

CHAPTER

1

Presidential Address: "Moving Ahead"

ROBERT G. OJEMANN, M.D.

In October, 1975, the Congress of Neurological Surgeons (CNS) marked its 25th year with a memorable silver anniversary celebration. We honored our founders and looked back on our accomplishments with pride. Many of these accomplishments have been reviewed in previous presidential addresses.

This year, the 26th Annual Meeting marks the beginning of our second quarter century. While we have much of which to be proud, we should not sit back and rest on our laurels. We are in a period of change and we must not only adapt to change but do our best to influence these changes in a constructive and positive manner. We must remain strong and undertake new programs and policies which are needed to improve and strengthen our profession. I would like to present to you the direction I believe this organization should take to achieve this goal.

Eleven years ago, the Congress agreed that the American Association of Neurological Surgeons (AANS) would be the spokesman for neurosurgery. This was a definite step in developing neurosurgery into a group with significant influence on outside activities affecting the future of the profession. The need for a spokesman has never been more important than it is at the present time. Over the past few years an increasingly effective working relationship has developed between the two organizations in a number of areas with joint meetings of the officers and formation and funding of several joint committees. Duplication of activities is being eliminated. Major policies are decided together after joint discussions. I would like to acknowledge the efforts of Dr. Richard DeSaussure, the immediate past president and Dr. Lester Mount, the current president of the AANS in improving this relationship. It has been a real pleasure to work with these two fine individuals.

Maintaining this working relationship should be one of our goals. Recently, some individuals and an editorial in *Surgical Neurology* have proposed that these two large groups be combined into one single organization (1). I am opposed to this. The two societies serve as a check and balance on each other. In particular, the Congress offers the oppor-

tunity for younger members of the profession to become involved in organizational activities. Continuing the education of the younger neurosurgeon is one of its prime interests with special attention being paid to the neurosurgical residents. In addition, the two societies serve as a format where different ideas, points of view, and programs can be presented. This forum should not be lost. Therefore, I submit to you that the Congress remain a separate entity and that we continue to improve on the close working relationship with the AANS.

Several years ago there was a proposal for a central office with an executive secretary which would serve to co-ordinate and take over many of the functions of the two societies. This proposal is now being restudied. I believe it is reasonable to carefully reassess this suggestion particularly in regard to the education programs. However, there is a real danger in committing our organization to such an activity if it significantly reduces the involvement of the members of the Congress in the activities of the Society. It appears to me that at the present time, such could be the case and the cost of such an undertaking could be excessive, not only from the monetary standpoint but also from the standpoint of the loss of individual involvement.

Individual involvement is vitally important to the Congress. To this end the Executive Committee has worked to keep the Congress an organization which is truly run by its members. Only a small segment of the responsibility has been delegated to outside individuals and this has, to a great extent, been forced upon us by our size. So it is that the entire organization and day-to-day running of the Annual Meeting, except for the commercial exhibits and the mechanics of registration, are done by Congress members, be it planning of the scientific program or discussing organizational details with the hotel. These activities often involve a significant amount of time spent by Congress members but I feel this involvement is the means by which we remain strong and thus more influential.

Unfortunately, this involvement has often gone unrecognized. Identifying and keeping track of the many individuals who devote time to committee work and are interested in future involvement in the Congress presents a problem. They may work hard one year and be totally unrecognized and unutilized the next. In an attempt to overcome this problem, the president and president-elect have begun a file to keep track of the work of the committee chairmen and to obtain from each of the chairmen an indication of those individuals who have done a good job in the committee activities. Hopefully, this information will then be utilized in selecting the committees and will be passed on to the elected officers in subsequent years. If this mechanism is ineffective, then it is

essential that other solutions be attempted. I hope that future officers and Executive Committee members continue to recognize the importance of this grass roots involvement.

In 1974, Dr. George Tindall, in his Presidential Address, outlined a comprehensive program for the continuing education of the neurological surgeons (6). Many of his suggestions have now been adopted. Within the past few months the Joint Education Committee with the AANS has been finalized and subcommittees developed to cover all aspects of education as it relates to neurosurgery.

The problem of recertification requirements will need to be reviewed and a program developed to meet this need. The problems of certification and what it means have been discussed by Dr. Robert Chase of the National Board of Medical Examiners. He notes that "The profession cannot tolerate poor or inadequate or unnecessary care. It becomes its responsibility through organizations and institutions, to protect the public against incompetence. . . . The control of quality of care rendered the patient in the last analysis is the profession's public responsibility and obligation if it wishes to retain its status as a profession." (2)

The Congress must continue to re-evaluate the Annual Meeting as well as the programs of the Joint Education Committee to be certain they are meeting the needs for continuing education. We have responded to the suggestions of the membership by increasing the number of smaller teaching sessions, workshops and luncheon discussion groups and by adding panel discussions and How-I-Do-It sessions. The International Committee has been reorganized and their participation in the program has been increased. However, questions have been raised about the effectiveness of these programs in insuring quality care. We must find answers to these inquiries. It will take considerable work and imagination to develop methods to determine if the continuing education programs for the neurosurgeon are really achieving their goals.

How can our society influence the future directions that medicine and neurosurgery in particular are going to take? There are many outside pressures to which neurosurgery must react. Our rather perilous position can best be stated by a quote of Dr. William Holden in his address to the American College of Surgeons in April, 1976, in which he stated, "The socialization of the medical profession is rapidly becoming a reality through the enactment of federal regulations that affect the structure and function of medical education, the disposition of residency positions, the requirements for admission of a patient to the hospital, the length of hospital stay, the diagnostic and therapeutic technologies that may be used for the patient, hospital and professional charges, and many more. Unless voluntary medicine can integrate its efforts on behalf of public

welfare, and unless it can deal with federal government in a non-political setting, rather than through a series of adversary and defensive confrontations, it can anticipate nothing less than public regulation of its daily activities." (3)*

The Joint Socio-Economic Committee has made significant strides in meeting this challenge. This committee has awakened neurosurgery to many of the problems facing us in our daily practice. They initiated the formation and strengthening of many state neurosurgical societies. There must be a continuing effort to define the guidelines for this group. There is discussion as to how representation should be determined so the group is responsive to the needs and wishes of the entire neurosurgical community. But of utmost importance is the retaining of a functioning relationship with the two national organizations. The subcommittees must continue to work in an effective manner. Changing legislation must be monitored. Arrangements have been made for Medicare to use the terminology and task assignment subcommittee as a resource. Medical-legal problems remain with us as do those of manpower, density and distribution. This last subcommittee must undertake the task of determining what advice should be given regarding the number of neurosurgeons which we should be training and how they can be most effectively utilized.

About a year ago it became apparent that we needed more direct communication with the events occurring in Washington. The AMA section of Neurological Surgery has been active. It is important that we support this organization in its overall efforts for American medicine. We should also support the American College of Surgeons as it speaks for the surgical specialties. However, it is apparent that if we, as a specialty, want to have input into the legislative process and influence the implementation of legislation, we must give accurate, responsible testimony at every opportunity and develop relationships with responsible governmental organizations. Therefore, a Washington Committee for Neurosurgery was formed and funded jointly with the AANS. During the first 10 months of its existence, this committee has become a viable entity. Areas where there should be neurosurgical involvement have been identified. Presentations have been made by neurosurgeons regarding national health insurance, emergency medical service legislation, physician re-imburement, the NIH budget and the Commission for the Protection of Human Subjects of Biomedical Research. There has been input into the President's Council on Wage and Price Stability, the Commission for the Control of Epilepsy, and the Privacy Protection

* Published with permission.

Study Commission. Some of the testimony already given has had a direct positive influence on legislation. The resources of the National Advisory Committee on Socio-Economics should be utilized to help deal with specific socio-economic problems as they arise, developing new subcommittees if necessary. There will also be areas where the other joint AANS-CNS committees will need to have input. The tremendous volume of information reviewed by the Washington Committee, the presentations that are given and the decisions on issues made by the leadership of the AANS and CNS need to be communicated promptly to the neurosurgical community. It is planned to publish this information regularly in the newsletters of the CNS and AANS.

What issues does the neurosurgical community face for the coming year? There will be various National Health Insurance bills. Medicare and Medicaid procedures must be reviewed. There will need to be a review of the National Health Planning Resources Act. This legislation has far-reaching ramifications on how medicine will be delivered in this country. The problem of delivery of primary care will be a foremost issue. Is the time coming when a patient with a head injury, subarachnoid hemorrhage or acute back problem will no longer have the choice to be cared for initially by a neurosurgeon? Will the primary care specialist be entrusted with important decisions regarding the management of these patients? What about the training of the primary care physician when neurosurgery is excluded from many medical school curriculums? We must make the point that primary care is, to a great extent, disease-related.

There will be questions about biomedical research. We should be making recommendations regarding the budget for the National Institute of Neurologic and Communicative Disorders and Stroke with careful cost justification. How much money should be placed in basic research, in targeted research, in research on the delivery of primary care? We must be ready to support a reasonable point of view on this subject but also to insist on adequate funding for neurosurgical research programs. We need to maintain and increase our representation on the committees making these important decisions.

Another area of concern is that related to the problems of the implants that we as neurosurgeons utilize. A joint AANS-CNS committee on Materials and Devices has been active. They developed an effective input into the House version of the Medical Devices Bill and had considerable influence on the compromise bill finally enacted. The Committee also has direct representation on the FDA advisory panel on neurological devices. Developing standards for various materials and devices remains an important function to which this committee must

devote considerable effort. But the job is just beginning. It will be important now for the Committee to monitor the implementation of this legislation to be certain that the intent of the bill is followed and that the neurosurgical community is not unduly restricted in its use of implanted devices.

And now, I would like to discuss with you a step which I feel will do much to strengthen the Congress. Many of you in practice have become more active in the organization with involvement in the committees which I have been discussing. But still, few scientific papers are submitted for the open scientific sessions from what has been termed "the grass roots." Last year our honored guest, Dr. William Sweet, gave a very thoughtful paper entitled, "The Difference Between Zero and One." His point was that the first time a new and valid thought or observation is conceived or made is a critical time. He said, "I hope you will wish to look thoughtfully at individual, novel events in your experience, analyze them carefully, and decide whether or not they contain the kernel of a new concept." He also summarized a basic problem for all of us when he stated that, "The uncertainties and colossal number of variables inherent in the biological field make all of us working in the domain reluctant to publish an interpretation of a single observation, much less to construct a hypothesis unsupported by many observations. Indeed, if the observation is strikingly unusual, we tend not to publish that, but to wait hopefully for a similar event before we commit ourselves in print."
(5)†

Earlier this year, Dr. Arthur Kornberg, in an article entitled "Research, The Lifeline of Medicine" asked, "How well is (the practitioner) serving in advancing knowledge? This is the practitioner who must rely on his own hands and wits to treat patients, to earn his living, and support his malpractice insurance policy. Isn't he doing enough to keep abreast of new developments in medical practice? Is it reasonable to expect him to advance knowledge, too? I believe it is." (4)‡ The point from both of these communications is that an observation by an individual physician may well be the basis for a new idea, concept, or innovative procedure. You should take time to record and analyze your findings, and prepare the information for publication.

The members of the Congress have recently received volume 23 of *Clinical Neurosurgery*. This yearly volume has become an outstanding reference book containing the invited scientific papers and the Honored Guest presentations at each Annual Meeting. But there has not been

† Published with permission.

‡ Published with permission.

room to include many of the other fine presentations made at the workshops, special programs, and open scientific sessions.

For several years many of the officers and Executive Committee members of the Congress have felt that the organization needed a publication for these scientific presentations as well as other scientific material and information related to the activities of the group. Toward this end thought was given to formation of a journal for the Congress. An agreement to make *Surgical Neurology* the official journal of the Congress could not be worked out. A committee under the leadership of Dr. Bernard Patrick has extensively evaluated the situation and presented their recommendations to the Executive Committee. What could another journal offer? A place for publication of the presentations made at the open scientific sessions and workshops of the Annual Meeting. A forum for current articles on matters related to socio-economics and materials and devices. Publication of abstracts from other major neurosurgical society meetings so that they would have a wide distribution. Inclusion of abstracts from international journals and of articles in associated areas. A section devoted to bringing to the attention of neurosurgeons the advances in other fields which might relate to the problems we encounter. A summary in each issue of a residency training program. A special section for the Congress members to publish their observations made during daily clinical practice.

After careful review of the situation by the Executive Committee, it was concluded that a high quality publication could be developed. An agreement has been made with the Williams & Wilkins Co. to begin publication of a new journal entitled *Neurosurgery*. The first issue will appear in July, 1977. Dr. Robert Wilkins has agreed to edit this publication and organization of the editorial board is already well under way. More details will be sent to the membership in the coming months.

I have tried to impart to you something of the dynamic spirit which is present in our organization and would, in closing, like once again to stress that we must move ahead. Let us remain a viable organization; one which recognizes the importance of the involvement of the young neurosurgeon. Let us not allow ourselves to remain on the sidelines but let us get into "scoring position" so our relatively small specialty can exert positive influence in areas where it may prove beneficial in advancing knowledge and achieving the best possible care for our patients.

REFERENCES

1. Bucy, P. C. Editorial, "United we stand . . .". *Surg. Neurol.*, 5: 343, 1976.
2. Chase, R. A. Proliferation of certification in medical specialties. Productive or counterproductive. *N. Engl. J. Med.*, 294: 497-499, 1976.

3. Holden, W. A. The federal government and the surgical profession. *Bull. Am. Coll. Surg.*, 61: 7-13, 1976.
4. Kornberg, A. Research, the lifeline of medicine. *N. Engl. J. Med.*, 294: 1212-1216, 1976.
5. Sweet, W. H. The difference between zero and one. *Clin. Neurosurg.*, 23: 32-51, 1976.
6. Tindall, G. T. Presidential Address: Continuing education for the neurosurgeon. *Clin. Neurosurg.*, 22: 1-15, 1975.