Presidential Address

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On a brief personal note, let me say that I am greatly indebted to the many persons who are responsible for my being here: Drs. Eben Alexander and Courtland Davis, who gave me guidance and a milieu in which to develop and mature; the late Dr. Donald Matson, with whom I was privileged to work for a brief but important part of my residency; Dr. John Shillito, a past president of the Congress; and Drs. Sidney Goldring and Henry Schwartz, who suffered through a year of trying to make a scientist of me, and who exposed me to a standard of excellence in research. In addition, I am fortunate to have a wife and children who have never been overtly jealous of my time and activities, but have always been very supportive. A stable family life is one of the greatest blessings that one can have in our specialty.

I would also like to thank you, the members of the Congress of Neurological Surgeons, for the honor and the privilege of serving as your President. Particularly, I would like to thank the members of the Executive Committee for their support and commitment to ensure that the Congress maintains a true and steady course of leadership in neurosurgery.

This will not be a political address because there is no need for such at this time. The leaders of the Congress of Neurological Surgeons and the American Association of Neurological Surgeons have worked very hard—both groups showing that men of good will and purpose can resolve their problems and differences. As a result of the negotiations of the long-range planning committees of both organizations, the Congress and the AANS have made significant changes to ensure effective, representative leadership for the whole of neurosurgery. They have strengthened their joint activities and cooperation, without sacrificing the unique features of each organization. I make this statement with considerable relief and pleasure. It can only be made because the leaders of both the Congress and the AANS were willing to put in the many hours of hard work necessary to make this possible. I wish to thank them all.

Nor will this address be a message of doom and gloom. The prophets of doom and gloom are rarely listened to and are received only with disfavor. I believe that we, as much as any other professional group, have the ability and the means to control our destiny. What is even more important is that we, alone, shoulder the responsibility for making neurosurgery better for our patients and, subsequently, ourselves. We cannot hide from that responsibility, nor do I think that we will.

Instead, my message is related to maintaining excellence in our chosen field. The three points I wish to emphasize are: 1) that we must, without fail, maintain our present high standards for residency training by attracting well-qualified students into our specialty; 2) that we should endorse mandatory certification for residents finishing training; and 3) that we should make a concerted effort to attain certification for all practicing neurosurgeons.

I know that some of these points are controversial; I did not assure you that this would not be a controversial address; I will attempt to show you the ideas and ideals on which I have based them.

Neurosurgery and other medical specialties have reached their present levels of development primarily because their practitioners have observed two principles: 1) adherence to the scientific method, and 2) maintaining the ethic and ideal of doing what is best for the patient, as expressed in the Hippocratic Oath. Thus, it remains our duty as neurosurgeons to hold the interests of our patients above all else and to continue to develop the art and science of neurological surgery. The Congress of Neurological Surgeons was founded upon that principle and has maintained that goal. We must remember to keep peripheral those things that are less important.

Good patient care cannot be legislated, neurosurgeons cannot be mass-produced, and major scientific discoveries cannot be purchased. Few bureaucrats have removed a brain tumor or clipped an aneurysm. If we keep our house in order by fulfilling our moral obligation of training outstanding young men and women for neurosurgery, if we conduct ourselves individually on a day-to-day basis with the best interests of our patients at heart, and if we are left to set our high standards and are given the freedom to control our specialty, we can ensure the further development of neurological surgery. I maintain that if we do those things, we will earn continuing respect and trust from the public.

Why is public trust necessary? The public has always had to trust the intentions more than the abilities of its healers, because the public, on the whole, does not have the knowledge that would enable it to judge competence. The public's trust is based on the ethic of the healing profession, which was not formulated by the founders of the AMA in 1847, but was already in practice when St. Luke related the tale of the

Good Samaritan. That same ethic still stands and the public still wishes to believe in the good intentions of its medical profession.

As professionals, we neurosurgeons form a privileged group. We have a moral commitment and responsibility to serve the public, and it is public trust that maintains us as a privileged group.

What threatens us now is that certain governmental agencies and certain special interest groups may try to pressure our profession and its institutions into abandoning the ethical principle that has been our most ennobling characteristic.

Within a representative form of government, the public has the right to expect, and even to demand, accountability. But the public, as everyone knows, consists of highly variable groups. The affirmative action supporters, for example, believe that democratic associations are the remedy for all things. Some groups create guidelines and propose rules to outwit and confuse the professional organizations (1). Others would have us believe that society determines the professional's skills and knowledge, based on what the public believes it needs or desires, and that even the privilege of establishing the requirements of professional training, practice, and compensation belongs to society rather than to the professional associations. This philosophy, which would make civil servants of physicians, is the philosophy of too many of our citizens, both within and without the federal bureaucracy.

To quote Oliver Wendell Holmes, "The truth is that medicine, professedly founded on observations, is as sensitive to outside influences, political, religious, philosophical, imaginative, as the barometer to the change in the atmospheric density" (4). Holmes' point has too often been ignored in the past, but it should now be obvious to even the least concerned or involved of us today.

We see ourselves confronted with increasingly frivolous malpractice suits and with accusations of fraud, mismanagement of government funds, and collusion. The times are changing and the problems are changing. We are threatened by forces that we must combat or to which we must yield. None of the learned professions is held in the awe they once were, and the medical profession has been under especially heavy criticism. Although medicine still retains its place at the top of the professional groups, too many of its practitioners have been characterized as being incompetent and profiteering. Ironically, this decline in respect has taken place during a time when many fields in medicine have made tremendous progress.

There will always be a minor struggle between the public and the professionals. We must not become paranoid about this but realize it and appropriately deal with it. Friction between opposite interests is inevitable. And, to a certain extent, such friction is beneficial, for there are

always some in any profession who need to be reminded of the principles on which their profession was founded. But it is to the best interest of the professionals that they keep that friction at a minimum. They can do so by performance, good works, communication, and education of the public. We in medicine obviously do not have control over all outside pressures that may, in the long run, be quite dangerous to us. However, we must remain willing to recognize and correct those things that we can change and remain willing to unite to defend those things that are important to the freedom of our individual practices.

Historically, in all democratic societies, professional groups have had some self-control (5). They need to be free from outside pressure in order to ensure scientific advancement and to provide incentive. For the progress of both the professions and society, such freedom is essential. As physicians, we must demand the freedom to police ourselves. We must be allowed to set our own standards and must be free to maintain those standards for the benefit of all. We must be sure that we have the will to discipline ourselves without being unduly influenced by public opinion. Criticism and discipline must continue from within, or outside forces will gladly provide them. We must sincerely believe that ethical behavior is admirable and also must assure that it is widely practiced. Those within a specialty are the only ones competent to judge correctly the quality of the practice of that specialty.

How should we, as neurosurgeons, police ourselves for the betterment of neurosurgery? I would like to address two methods. The first is to ensure that the "products" of our residency programs are carefully selected, well-trained, and appropriately examined to be certified to practice in this specialty. The second is to alter the present method of certification for neurosurgeons.

Many factors affect the quality of neurosurgeons produced. Two of the most important are 1) selection of trainees, and 2) the training programs themselves. Program directors, supported by all neurosurgeons, have a public trust and moral obligation to set and maintain high standards for acceptance and education of neurosurgery residents.

Although there are many variables involved, I am convinced that the quality of the final product of any residency program is most closely related to the selection of the appropriate trainee to begin the process. It is my contention that if neurosurgery maintains the highest standards for recruitment of residents, the result will be excellence in both the ethical and the technical conduct of the practice of neurosurgery. Most of our internal problems will thus be solved and we will be much better able to cope with the outside forces and pressures. I do not contend that we should all be of the same mold, nor that all training programs can or should be the same.

The selection process for residents has been adversely affected by some of our present systems. Young persons are under great economic and social stress to make their career choices early. When they make the wrong choices, the losers are the training programs, the directors, and the applicants. On occasion, insufficient time is available for either the program director or the applicant to make the proper decision. Permissive medical curricula are not conducive to proper career choices, for they do not always expose medical students to a wide variety of medical fields. As neurosurgeons, we must be committed to early involvement in the medical school curricula. Our presentations, our activities, and our conduct must be attractive to the best medical students. With more residents going into primary care medicine, the number of applicants showing an interest in the surgical subspecialties has decreased. This lack of competition will lessen quality. Eventually, in order to attract the best applicants, training programs will be in increasing competition with each other, which will place an even greater strain on the system. The conclusions of manpower studies in neurosurgery are possibly known to many medical students, and this will affect the number going into our specialty. Some program directors may be poor judges of applicants. These directors may be excellent leaders and educators, but cannot readily recognize potential or the lack of it in an applicant. Possibly, their candidates should be selected by a local committee of neurosurgeons.

Once in a program, the residents should be subjected to a healthy balance between educational and service-oriented experiences (3). They must be exposed to the best possible climate for the development of their skills. The fine characteristics and qualities expected of these residents should be exemplified by personal examples set by the program directors and their faculty. The relationship of the faculty with the residents is most important, since concern for the patients, industriousness, and proper motivation are contagious. A good program should be one in which a trainee stimulates and attracts other trainees. In a quality program, good residents beget good residents.

I would strongly encourage the development of a resident exchange program for neurosurgery. All training programs have many strengths, but certain weaknesses. A voluntary exchange program would permit residents to benefit from the additional educational experience and the exposure to different points of view. I was fortunate to have been the beneficiary of such an experience.

Training programs should concentrate on the teaching of technical skills, the development of a firm understanding of methods for acquiring knowledge, and a critical viewpoint when confronted with new information, as well as the development of professional judgment. Last, and what I think is most important to a training program, is what Dr. Charles Bosk

calls normative or moral training. Such training results in a specific medical conscience and moral constraints. The moral constraints on our profession should be at least as powerful as the legal ones that govern our behavior, and are certainly more trustworthy. We continue to be judged by what is in our hearts as well as what is in our heads.

To ensure the strong leadership role of the Congress of Neurological Surgeons and to ensure its future as a progressive, educational organization, the Executive Committee has established a Resident Committee. We also have made plans to provide Resident Membership in the Congress for those in the last 2 years of training. These developments will enable us 1) to assist in the certification process, 2) to promote earlier involvement of residents in the activities of the Congress, and 3) to enhance the recognition of those interested in leadership roles in this organization.

The second method for maintaining the high standards of which I speak is to alter the present method of certification. The Congress of Neurological Surgeons strongly endorses and promotes certification. For those entering neurosurgery today, I personally advocate a stronger stand. Certification should be compulsory, and it should be required before one can begin the full-time practice of neurological surgery. This is neither a new issue nor an original thought, and I am sure that it will draw criticism from many fronts. I am also sure that many in the neurosurgical community are not willing to take this position. I know that being board-certified has not yet been proved necessarily better than not being board-certified. There may be some substandard certified neurosurgeons, and there are certainly some outstanding, noncertified neurosurgeons but I believe that they are the exceptions rather than the rule.

The position I advocate should be adopted only after proper evaluation and study and only if certain appropriate built-in safeguards are guaranteed (2). I believe it will be shown that meeting the standards for certification does indeed improve medical care.

Briefly, the procedure I would propose is that there be criterion-referenced standards that must be met by every neurosurgery resident. Those standards would be high, possibly higher than those currently in place. To be allowed to enter a neurosurgery training program, an applicant would be made to understand that he or she would have to pass both a written and oral examination before completing the program and receiving full certification and the right to practice neurosurgery. The certification process would be made mandatory, and would be incorporated into the training program. The trainee has probably accumulated the greatest amount of factual knowledge at the level of chief resident.

Possibly, the first 2 years of practice, following formal training, could be a probationary period. During those 2 years, the new neurosurgeon's performance would be judged carefully by his or her peers, other medical staff, and a National Review Board before full certification would be granted. The probationary period could be served at parent institutions or in other preselected group practices.

By necessity, there must be a "grandfather" clause for those having finished within the present system some time ago.

The advantages of this type of system would be:

The requirement of certification before neurosurgery could be practiced would place greater emphasis on quality control within neurosurgery training programs.

It would also place greater responsibility on the program directors to pick applicants with full potential.

It would allow us and the program directors to more adequately identify weak areas and deficiencies of training.

It would do away with the present 2-standard system in organized neurosurgery, that between the certified and the noncertified neurosurgeons. Some of the problems we have had in identifying noncertified neurosurgeons and speaking for them would be met.

A uniform system would make it impossible for physicians who have failed to be certified to move from state to state to continue practicing. Working with peer groups would discourage solo practice and encourage group practice, which I believe is best by far for the patients, the neurosurgeons, and the hospitals.

This change in the certification process would require a tremendous educational program and a great effort to implement it. We would have to ensure that the certification process was fair, objective, and without prejudice. We would have to convince the public that we are placing the welfare of our patients before the "elitism" of our specialty, and that it is our right to govern ourselves.

Briefly, two possible mechanisms for implementation are:

1. On a voluntary basis through the Joint Commission on Accreditation of Hospitals, requiring board certification before allowing neurosurgeons to practice in hospitals throughout the country.

2. Secondly, perhaps more complicated and burdensome would be convincing our state medical societies and subsequently our legislatures that our aim is to maintain high standards rather than to influence the marketplace.

The present medical practice acts and physician licensure laws of the 50 states were enacted to protect the health and welfare of their citizens by ensuring that medical services would be performed only by qualified medical practitioners. To that end, the state medical boards established

minimum education and training requirements and they issue a medical license to those who have met those standards. Unfortunately, this is a limited approach and does not solve the problem of how to prevent the physician with whom we all concerned, the physician poorly trained or only partially trained in neurosurgery, from practicing as a neurosurgeon. It should be the responsibility of our specialty to set the standards for neurosurgical practice that would be binding for each state.

During this time of concern over individual freedoms, the tide is working against a change in board certification. I am as much for individual freedoms as anyone, but I still believe that we should take the lead in bringing about this particular change.

There are significant outside groups that may force us to have some form of externally imposed certification.

If the Federal Trade Commission overwhelms the Specialty Boards, we will have mandated or federally mediated specialty boards or programs rather than our present certification process. Some hospitals already require board certification for admitting privileges. Third-party payers may encourage certification by having different fee schedules for certified and noncertified specialists. Limited licensure laws, outcome statistics following surgical treatment mandated peer review, PSRO, and certificate of need for surgeons, as some states have proposed, are all potentially important factors.

Certainly, there is no organization more suited to handle the difficult problems associated with certification than the Congress of Neurological Surgeons. No organization dedicated to education has greater strength or energy within its system. A significant number of noncertified neurosurgeons are members of this organization. In fact, their membership has been one of our strengths. The Executive Committee of the Congress has decided to make a significant contribution in time and effort to assist in the certification of both the noncertified practitioner and the resident in training. I hope that other neurosurgical organizations will endorse and support this concept. Certification will not be compulsory for membership in the Congress, nor will continued noncertification affect one's present membership. No embarrassment should be caused by our efforts.

Fifty percent of all certified neurosurgeons obtained that certification within the last 10 years. Approximately 500 neurosurgeons are not certified; half of those are in the process of being certified. The Committee will attempt to identify the noncertified neurosurgeons. We hope that the state neurosurgical organizations will participate in this. Educational review courses will be offered, as will courses in how to take both written and oral examinations. The potential resources of the Joint Education Committee will be at the disposal of this group. For those who have special requests or problems, an attempt will be made to develop programs that will resolve them.

It is hoped that by this process, all individual members and nonmembers who are not certified will become certified. And if not certified, then perhaps they will be stimulated to become so in the future.

Some would argue that if all members of the Congress became certified, there would be very little difference between the AANS and the CNS. My response to this is that there are considerable inherent differences between the two organizations, and that board certification of all members of the Congress would have no significant effect on those differences.

Finally, I ask that you not interpret this message as an indication that I am less than very proud of our specialty, or that I am not impressed by the high quality of the practice of neurosurgery. I simply want us to do better, to strive for perfection.

To quote Carl Schurz, a German immigrant, in an address given in Faneuil Hall in 1859:

> Ideals are like stars; you will not succeed in touching them with your hands. But like the seafaring man on the desert of waters, you choose them as your guides, and following them you will reach your destiny.

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