usual collegiate course leading up to the A.B. or B.S. degrees as at present proscribed in our colleges and universities, or a specially arranged course in which the relative proportions of the sciences, languages and the humanities would be better adjusted than at present? How large a part should training in the mechanical arts play in this new scheme? Is it necessary or advisable that the applicant for admission to the medical school should have a college degree at all, as a prerequisite to beginning the study of medicine? These and many other questions press for an answer, but their consideration at this time would lead us too far afield.

2. Medical instruction in the medical school proper, the length of time required and the particular function and form which this should assume.

3. Hospital service and apprenticeship with an older and experienced surgeon, the length of time advisable, and the character of the work to be performed.

4. The special tests to be required before the individual is allowed to practice surgery. What should be the character of this examination? Should it be theoretical or practical or both, and how thorough? Under whose authority should it be held? Who should constitute the examining board, by whom the license to practice is to be granted? How comprehensive should this license be? Should it be limited as to time of graduation and be supplemented by later and more rigid tests, or should it be a liberal and final license to practice without further review?

5. Continued supervision over the work of the individual surgeon, with power to revoke his license in case of undoubted evidence of moral turpitude or professional unfitness to continue the practice of so serious a profession as that of surgery.

All these and more are burning questions at the present time, and one cannot arrive at any sort of satisfactory or final conclusion without a thorough consideration and study of the underlying educational, moral and ethical principles. For looked at from every point of view, one cannot get away from the fact that there is a moral side to this whole question as well as an ethical and professional one. I shall attempt in my discussion of the standardization of the surgeon not to lose sight of the relative importance of these various factors. The discussion of medical education proper, and of the character of the hospital and hospital work required of the prospective surgeon will be left to those to whom these topics have been assigned.

* Read before the joint meeting of the Section on Surgery, General and Abdominal, and the Section on Hospitals at the Sixty-Fifth Annual Session of the American Medical Association, Atlantic City, June, 1914.

It will be apparent at once that it is an extremely difficult matter to state any definite standard for the surgeon. What shall be the basis of this standard? Who shall be the judge? What will be the machinery by which these standards shall in the first place be set up, and in the second place enforced? Should it be by the authority of the profession itself backed up by professional public opinion, or shall it be by the authority of the state, or by a combination of the two? It goes without saying that the standards must of necessity be high, for there is no profession that demands such exacting requirements of its members as that of surgery. It can be more truly said of the surgeon than of any one else that he holds the life of his fellows in his hands. An error of judgment in diagnosis, or in execution, lack of familiarity with the latest approved methods of dealing with certain conditions, defects in technic and many other considerations, some of them apparently minor, may decide and frequently do, between a happy restoration to function or to health and a life of invalidism; between life and death. This picture is not overdrawn, as every surgeon within the sound of my voice well knows. It behooves us, therefore, as a profession, at the very beginning of a discussion of this sort, to get firmly fixed in our minds the fact that of the surgeon as of no other man, owing to the exigencies of his profession, the public has a right to demand certain requisites, namely, that he should possess physical, mental and moral qualities of no mean order, and that the ability of the individual to fulfil these requirements should be passed on by competent authority. If I read the signs of the times aright, if the profession does not willingly accede to this demand, indeed, if it does not take the initiative and itself assume control of the machinery of this supervision, the public will rise in its might, take it out of the hands of the profession, where it rightly belongs, and in all probability give another illustration of the all too common experience in our public life of foolish and extreme legislation enacted by those not competent or capable of fully comprehending the real requirements of the situation. In this way the proper abatement of abuses, and the settlement of questions, the advisability and necessity for which have been generally admitted for a long time, is not infrequently indefinitely delayed. Let us consider these questions briefly and in order, for they are fundamental to a proper conception of the subject in hand.

Every surgeon recognizes the fact that the drain that is made on his physical strength and nervous energy in the performance of his professional duties is enormous. His hours are irregular and long, his time is not his own, he must subordinate his own interests to those of his patients. The average lifetime of the surgeon is short. He cannot stand the strain beyond a certain point, and that is the breaking point. The physical aspect of the question is, however, as nothing compared with the responsibilities involved. It is these which kill. It is not necessary to do more than to allude to this fact, which is so well recognized and understood by those present. There are only a comparatively few who are temperamentally so constituted as to stand the inevitable nervous wear and tear incident to the profession. Too little attention has been paid to this fact. However, at the present time, I do not see how this aspect of the question can be dealt with by rules or by legislation or in any other way, except for the conscientious teacher in the medical school to take the time from his busy life to interest himself sufficiently in his students, to study them and know them and their characteristics sufficiently well to advise them for or against surgery as the choice for their life work. But, you say, this is not possible! It probably is not, as medical schools and medical education are constituted at the present time. But the hope for the future development of the profession does not lie entirely outside of considerations such as these. Small classes, personal association and touch with the instructors, that close communion which is so delightful between the devoted teacher and the earnest student, will go a long way toward solving this and many other difficult problems that concern either directly or indirectly the standardization of the surgeon. For it not infrequently happens that the best things that the student receives from his instructor, if he is a real teacher, are not what he gets in the class-room or laboratory, but what he absorbs unconsciously from personal contact, from observation and study of correct methods of thought and work, rather than from precept, or by word of mouth.

Among the requisites necessary for a surgeon is a certain saneness of mind, better understood than described. While now and then some erratic genius will, meteor-like, appear on the surgical horizon, a closer analysis will usually show that like the celestial visitor he shines with great brilliancy for a moment, but leaves behind him little that is tangible or lasting. In general the really constructive, original, scientific work has been contributed by the thoughtful observing surgeon, who has taken the time and given the requisite amount of study to the finding out of the causes of certain phenomena observed by him in the course of his work, or the explanation of certain problems which have hitherto baffled the efforts made toward their solution.

The examination tests, both practical and theoretical, should be prepared with the idea in view of determining the ability of the would-be surgeon in matters of diagnosis as well as treatment, in the science as well as the art of surgery. Information and assistance should be sought from the former instructors and associates of the student in order to determine, as far as possible, his fitness for the performance of the special duties required of the surgeon. As far as it is possible to do so, due weight should be given to the physical and temperamental as well as mental and moral characteristics of the applicant for license to practice surgery. Definite standards along these lines cannot be fixed, from the nature of the case, but certain unwritten ideas and ideals can and should be established and conformed to as far as possible.

What shall we say as regards the moral standards of the surgeon?

How comprehensive shall they be, and how shall they be applied? On a former occasion, I gave expression to my ideas as to the absolute necessity for standards of character, as well as ability and attainment along other lines. It would seem unnecessary on an occasion such as this and before this body of surgeons, composed, as it is, of representatives from all parts of the country, to enter into any extended argument as to the necessity for the requirement of moral tests on the part of those who desire to practice surgery. Unfortunately, the fact remains

that for some reason or other there exists in the minds of certain individual members of this Association, and, if reports are true, a not inconsiderable number, ideas and standards of professional morality so low as to permit them to indulge in certain practices which are unethical and immoral, and which tend to degrade not only those who employ them but reflect on the entire profession. I am speaking, of course, of that species of graft and corruption which is commonly known under the term of "fee-splitting," and which is practiced in a variety of forms. I am well aware of the fact that there is a difference of opinion among surgeons in different parts of the country on this question, but I have never yet heard a man excuse the practice on any other grounds than those of expediency. Every honorable man, I feel sure, condemns it as dishonest and wrong, and as tending toward commercialism and demoralization on the part of those who practice it. It is defended solely on the ground that others do it, that its existence is well recognized, that it is well-nigh universal in some localities, that some of the best men in the profession do it, that one must practice it in order to make a living; all or most of which may be, unfortunately, true. But is it right? Is it honorable? Is it honest? Should we as a profession submit quietly to such a condition of affairs even if it has the endorsement, tacit or open, of individual surgeons of otherwise good reputation and standing, or of local or state medical societies. Fraud it certainly is to divide fees with another, unknown to the patient; to take money that does not belong to you, and weakly constituted as human nature is, corruption and graft are as sure to follow such practices as night is to follow day. Not only this, but the man who will trade on the credulity and trust of his patient, when the test comes, will not always hesitate to jeopardize his patients' life and health by calling in the incompetent instead of the competent surgeon, for the sake of the rake-off.

There is another aspect, however, to this question of the moral standard for the surgeon besides the strictly professional. It must include his relationship, in a large and less personal sense, to the public. What do we find to be the actual facts in the case, for we must deal with things as they really are, not as they ought to be, if we hope ever to accomplish anything in the way of improvement? The personal relations between the medical man, whether physician or surgeon, and his patients are of such a close and intimate, we may almost say sacred character, that no breath of suspicion should taint the reputation or blight the professional life of one who would be a surgeon. He must keep his reputation as clean and his character as spotless as his instruments and his hands. If he would avoid becoming a reproach to his profession, if he would attain the fullest development of his great possibilities, the technic of his private life must be as rigorous and as flawless as that of his operating-room. Some there are, unfortunately, who in spite of flagrant and repeated violations of professional and private honor have attained a high degree of eminence. But that they have been able so to do is due solely to a deplorable lack of appreciation on the part of certain communities in particular, and of society in general, of the fitness of things, and to a disinclination to apply appropriate remedies to disordered social conditions.

As to the personal relations that should exist between patient and surgeon, surely there can be no question. As to the professional relationship, there should be room for little more difference of opinion than in case of the personal relationship, but, unfortunately, there is a decided difference of opinion. For here we are face to face with a discussion of the rights of the surgeon as against the rights of the patient. Is there any real antagonism between the two? How shall each be safeguarded? The patient on his part has a right to demand from his surgical attendant service equal at least to the best that is ordinarily rendered by other competent surgeons under similar circumstances. At once the question may be raised, "By what standards is the efficiency of service to be judged, and who shall determine the custom that prevails in any community?" Admitting the force of these questions but waiving them for a moment, observe the fact that there is also a moral side to this question as well as to the personal relation. The surgeon, if he knows anything, must appreciate the fact that he is or is not competent to do surgery. If in his heart he feels that he is not sufficiently well prepared by education or training to grapple with the many complex problems involved, it is his duty (and he cannot get away from it by any form of subterfuge) to discontinue at once its practice, until by further study and observation, under competent instruction, he has overcome the real objections to his practicing. You will say that this entails unnecessary hardship and expense on an ambitious man, and handicaps him in the race for a livelihood. True; but the good of humanity and the honor of the profession demand that only those properly qualified should be allowed to practice surgery. If under these circumstances he still continues to perform surgical operations and receive fees therefor, he is guilty of a misdemeanor in that he is receiving money on false pretenses. We all make mistakes. I am not now referring to this fact, which every one recognizes as a necessary corollary to human frailty. The true significance of what has just been said will not be misunderstood or lost in this audience, for I am sure that everyone recognizes the difference that exists between the one who habitually, from lack of sufficient training and knowledge, is making serious mistakes in both judgment and execution, and those occasional mistakes common to us all, due to the limitations imposed on us as human beings.

The same moral principle is involved in the matter of the size of the fee. The fact that one can charge and collect a fee several times larger than it should be, does not make it right. The operator, if he knows anything, knows whether or not the services rendered could have been just as skilfully and satisfactorily rendered by any one of a half dozen other surgeons in the same community. He must know too, in a general way, what others in that neighborhood charge for similar services; but if this method is unsatisfactory and the surgeon insists that he has a right to charge anything he pleases for his services, regardless of what any one else may charge, a position which within reasonable limits cannot be questioned, what then is to be the basis of his charge and what are reasonable limits? He may say, "I saved your life." But did he? How does he know? How many times can this be truthfully said? Every surgeon can recall

cases in which he has thought that the patient would surely die and then has seen him go on to complete recovery. The reverse is equally true. Who can say beyond peradventure of a doubt whether this was because of or in spite of treatment? And even if it were literally true that the surgeon had saved life, can the value of human life, of health and happiness and the other complex factors involved, be expressed in terms of dollars and cents? I think not! But the patient has a large income. True, but owing to the legitimate demands from a dependent family and relatives and other just and sufficient causes that cannot be put aside, some persons are poorer with a large income than others, without any financial obligation, are with a small income. No, fellow surgeons, if we would be true to ourselves and to the best traditions of our noble and unselfish profession, we must apply some other standards than these. We must base our charges fundamentally on more definitely tangible and determinable factors than those mentioned. We must consider such factors as previous training and special skill, and the amount of labor and time expended on our part, and the responsibility involved, and then try to adjust and accommodate these to the patient in straightened circumstances, and to keep within certain firmly established bounds in the case of the rich. This question cannot be so easily settled as by reference to a fee table; it must be based on the broad principles of equity and according to certain established standards.

It is not a pleasant task, nor an attractive sight, to wash one's dirty linen in public. But one thing is sure: if we do not perform this unpleasant duty, someone else will do it for us. Is it not high time then that we seriously undertook this urgently demanded reform? Some one, however, will ask, If this is all true, how did it come about? Who is responsible for the deplorable condition of affairs that exists at the present time? Certain it is that such a condition of affairs could exist only where standards of professional ethics and attainment are low. Is it not true that the pollution of the stream is at its source. Let us not shut our eyes to the facts. The medical schools themselves are among the greatest offenders in this respect, by reason of the failure on their part so early and so thoroughly to imbue their students with a code of ethics so lofty, a standard of honor so inflexible, with ideals so high that they are utterly incapable of becoming a party to such debasing and degrading acts as those which we have been discussing. Unless our principles of morality in its broadest sense are deep rooted and firmly fixed, and that early in our professional careers, we are in constant danger of falling when temptation comes. And who is free from it in some form or other? No, in general, our medical schools and the members of their faculties are singularly negligent of their duty, in not inculcating in the medical students under their care, by both precept and example, standards of high living and high thinking. In such soil as this, noxious weeds such as improprieties of conduct toward one's patient or professional brother, fee-splitting, self-advertising, extortionate fees and the like, do not flourish. Reforms, then, such as have been indicated, are sorely needed in the moral tone of our schools, and in the personal conduct and professional example set by many individual members of the various medical faculties. The same thing has been true, to a greater or less degree, in the hospitals. They have reflected the moral and educational tone of the medical schools. A stream rises no higher than its source. Thanks to the efforts of Codman and others, the standardization of hospitals is no longer regarded as the idle dreaming of a visionary, but in all probability will shortly become an accomplished fact. Make the standards of the medical schools and hospitals what they should be morally, intellectually, scientifically and with regard to efficiency, and the standardization of the surgeon will be rendered a far easier task.

There are certain ways in which these much-to-be-desired reforms can be accomplished. They can be grouped into two main classes, by the state and by the profession itself. It is at once apparent that the average legislature, composed as it is of men of all sorts and conditions, untrained and ignorant of the real needs, is not a fit body to enact laws for the guidance and government of either the profession or the public in matters of surgery, and the proper performance of surgical operations. It is self-evident, therefore, that the only proper body capable of remedying existing evils and providing an adequate and satisfactory solution of the problem involved is the profession itself. There are several agencies within the profession, any one of which might take the initiative. But there are certain obvious reasons why none of these organizations is ideally fitted to do the work. The medical schools which educate and train the future surgeons would seem to be the proper source whence such a movement should originate. But I have just indicated how little is to be expected in this direction. One has but to turn to Flexner's report to the Carnegie Foundation to find the true condition of affairs, so far as the whole country is concerned. Conditions have improved materially since that report was written, and largely because of it. But is any one foolish enough to think that any concerted course of action could or would be agreed on by the medical schools? Does any one seriously think that the necessary legislation effectively to control this deplorable state of affairs could be obtained in anything like a reasonable time? Certainly the past history of these institutions in matters of this sort does not warrant the indulgence of any such hope. No, there is nothing at the present time to be expected from the medical schools as such. Indeed, as has already been stated, they are the chief offenders in that they do not inculcate into their students in such a manner, or to such an extent, standards of morality and ethics, ideals of professional conduct that are so inbred in the student and are so much a part of his very life that after he leaves the medical school he is utterly incapable of anything but the continual practice of the golden rule. This sounds Utopian; but if the medical schools and the individual members of the faculties of those schools did their whole duty by both precept and example, there would be but little need for such a symposium as this, for the standards of professional conduct would be so high for each individual surgeon that instantly its influence would be reflected in both private and hospital practice to such an extent that unconsciously the standardization so much desired by those who have most at heart the welfare of their fellow men and of their beloved profession would be quietly and quickly brought about.

Then there is that great and powerful organization, the American Medical Association, of which this Section is one of the component parts. What of it? One has but to refer to the minutes of its past meetings to

be struck with the paucity of the recorded efforts made to bring about these universally admitted and much-needed reforms. Why this strange lack of interest on the part of the profession as exhibited in its accredited representative body? What is the reason for this apparent indifference and inactivity? Is it a spirit of self-complacency? Is it the fear of washing our dirty professional linen in public? Is it a feeling of pessimism that prompts the question "What's the use? You cannot do anything to stop it." Whatever the reason, is it right to sit still and not make at least an earnest effort to right the wrong that every one knows exists? Is it not true that whether we will or no, in this, as in every other respect that concerns his physical or moral welfare, we are "our brother's keeper?" If our professional brother does not know enough to distinguish between a patient who ought to be operated on and one who ought not to be, and if he does not know how to do the operation properly, he ought not to be allowed to operate at all; and if our lay brother does not know enough to distinguish between the properly trained surgeon and the ignoramus, he should be protected from the result of his own ignorance and folly by differentiating for him between the fit and the unfit, and by conferring on the fit some badge of distinction that the public can readily recognize.

There is already in existence an organization formed for the very purpose of accomplishing the reforms of which we have been speaking. It is as yet young, but vigorous, virile, democratic, free from all entangling alliances, willing, ready and eager to perform this all-important and so long neglected task. Indeed, it has already made its influence and power felt in certain communities and along certain lines. This is well shown by the enemies it has made. It can and will accomplish every one of these desired reforms, if only the profession is ready and willing to cooperate with it in its disinterested endeavor to do the work that is so urgently demanded. This is no time for sulking in your tent, just because you feel that the thing is not being done in your way; because the initiative was not taken by this or that organization, or because it was taken by the particular one that did have the courage of its conviction, and did make an effort to correct the evils that every intelligent member of the profession knows to exist.

I hold no brief for the American College of Surgeons. It needs none from me; and if it did, this would perhaps not be the proper place or the proper time to submit it. What it has already accomplished speaks louder than any word of mine. Nevertheless, as a member of both organizations and a disinterested well-wisher of both, it may not be out of place at this time and in this presence, to express the hope that the older society may see its way clear in the near future to modify somewhat its apparently studied policy of ignoring in THE JOURNAL and its other publications the existence of the younger organization. Would it not rather be the part of wisdom to aid and encourage by the weight of its influence and authority every effort made by any responsible, intelligent body of men directed toward the good of humanity and the uplift of the profession? This is no time for the exhibition of petty personal or professional jealousy or spite. The stake is too great! Rather let us get together like men and brothers, bound in a common cause against a common enemy to benefit humanity, to put down corruption and graft, to cleanse our professional escutcheon of the foul blots with which it is stained, to elevate the ideals and the whole tone of the profession, to encourage research and study, to increase the efficiency and to raise the standard of every individual surgeon. It would be shameful to delegate these functions to another, to have them usurped by the state, as will surely be the case through failure on the part of the profession, by reason of professional politics or petty jealousies and misunderstandings, to do what it is clearly its own duty to do, namely, to set up certain high standards of character and attainment which must be rigidly conformed to by every one who would practice surgery.

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THE SURGICAL SERVICE IN HOSPITALS*

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In order properly to treat the subject under consideration, it is necessary for us to understand just what is meant by the "surgical service" in a hospital. Naturally we think first of the operating-room, and too often the impression is left, either by writers on the subject, or by hospital surgeons or administrators, that the terms "surgical service" and "operating-room service" are synonymous. To a certain extent this is justified, for the character of the operating-room service may usually be taken as an index of the standard of the surgical service rendered in the hospital. On the other hand, while it is hardly possible for us to imagine a hospital with good surgical service in the wards, but poor service in the operating-rooms, it is perfectly easy for us to conceive of first-class operating-room service and poor ward service existing in the same institution. I prefer, therefore, to consider the subject in its broader sense as covering all surgical work done, with the operating-room work forming but one division of the service, and to my mind, not by any means the most important division. In order to bring the entire field before our view in its proper sense, let me, therefore, propound the following questions, with the suggestion that you attempt to answer them in your own minds as applied to your respective hospitals:

1. If an accident case is brought to the hospital at an inconvenient hour, the injuries including, perhaps, a compound fracture, will the staff surgeon respond to the call, how long will it take him to get to the hospital, and after he arrives, how much personal attention will he give to the care of the patient and how much will he leave to an intern?

2. Are there any patients with uninteresting fractures leaving the hospital with deformed limbs or stiff joints, and if so, does the fault lie with the surgeons, or is it due to improper nursing, or to the lack of sufficient cooperation on the part of the roentgenographer?

3. In what percentage of cases is the diagnosis clearly made in the ward and in what percentage is it reserved for the operating-table?

4. Does the operating surgeon take as much interest in the after-care of the patient as he did in the operation?

* Read before the joint meeting of the Section on Surgery, General and Abdominal, and the Section on Hospitals at the Sixty-Fifth Annual Session of the American Medical Association, Atlantic City, June, 1914.