CHAPTER XI

PRESIDENTIAL ADDRESS—1983
Jerome C. Goldstein, MD

First and foremost, let me express my deep and sincere gratitude to the membership for the privilege of serving as president. For years, this Society has been near and dear to my heart. That it has been a significant moving force in otolaryngology was clearly dramatized to me in the preparation of its history. I feel honored to have had the chance to serve it and I feel humble when I remember the strong men who guided it in the past.

Let me give thanks to two Georges. Those who know me well have heard me say that I have had the best of both. I was one of George Reed's first residents in Syracuse. I spent my first three postgraduate years with George Sisson. Both were instrumental in my training and maturation as a surgeon and were moving forces in the evolution of this Society. When I began my appointment as Secretary of this Society, George Reed was the first President I served. If it was not for George Sisson, this meeting might not be occurring, for not only was he of importance in the founding of this Society, but he served for nine years as its first Secretary. As Historian, many aspects of our celebration here are testimony to his efforts, especially the historical transactions. I cannot tell you how many hours George and Mary Alice have spent in its production. I was witness to only a few. This book represents an accomplishment which will be appreciated for many years to come.

It is appropriate to make a few remarks concerning the Head and Neck Fellowship programs sponsored by the Joint Committee for Postgraduate Training. The efforts of George Sisson and others in insisting upon quality training in head and neck surgery for graduates of otolaryngology training programs have been of great importance. The reality of the fellowship programs is testimony to the persistent efforts of one man, Dr. John Loré. Jack has served as Chairman of the Joint Committee for its entire existence. He was the catalyst and work-horse throughout this time and whenever the pace slowed, Jack was there to quicken it and to give it new energy. A warm "thank you" to him for his efforts.

It is traditional that in a Presidential Address one focuses on some of the problems that beset medical practice. This is always a fruitful subject. I choose to consider the increasing competition among physicians for patients and the escalating cost of medical care. It seems obvious that the two are intimately related. I was one of 5000 who graduated in 1963 from 78 medical schools. Today, there are 126 medical schools which for over a decade have been graduating 15,000 students or more each year. A comparable number of FMG's have also been absorbed into our work force each year. The health planners naively thought that the competition from this new wave would bring about a reduction in charges and a redistribution of physicians who would be encouraged to seek financial security in the hinterlands of this country. But it has not worked, to the chagrin of the health planners, and to the irritation of budget makers. For, according to Say's Law, "supply creates its own demand". As Dr. Lawrence Tremonti told the AMA Section on Medical Schools last year, the increased number of graduates has had no effect on the shortage of physicians in certain areas. The reason is very simple. The pie was so rich that even the crumbs that were left over after the slicing were enough to sustain the ones who came late to the table. Unfortunately, the amount of legitimate *pathology which is properly*

treatable by surgery is not increasing commensurate with the number of trained surgical specialists we are putting out. It is not unlike the large untapped reservoir of congenital heart cases that awaited the first wave of cardiac surgeons; that reservoir is essentially empty now except for the trickling ground springs that were the source of the untapped pool. What is there for the new wave to do, and I speak not only of thoracic surgeons, but also of all specialists, for inherent in most occupations, medical or otherwise, is a dependence on changing fashions, the constant evolution of technology and the available economic resources?

It has been said, that 90% of the fish are caught by 10% of the fishermen and I expect that this has some relevance to surgery, although, perhaps, not as pronounced. As you know, the other 90% of the fishermen keep on fishing, grumbling about the size of their catch, putting out new lures and forever looking for that "glory hole" where the fish will jump right into the boat. So it is with surgical practice. There are more and more fishermen but less and less fish. There used to be a size limit; the fish had to be a certain size before you could keep it. That law has been rescinded in some places and I am afraid that a similar change has occurred in surgery where a "keeper" is most anything that will fit into the surgical creel.

Today, nothing is simple. The most mundane problem can become the province of one or two experts who bring requisite credentials, plus the need to amortize this credentialling process. I am concerned that, contrary to the supposititious belief that the desire of society for expert care is the cause of increased specialization, it is the physician who profits the most from specialization. We, as physicians, are the travel agents who book clients into expensive resorts, presuming to interpret their needs for them before knowing what they really are, and then modifying the patients' preferences so they coincide with our own.

What is a physician to do? There are more and more surgeons and fewer cases. How can the young practitioner emulate the lifestyle of his role model? How can he fulfill his expectations? A quarter of a century ago, income tax was relatively low, malpractice premiums were virtually non-existent, gasoline was 25¢ a gallon, popcorn was 10¢ a bag and competition in the medical field was virtually non-existent. Often, today's young resident finishes training deeply in debt. Malpractice insurance, mortgage payments, organization and society dues and many other bills added to the original debt may be demoralizing; furthermore, in the world of practice, competition is intense. Certainly, entrepreneurial aspirations are dulled and, at times, ethics may be stretched. The young physician is often unwillingly driven into institutional practice to be free from competition. More than 60% of our physicians practicing today in the United States receive part of their salary from institutional practice. Those in limited practice are driven to keep up, not necessarily from any sense of professional obligation but from economic necessity. He has to be continually conscious of how to "market" his skills and has to be innovative with office management or else he will go "down the tube". He could, of course, reduce his prices, but that would be a sign of egregious commercialism and would be an admission that he was superfluous; and it probably would not work anyway, for the public is not atuned to looking for bargains in medical practice. Many patients presume that if you are good enough, you can charge what you want and only, if you are not good enough, must you engage in discounting. So what is this young doctor to do? He can diversify into other fields; encroach upon other specialties. He can raise his prices, or he can broaden his indications for starting care and performing diagnostic and therapeutic procedures. This latter action, all too often, is chosen under the guise of better patient care.

Some national organizations move to protect their members by planting the flag of their specialty on any new ground wrested from some apathetic and disorganized predecessor; presuming, after a while, divine right of settlement predicated on spurious credentialling. It should be remembered that as the practice of medical care fragments into more and more specialties, the narrower the economic base becomes that sustains these specialties and the more vulnerable they are to the winds of change. Those who follow the song of the sirens of technology are the most exposed, for the technology that spawned them can quickly make them obsolete. Those who are experts in interpreting the CAT scan must move on to nuclear magnetic resonance or they will be left behind. One discovery can make an anachronism of a whole specialty. That is why it behooves those young adventurers, as they split off

from the parent organization, not to divorce themselves completely. It is wise to stay close to the trunk, to that core of knowledge that is grounded in wide enduring experience, so if economic necessity or something else cuts off the limb, they can still scurry back for sustenance.

Let not the goal of this Society be protectionism. Let it be understood that this organization was not created to safeguard the economic interests of its members. This Society was not formed as a defense against those who would encroach upon the surgery of the head and neck. Let them all come and when they are good enough, they can apply for membership. The purpose of this Society is to create an elite group whose reason for being derives from the skills and professionalism of its members as attested by their credentials. The success of this organization was due, primarily, to a policy of high quality work and it should remain the policy of our organization. Ours is an organization to which all can aspire if the training is rigorous enough, the experience wide enough, and the skills sharpened enough. Let there be no advantage to belonging to this organization other than the satisfaction which derives from excellence. Let us continue to strive for excellence. Let us not look down in condescension but look up in aspiration. Let us make ourselves better and better and hope that others will follow our example. Then truly, our 50th anniversary will be a golden celebration.

Members of the Council, Past and Present

1959

John E. Bordley Edwin W. Cocke, Jr. John J. Conley William C. Huffman John S. Lewis Joseph H. Ogura F. Johnson Putney William M. Trible

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John E. Bordley Edwin W. Cocke, Jr. John Daly Franklin Keim John S. Lewis Dean Lierle Joseph H. Ogura F. Johnson Putney Leroy A. Schall William M. Trible

1961

John E. Bordley Edwin W. Cocke, Jr. John Daley Paul H. Holinger Franklin Keim John S. Lewis Dean Lierle Joseph H. Ogura Harry P. Schenck William M. Trible

1962

Edwin W. Cocke, Jr. John J. Conley John Daly Franklin Keim John S. Lewis Dean Lierle Harry P. Schenck William M. Trible

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John J. Conley John Daly Richard T. Farrior Jerome A. Hilger Paul H. Holinger Franklin Keim Arthur Loewy Joel J. Pressman William M. Trible

1965

Richard T. Farrior Jerome A. Hilger Paul H. Holinger Franklin Keim Arthur Loewy Charles M. Norris Joel J. Pressman

1966

Daniel Baker Richard T. Farrior Jerome A. Hilger Paul H. Holinger Franklin Keim Arthur Loewy Charles M. Norris Joseph H. Ogura