CHAPTER

2

State of the Union "The Next Generation"

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PRESIDENTIAL ADDRESS

Today is Election Day in one of the richest, strongest, and most advanced countries in the world. As is the custom in this Capital City, I thought it appropriate to make this a State of the Union Address. By the Union I am speaking not just of the Congress of Neurological Surgeons that has provided this wonderful educational forum and certainly not just of a bargaining union of highly skilled workers. By a Union I am referring to the unique union of professionals around the world that make up neurosurgery. My remarks today by necessity must address more the concerns of American neurosurgeons, but we need to keep in mind that our union is multinational, multicultural, and certainly not a men's club.

The state of the union of American neurosurgery is but a distant reflection of the state of American Society. As America enters a time of economic uncertainty and crisis in health care delivery, so does neurosurgery. As America faces threats from out of control consumer litigation so does neurosurgery. As America faces an unprecedented crisis in insurance coverage, so does neurosurgery. As America faces for the first time the reality that the next generation will likely have less than their parents, so does neurosurgery. As America's leaders face a constituency that is less trusting and more suspicious, so does neurosurgery. As America looks at a system increasingly dependent on high technology and computer science, so does neurosurgery.

Just as our society anguishes over whether we have mortgaged the next generation, I would ask what is in store for the next generation of neurosurgeons. The Congress is a society dedicated to young neurosurgeons in training and in practice and most of you will be practicing in the next generation. In thinking about the next generation of neurosurgeons, I would like to address just one simple question. Your son or daughter is finishing college and is applying to medical school and

asks you "I am uncertain about my decision. I have always dreamed of becoming a neurosurgeon but now I am having doubts. What do you think?" This, of course, may be a medical student walking into your office or a resident in neurosurgery having second thoughts, but the essential question is the same. What is the future of neurosurgery? Is the glass half-empty or half-full. I content that it is about three-quarters full with lawyers and bureaucrats still taking sips off the top, but with a legion of strong suppliers coming up through our ranks. Although our cup does not "runneth over," it is quite comfortably full. In looking at what fills our neurosurgical cup, I see a number of key elements and those in my opinion are not changing or diminishing. I would like to look at those elements that have attracted us to neurosurgery and tell you why I am still enthusiastically optimistic about our future.

The first and most compelling attraction is the personal relationship that we develop with our patients. Although we occasionally wear the hat of the radiologist, the pathologist, or the researcher, we are people doctors. For better or worse we are in the trenches in the emergency rooms, at the bedsides, in the clinics, and of course, in the operating rooms. We still feel first-hand the thrill of victory and the agony of defeat. Although the disgruntled will say that every patient is an adversary and every person that walks into your office is a potential lawsuit, I submit that there has been no fundamental change in the trusting relationship that exists between you as a neurosurgeon and your patient. Studies have shown that the most frightening medical event to a patient is the prospect of surgery on the brain or spinal cord. We should not be discouraged by the 31 possible CPT Evaluation and Management Codes, 18 of which are just for the outpatient visit. Think of how discouraging it is for your patients to sort through the miles of bureaucratic red tape to determine if their insurance carrier will cover the cost of their outpatient visit or surgery. It is not us against them. We are in it together—just as we have always been.

I would like to read a quote from the type of card that we all receive frequently. "I wanted to thank you for saving my life. I am sure you don't remember but I called frequently leading up to surgery. You took all of my calls. I will always be grateful to you and your skills as a surgeon but most of all I will always appreciate your kindness as a doctor." This was not a patient with a basilar tip aneurysm or even a falx meningioma. This was a young woman with a simple ruptured disk and a new baby. People today appreciate what you do for them, just as much as they always have.

The next most important reason that we all chose neurosurgery is the technical fun of neurosurgery. It is my observation that this never

gets old. I watched Eddie Kahn at age 80 doing carpal tunnel surgery and I assure you he was just as excited as a first year resident. With the explosion of technical advances—neurosurgery is in my opinion becoming even more exciting. In the brief window of my training and practice, I have seen the remarkable development of CT scanning, MRI scanning, intraoperative ultrasound, modern stereotactic surgery, endovascular surgery, radiosurgery, advanced seizure surgery, and of course, instrumentation in spinal surgery. These are but a few of the many advances in less than one generation. The beauty of this development is that most of these exciting advances are available to the practicing neurosurgeon. I am fully aware that many of you are concerned that these highly technical developments may result in super specialization and that practicing neurosurgeons will be relegated to more basic procedures. You are also concerned about losing traditional neurosurgical patients to other specialists such as the orthopaedic surgeons and the interventional neuroradiologists. I contend that there is ample opportunity for each of us in private practice or academics to follow our special interests and to accumulate special experiences, but also that the general neurosurgeon will maintain a vast array of technical and clinical expertise far greater than at any time in the past. Complex stereotactic surgery is now part of almost every private practice group. Spinal instrumentation is becoming common place in neurosurgical operating rooms across the country. Advanced skull base procedures are becoming part of all of our practices. In spite of the common perception that we as neurosurgeons are super specialists, I content that we are the last of the *general* surgeons. In the course of a month you may operate on the brain, the spine, the carotid artery and a peripheral nerve in any extremity. You may approach the sella transsphenoidally and enter the chest for a sympathectomy or thoracic disk. You may open a belly for a shunt catheter or dissect out the brachial plexus.

I believe that there will be many challenges to maintaining this diversity of skills in treating our patients. There will be pressure from governmental agencies to eliminate duplication in providing complex treatment such as radiosurgery and seizure surgery. Some of these efforts will be appropriate and necessary and they must be met by neurosurgeons interested in these special procedures by cooperating with each other and providing a common system open to all neurosurgeons. If a costly complex treatment system ends up being located in an academic center, I would envision that this facility would open its doors to community neurosurgeons who wish to utilize that system. I have seen this work for lithotripsy in urology and I believe this approach would

work well for things such as radiosurgery. It will obviously be up to us as individuals and collectively as organized neurosurgery to maintain our level of education such that we can all enjoy these technical advances.

The next aspect of neurosurgery that I would like to address in thinking about the next generation is life style. Life style is a very relative thing. To the uninitiated the life style of the American neurosurgeon looks great. Big houses, fancy cars, and an income in the top one percent of our country. To many of those who are familiar with our daily routine of early rounds, endless hours in the OR and clinic, and the demands of night call, our life may appear anything but desirable. As you know, medical students today are focused on the desire for specialties with controllable life styles. Clearly neurosurgery does not make that list. Whereas it is true that much of the practice of neurosurgery is out of our control, since it is controlled by our patients and the diseases that control their lives, I contend that we all make decisions that add or diminish control in our practices. Often these decisions are difficult because the trade off for more controlled time may be a loss of income or a loss of the scope of our practice. Joining a large group with better hours may result in a lower income. Giving up selected complex cases will free up precious time, but may limit the scope of our surgical skills. In Joe Maroon's Presidential Address in 1986 he spent much of his time talking about putting balance in our lives (1). We are all in danger of working too hard and letting the other aspects of our lives fall out of balance. We owe it to the next generation of neurosurgeons to provide a framework for the delivery of neurosurgery which is optimal for our patients, but also optimal for the neurosurgeon and his or her family. I have no doubt that with the changes that are coming in health care delivery the next generation of physicians will have a relatively smaller income, but I contend that since in the currently proposed relative value system it was demonstrated that neurosurgeons are not overcharging their patients, we should and will maintain our position at the top of the physician reimbursement. I assure you that organized neurosurgery has taken the high road on reimbursement issues and has only demanded what is equitable and fair. As the advertisement says, "We make our money the old fashioned way—we earn it!"

Another word about balance in our professional lives. I would like to tip my hat to the numerous individuals within our Union that have taken the time and energy to pursue avocations or simply recreations. We have at least 20 members of our ranks who have pursued a law degree. We have musicians and we have athletes. We have art critics and

authors. We have missionaries and we have mountain climbers. An example is Bob Singer who is a practicing neurosurgeon in Richmond, Virginia. At age 10 Bob had seen a photograph of a mountain in the Himalayas called Annapurna and had always dreamed of someday climbing that mountain. At age 56 he signed up as the medical consultant for an expedition to put the first American woman at the top of Mt. Everest. He trained for 3 years with a 50 pound back pack and at age 59 took 5 months off from his practice and spent three of those camped at a frozen base camp at 19,000 feet in the Himalayas. This type of experience has to put some balance in your professional life.

You have all heard so much about "family values" this election year, I hesitate to even bring up this subject. My family is very simply the most important thing to me—as I am sure your families are to all of you. I remain convinced that the life style of a busy and productive neurosurgeon can include the full commitment to a family and loved ones. Once again, difficult decisions about time and balance may be needed.

These have been mostly positive views of our legacy for the next generation. What about a few of our obvious concerns? The first of these concerns and I believe currently the most destructive and discouraging is malpractice litigation. In a way I grew up neurosurgically with this problem since I was named in a lawsuit 5 months into my residency in 1972. I was just watching an operation when a complication so rare occurred that we published this in the *Journal of Neursurgery* (2). There was no malpractice, but like many of you I will never quite get over the disheartening feeling of being sued when you are doing your best for the patient. I personally believe that we do not have so much sleazy lawyers as we have sleazy laws. Our laws, though well intended, have created a system which is driven by greed—greed by the lawyers and greed by our patients. The possibility of winning the lottery can turn a rational patient into your worst nightmare. We need tort reform and we need it now. Medical malpractice is driving up the cost of medical care and driving good people out of medicine. Your Washington Committee has put together an 11-point plan for tort reform which is being sent to all members of Congress and being lobbied to Congress through the new Key Person program. We cannot and will not let up in our fight for responsible tort reform. Our patients deserve it and our colleagues deserve it. I personally believe that as health care costs escalate out of control, issues of tort reform will be definitively assessed by state and federal government. I think the time is right for significant legislation.

The second major concern and frankly the biggest unknown is the role that our state and federal governments will play in the delivery of

neurosurgical care over the next generation. Although our government has considered a National Health Plan since the development of the Social Security System in the late 1930s and has enacted Medicare and Medicaid in 1965, it is only with the implementation of the Medical Fee Schedule in 1992 that the government has actually set physicians fees in a systematic and comprehensive way. Although this currently only applies to Medicare patients, it is widely believed that this Resource Based Relative Value Scale will soon be used by private insurers. Whether the future holds a single payer model, a play or pay system, or simply incremental changes in tax laws and insurance policies, remains to be seen. Given that health care costs in 1991 were nearly 800 billion dollars or 14% of our gross national product, you can bet that health care will become the top domestic issue over the next few years. There are between 31 and 37 million or about 15% of Americans currently uninsured and 26 million of those are working. There have been 45 health care reform bills introduced to the federal government and numerous others at the state level. To give you an idea of why the past legislation will not suffice for today, consider that in 1970 Medicare cost 7 billion dollars and in 1991 it cost 126 billion dollars. Health care in total averaged $366 per person in 1970 and over $3,000 per person in 1991. Health care reform is coming and we need to be involved in the process, but above all try to adapt the highest standards of neurosurgical care to whatever system evolves.

One last word about public service. You all give tremendously to your patients and most of you generously to your communities through a variety of philanthropic avenues. I would just add a gentle reminder that neurosurgery has created a wonderful opportunity in THINK FIRST to support the most important element in the next generation—our youth. Please give generously.

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