Presidential Address

Bernard S. Patrick, M.D.

Members, Colleagues, Guests:

I am both honored and priviledged to address you today. Although the remarks that I make to you today will be less than profound, I propose not to bore you. I will be brief. Some of my comments may be controversial and contrary to currently popular concepts. Therefore, let me now state that the thoughts expressed here represent my opinions only and not necessarily those of the Congress nor necessarily of neurosurgery in general. Nonetheless there are things that need to be said even knowing that some are likely to be disconcerting and some even unpleasant.

This address is concerned with three interrelated subjects: (1) the current activities of this organization, (2) the fundamental threats that governmental subsidies pose to the universities, particularly in medical education, and (3) our relationship to the government and our responsibility to the profession in these times of increasing federal encroachment in the areas of health care.

By way of explanation, let me point out that my own personal background includes many years of private practice, both in solo and group practice, quite apart from my recent several years as a full-time academic neurosurgeon. Thus my basis as well as my bias come from a varied experience. If I talk like an academic neurosurgeon, I am one; yet if I speak as a private practitioner, well then, I was one for 12 years, and in my heart I continue as one.

The Congress of Neurological Surgeons continues at the forefront of organizational activity directed toward the advancement and maintenance of the highest standards of neurosurgical practice. I am pleased to report that the Committee to Study the Means of Maintaining High Standards in Neurosurgical Practice has completed its recent report and recommends neurosurgical units, as a concept offering optimal patient care coupled with optimal utilization of nursing personnel. This report was published in the CNS Newsletter of June 1973 and should be studied carefully and put forward at every opportunity.

Our Committee on Materials and Implantable Devices, working jointly with members of the American Association of Neurological Surgeons, is making rapid strides toward the development of identifiable standards for neurosurgical devices and foreign materials used within the body. All of neurosurgery can expect to benefit from these efforts.

In the area of continuing education, I can announce that plans are

underway for the development of one-day, single-subject seminars to take place at varied locations throughout the year. These should be invaluable to the young neurosurgeon for adding depth to his knowledge and to all neurosurgeons for keeping current in selected subjects. The Congress is developing additional activities in the way of publications, some to be coupled with the single-subject seminars and others to be of a more general nature, all supplementing our annual publication, *Clinical Neurosurgery*.

Of singular importance is the development of the National Neurosurgical Advisory Group for Professional Standards Review Organization (PSRO) activities, a joint socioeconomic activity of the Congress and AANS. This has been developed in response to governmental pressure to have the medical profession develop peer groups to monitor and document the monitoring of the quality of medical care. This National Neurosurgical Advisory Group for PSRO may be the most significant organizational move in neurosurgery since the restructuring of the Harvey Cushing Society.

For the moment, I want to speak to you about the dependence of medical schools and medical centers on federal subsidies. Historically, financing of medical schools has never been satisfactory. Since World War II, there has developed among such institutions an increasing striving toward regional and national identity. This has manifested itself by the tremendous building of faculties and departments, particularly in research. Since 1950 this tempo has markedly increased, augmented by the input of millions of dollars from the government into medical research and institutional support. This federal support reached the level of 54 per cent of all medical school expenditures from 1963 to 1966 and in spite of later cutbacks, it still constitutes some 45 per cent. What I am saying here is that nearly half of every dollar spent by medical schools is derived from federal funds.

As a result, the medical schools have become so dependent upon the federal dollar that they hasten to comply, indeed they must comply, with every bureaucratic whim for fear of losing some federal appropriation or grant. We boast about the freedoms and benefits of capitalism while the medical educational institutions are selling their very souls to the devil in their scramble for federal funds. We have found ourselves in the paradoxical position of applauding the President for his cutbacks in federal spending while at the same time we repeatedly pound the door of the administration seeking more federal support for medical research and education.

Can we in good conscience be in favor of a balanced budget and sound fiscal policy for the government, and, at the same time, urge that same government to overspend its budget? We cannot. Granted, we seek support of medical and scientific activities which certainly seem as deserving of government support as airline and export subsidies. However, it is this line

of thinking that many use to justify demands for more federal funds, and it is for this very same reason that most efforts to reduce federal spending fail. I put this question to you: Are we, or are we not, men of a more responsible conscience? While it may be good and proper that we bid for a more appropriate slice of the NIH financial pie for the neurosciences, if we are to be in favor of a sound fiscal policy we must not add to the already heavy pressure on a burdened administration to increase subsidies, however justifiable the need may seem. Is not a solvent government more important than the subsidy programs it supports?

Of even greater concern is the tendency of the universities to look to the government for guidance as well as financial support. The dangers inherent in this are profound. The University, Trustee of the Culture and Guardian of Education, is progressively losing its autonomy and cultural integrity and is headed toward becoming simply another department or bureau of the government. The old saying, "Whose bread I eat, his song I must sing" has never been more true than it has been under government controls. For, indeed, whose bread we eat, his song we must sing—even if without heart!

I propose to you that the university cannot at the same time serve as an arm of the government and as the trustee of our culture. Means must be found to preserve and protect the integrity of the universities against the influence of the federal dollar. Some separation between the university and the government must be maintained, even if at the cost of reduced budgets. I put forward the concept that the preservation of self-determinism of the university is more important than the size of its budget.

Whereas the university serves as the trustee of the culture, the guardian of the delivery of health care is the private practitioner. Not the university, not the government, not the Department of Health, Education and Welfare, but the individual private practicing physician is the guardian of the nation's health. More and more this is being threatened by the government—not by accident, not entirely by social pressure, but in part by calculated design. The best example of the long range intent of some of the more liberal members of the government was given by Senator Edward M. Kennedy in speaking of changes in health care delivery. He said "The cutting edge of these changes will be the enactment of national health insurance. . . . National health insurance is more than just a financing mechanism. It is a lever with which to reform all aspects of the health care industry, including medical education. And it is a lever which will be used" (3). Let us make no mistake about this intent of the government. Such levers are being used, and the use of such leverage at multiple levels of the government will increase, unless public pressure mounts to oppose it. I quote from Justice Brandeis: "Experience should teach us to be most on our guard to protect liberty when the Government's purposes are bene-

ficent . . . . The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning but without understanding" (1).

Now, by law, the government is requiring the establishment of PSRO's under the guise that the medical profession must be forced to police itself. It appears that the government would have the public believe that the medical profession has had its head in the sand for the past 100 years or more. Have we arrived at a position of esteem by chance? Have we gained this position by neglecting quality or by being inattentive to patients' needs? Are we held in regard because we are callous to public needs? Do we nourish scoundrels among our colleagues? Of course not. Yet, the government would have the public believe that PSRO's are necessary because physicians do not police themselves. It is disconcerting that some of the public and even a few of our colleagues have come to believe that the point of view of the government has merit. Indeed, the goal is noble—the goal of improved medical care—and this goal cannot be criticized. This noble goal, however, does not necessarily of itself validate the proposed means by which the goal is to be achieved.

Then there are those among us who say, "it is inevitable, therefore, we should get on with it before the government does it for us." Now for a moment, think about this concept that we should do it because it is inevitable. Some political corruption may be inevitable, but this is not a reason to participate in it. Because a government program is being put upon us is not a reason to encourage it with open arms, particularly if it seems ill advised. Instead, one should involve oneself against it or work to appropriately change or modify it.

I do not intend to propose that we refuse to participate in PSRO activity, but I do believe that certain basic concepts should be kept in mind in the course of our activities relative to PSRO's:

1. The responsibility for the health of the nation is ours—the medical profession's—not the government's.

2. The establishment and maintenance of standards of care can be accomplished only by ourselves. The government cannot determine standards without our guidance.

3. Only we can deliver health care. The government does not have this capability, nor this desire. It can deliver through us, but not without us.

4. It is we who hold the key, the knowledge, and the authority to determine the quality of medical care. Indeed, it is our responsibility!

For neurosurgery, this authority will be vested in our neurosurgical national advisory group for PSRO. This joint group of the CNS and AANS will be responsible to these respective organizations, neurosurgeons in general, and state and local PSRO's relative to neurosurgical matters. It will stand between the government and the individual. It will reinforce the

importance of the academic physician looking to the profession for guidelines, not to the government.

In developing these standards, it is imperative that we keep in mind that, by definition, if physicians are required to perform according to prior established norms, there can be no progress! Excessive standardization, by its very design, impedes progress. It will be difficult indeed to set standards sufficiently flexible to permit and encourage progress in medical care and at the same time satisfy the more narrow view of the government.

As guardians of the nation's health, our responsibility in this regard is a precious heritage, a sacred trust. The responsibility is ours, not that of the government, which cannot deliver, cannot provide, and cannot purchase quality medical care. Most legislation having to do with control of medical care tends to have an unfortunate effect toward depersonalizing the physician-patient relationship. It is not possible, however, and it is a delusion to think it so, that the government can legislate the quality of patient care.

Surely, there is not one among us who in his ultimate frustration has not cried out, "why won't they let me alone so that I can practice medicine and take care of people who need me!" Regretfully, the fact remains that they won't let us alone—neither the government, nor the public. Nor will our sense of responsibility let us remain uninvolved. It is mandatory that we look down the road to the future and guide ourselves accordingly. That this future remains unknown in spite of all efforts to view it does not eliminate the necessity of making the effort.

In our efforts to cope with the future and to preserve the integrity and self-determinism of the university, the profession, and the individual practitioner, we can heed the words of Oliver Wendell Holmes: "I find the great thing in this world is not so much where we stand, as in what direction we are moving: To reach the port of heaven, we must sail sometimes with the wind and sometimes against it,—but we must sail, and not drift, nor lie at anchor" (2).

REFERENCES

1. Brandeis, L. D. Olmstead *vs.* United States (1928) 277 US 438, 479, 72 L ed 944, 957, 48 S Ct 564, 66ALR 376. *In* 2,000 Famous Legal Quotations, edited by M. F. McNamara, 718 pp. Aqueduct Books, Rochester, New York, 1967. See p. 400.
2. Holmes, O. W. The Autocrat of the Breakfast-Table, 1858, Reprinted in Everyman's Library, 306 pp. J. M. Dent & Sons Ltd., London, 1960. See p. 88.
3. Kennedy, E. M. The challenge of health professions education in the seventies. J. Med. Educ., *48:* 3–7, 1973.