It is a privilege, not a right

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It is supposed to be hard. If it wasn't hard, everyone would do it. The hard is what makes it great.—A League of Their Own

Twenty-five years ago, pediatric surgeons who concentrated on trauma were not universally welcomed by pediatric surgeons or trauma surgeons. The Western Trauma Association (WTA) was different however. Articles dealing with different strategies of management for pediatric patients were accepted for presentation and sent on for publication. Not every member agreed with the content of these presentations, but the critiques were thoughtful, and the atmosphere always collegial. Everybody still skied together, drank together, and went out to dinner together. It was an atmosphere that fostered discussion, good science, and collegiality. I was proud to have presented my first article here in 1992 and to have become a member in 1994.

I think about 15 years or 20 years ago, colleagues of mine began talking about changes in behavior of residents and medical students. It was at an informal get together started by Steve Shackford at the University of Vermont, where every Friday at lunch the department gathered in the Abrams library over sandwiches. It was affectionately known as the Baloney Banquet. The discussion centered around the perception that both residents and medical students appeared to be less engaged with their patients, and in fact less committed to them. We centered on the changes in mandatory work hour restrictions put in place by the RRC. I do not think any of us felt that return to the uncontrolled situations that many of us were brought up with was appropriate but felt that restricting work hours was leading to both residents and medical students developing a 9-to-5 mentality.

That which does not kill us makes us stronger—Fredrich Neitzsch

Students were not following their patients from diagnosis to discharge, as many cases came in from outpatient clinics or private offices. Residents often had the same experience, but additionally, should a postoperative patient develop a complication, and the operating resident was not on call, they would not come in to take care of the issue. I am not sure the situation has improved in the 15 years or 20 years since then, and in fact may have exacerbated. My thoughts were that there seemed to be some sort of disassociation, occurring from what I will call the "professionalism of medicine". Perhaps this is due to our present system of education for our medical students and residents, or perhaps as Past President Hauser discussed in his Presidential address last year, it has to do with the "Industrialization" of our profession by the ubiquitous MBAs of large health care corporations that seem to now dictate our time management, productivity and professional practices. I feel that in both the field of education, where we have ceded responsibility to educational PhDs, and professional practice, where this has gone to MHAs and MBAs, physicians and surgeons have taken a back seat because of constraints like insurance documentation and reimbursement—requirements which place inordinate demands on physician time.

Time is the coin of your life. You spend it. Do not allow others to spend it for you.—Carl Sandburg

This time constraint appears to be not designed to improve patient care, but rather as a back-door attempt to reduce health care costs by reducing reimbursement. That topic alone would take hours to elaborate on but is not the issue I wish to concentrate on in this talk.

On Christmas day last year, our land line phone rang early in the morning. Ninety-nine percent of these calls are robo-calls, and the remainder are wrong numbers, so we rarely answer that line. For some reason, I answered the call. The voice asked to speak to Dr. Vane. I said that was me. The gentleman on the other end of the line apologized for bothering me but wanted to talk to me and thank me for operating on him when he was an infant! He had a tumor. He was a grown man now, 40 years of age, with an excellent job and several children. It was decades ago! He had tracked me down and wanted to let me know that he was appreciative of the life that I had helped to give him. We talked for a few minutes, and when I hung up, I was a bit stunned. My wife clearly noticed something and asked me who it was and what was wrong. I had the hardest time telling her, because at that moment thoughts were flashing through my mind that I had never really concentrated on. I thought about the myriad of different times I had gotten thank you notes and small gifts from families of children I had operated on. How touched I felt, but I considered this my job. I was supposed to take care of their children. Thanks for what I felt was what my job were not necessary. I thought about another call I had gotten from a young woman who as a second grader was shot in the abdomen by her 6-year-old brother with a deer rifle. She lost most of her liver, spleen, some lung, and had multiple other injuries. It was in the late 1980s and that evening I was supposed to meet my wife and her sister at a restaurant for our anniversary. One of those times we all miss because of our "jobs." It was one of those cases we all have dealt with, where the patient was unstable, massively injured, and you knew had a slim chance of

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having a good outcome. Damage control was a recently reported concept, and it was the first time I packed an abdomen with peroxide-soaked sponges to control the nonsurgical bleeding. She was now married and wanted to know if it would be safe for her to get pregnant! I also remembered the yearly Christmas letter and full page of photographs I have gotten every year since 1991 from a mother whose first baby, a daughter I operated on as an infant. Now with more kids in the family, the daughter married, still working their dairy farm. I think this mom sends me this letter not so much to show me how her family is growing, but to remind me that what we as physicians do, matters.

To leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition. To know even one life breathed easier because you lived. This is to have succeeded.—Ralph Waldo Emerson

I felt strongly at that moment, the privilege, and subsequent rewards, that I had been given. I thought, how blessed I am to have had the opportunity to have somehow impacted these lives. About the thousands of times in my 40-year career, that patients' families literally put their loved ones in my hands as they were wheeled through those ominous double doors to the operating room. It is something we do everyday, but just think about the intimate personal contact that is established between us and the patient and those families at that moment. It is truly humbling.

In July of 2016, I left St. Louis, and "reinvented" myself in South Carolina. After almost 40 years, it was time to give up full time practice. I had a very satisfying career and was looking forward to a more relaxing pace. In fact, I had no plans about what I was going to do. Within a week I noticed something remarkable. I was sleeping better. I was completely rested when I woke up in the morning and was beginning to sleep longer and longer. One day, when we were sitting on our porch and I was staring quietly at our back yard, my wife asked me what I was thinking about. I responded "nothing." It was true I was not thinking about my patients, budgets, new instrument purchases or anything else. It was blissfully relaxing.

Whatever your labors and aspirations, in the noisy confusion of life, keep peace with your soul.—Max Ehrmann

After a few weeks of people asking me what I was going to do now that I had stopped full time practice, I began to worry because I had no real plans. I was keeping busy working around our new home with what seemed to be plenty to do. My wife was volunteering at a local free clinic and tutoring reading. I figured I would find something that would keep me busy but was not in a rush. I signed up for some locum's work, but to be honest that was not very much fun at the time. It became even less fun when Hurricane Matthew hit our home and I was away on an assignment. Shortly after that, I was speaking with one of our neighbors, recently retired, who is incredibly active in multiple community affairs. He asked me if I wanted to go to a meeting of an organization he belonged to that was active in providing financial and intellectual capital to local not-for-profit startups in the community. I thought it would be interesting and went. In a few minutes, I was hooked. It seemed perfect. I could use my experience with grants and my MBA as real intellectual capital. I got involved.

It was great. I got to work with some amazing people. They were improving reading levels in failing schools, rehabilitating convicts by teaching basic life skills and dramatically decreasing convict recidivism rates. These were areas I knew absolutely nothing about, but as I said I did have some skills in organizational administration and grant procurement.

Don't ask what the world needs. Ask what makes you come alive and go do it. Because what the world needs is people who have come alive.—Howard Thurman

About the same time, I was really missing contact with the surgical community, and got in touch with the Chair of Pediatric Surgery at the Medical University of South Carolina. I asked if there was an opportunity to come to some conferences and participate in the Division. He was more than welcoming. I soon was involved in resident and student education and participating in other educational conferences. I got an appointment to the faculty and teach for 4 hours to 5 hours a week in the Department of Surgery. One of the things I do is to spend about 2 hours to 3 hours a week with a group of third year medical students, doing a basic curriculum course in surgery. It is the most fun I have had with teaching in a long time.

The students here were different. They were engaged, enthusiastic, excited, and eager to talk and learn. I was a bit shocked. It was a totally different experience than I had towards the end of my stint in Vermont and in St. Louis. The students there seemed removed, and essentially uninterested. They appeared more interested in retreating to the office and reading their text books than going to the OR or making rounds. How could there be such a difference in selection between these institutions? How did MUSC do such a good job in recruiting these young physicians? As with any paranoid surgeon, after a few months, I had to ask the Director of the program how I was doing. The students seemed to like the sessions, but who really knows how they really feel right? He was incredibly flattering. The students loved my sessions. (I also brought cookies every week which I am sure did not lower their evaluations!) I was getting excellent evaluations. He commented that they loved the amount of time I spent with them. Wow, I thought this is great! I also loved doing the sessions, because their enthusiasm was infectious! The more I thought about it though, the more I realized that whoa. This was not the fact that I was a brilliant and amazing teacher. It was because I was spending personal time with them, listening to them, counselling them, answering their questions, and letting them work through their issues with a sounding board. It was personal contact.

Most people do not listen with the intent to understand, they listen with the intent to reply—Steven R. Covey

I thought about it, and the same was true of the organizers of the not-for-profits that I was working with. It was not just getting funds from our organization or information from me that I had gotten from my MD and MBA, it was spending time with them, listening to them, and letting them bounce their thoughts and ideas off someone. They, like the medical students, already

had the basics information. They blossomed with encouragement and personal contact. The same kind of feeling we get after a successful operation, or an intimate one-on-one contact with a patient or their family. It was a good feeling. In those interactions, we give something of ourselves.

There is a considerable amount of discussion today about the effectiveness of philanthropy, and charitable giving. This extends to entitlement programs and the historic concepts of mission work.

If our expectations, if our fondest prayers and dreams are not realized, then we should all bear in mind that the greatest glory of living lies not in ever failing, but in rising every time you fail.—Nelson Mandela

As a fact, approximately 90% of Americans participate in some sort of charitable giving, more than any other country in the world. There is, however, also good data to suggest that many established "charitable programs" are detrimental to the population they serve, rather than helpful. There is a book titled "Toxic Charity" by Robert Upton that explores some of these issues. The book has a faith-based predisposition, but the arguments it puts forth are generalizable and compelling. He states that "there is a compassion boom" in this country. Vehicles like social media have made donations and charitable giving easier and easier. Pundits have noted that the reason for this "boom" is the fact that it is particularly easy for today's tech savvy generations to participate and labeled this "frictionless." Or in other words "effortless."

I believe it is clear to us that many of our efforts to eliminate poverty have been unsuccessful in this wealthiest of all countries and in fact participated in the erosion of family structures, diminishing work ethic, and in helping establish an enduring underclass.

Continuous effort, not strength or intelligence, is the key to unlocking our potential—Winston Churchill

Data are compelling that programs most effective in eliminating suffering and actually improving the social fabric of society are those that are partnerships. Those "served" by philanthropic efforts must have skin in the game to be successful. Programs that require participation of the recipients by assisting in building their own houses, or paying a small fee for food and clothing, are far more successful than those that simply give these things away in changing the social fabric of a community. Of course, in times of acute disaster or catastrophe there will always remain a place for pure donations and one-sided aid. We will always need a social parachute for those affected by those occurrences. But to change the social fabric of a community, beginning at the most basic level, participation of that community is mandatory.

There is only the fight to recover what has been lost and found and lost again and again: and now under conditions that seem unpropitious, but perhaps neither gain nor loss. For us there is only trying. The rest is not our business—TS Eliot

In my opinion, philanthropy is most effective when it is not "frictionless" for either the donor, or the donee. Friction is required for traction, and traction is required for success in any effort. Success requires work, effort and commitment. What is the commonality here? In my mind, it is the one-on-one personal contact. It is not only ensuring that the recipient participates but also that the "giver" participates as well. Personal contact ensures increased success because each contact allows for a complete understanding of what the recipient needs and the donor can tailor their gift to that need. This may be material, sustenance, or simple information as in teaching students. The same is true in our professional lives. No patient is the same, no patient's family needs the same support or contact as another. We tailor every operation to the specific situation and should tailor our contact with the patient and their family the same way. I fear perhaps all our society is losing that perspective. I clearly remember many times, particularly in the later stages of my career, that medical student, and resident lectures were cancelled because of an urgent case, or perhaps a call from the hospital president's office to address one "crisis" or another. I reflected and honestly asked myself, how much did I participate in this now perceived attitude of medical students and residents in the past by those actions? Sure, time constraints due to work hour restrictions that reduced when those trainees were available, certainly were also responsible, but in the end, didn't I, the person privileged to be these trainee's instructor, mentor, or whatever, bear the responsibility to sit down with them in small groups or one-to-one? Didn't I have the obligation to serve their needs and insure their education was the best I could provide? These trainees had given me the privilege of providing them with their professional education. Was I fulfilling that obligation?

Service is the rent we pay for living. It is the very purpose of life, and not something you do in your spare time—Marian Wright Edelman

I read a quote by Marian Wright Edelman recently that resounded with me. "Service is the rent we pay for living. It is the purpose of life, and not something you do in your spare time." Is that true of everyone? At first, I thought clearly not. Aren't there millions if not billions of individuals that are simply trying to eek out an existence and survive for another day? How privileged are we to live in a country where we are free to express our concerns and criticisms? Where we can choose our religion, our political beliefs, our mate, and where we live. How blessed are we that we are served by the incredible men and women of our military who devote and risk their lives to defend us and the principles of our constitution so that we might be free to enjoy these privileges? On further reflection, is it just the privileged that serve? The answer is an emphatic no.

All men dream, but not equally. Those who dream by night in the dusty recesses of their mind wake up in the day and find it was vanity, but the dreamers of the day are dangerous people, for they may act on their dreams and make it possible—TS Eliot

Three of the top 10 countries in the world ranked for charitable giving are third-world nations with struggling economies. At every sociologic and economic level of humanity, there are those who serve and minister to each other. Helping their fellow human beings survive and, in whatever small measure, try to improve their condition.

What makes us do this? What makes us have the drive to minister to or serve the needs of others? In Greek the word for service and minister to or care for is the same, Diakonos.

We were born to make manifest the glory within us. It is not just in some; it's in everyone—Marianne Williamson

Call it what you will but I believe it is a basic moral, ethical, and even genetic drive designed to preserve the species. It is the desire to cure the fatal disease, provide a safer shelter, develop a more sustainable food source or defend the lives of others that has allowed advancement of the species. This drive to serve and minister unfortunately does not appear to be equally prevalent in everyone. We have for millennia and continue to have individuals who either do not possess this drive or mask it in a pathologic urge for self-aggrandizement. We see it everyday in areas that threaten our very existence. Despite this being 2018, mass genocide continues to exist from racial, religious and political intolerance. State sanctioned murder appears in our news sources daily.

But in the end, history has shown that the ethics of compassion, service, and kindness have dominated human society, and over time, we have all been the beneficiaries of this. I think societies that are protective and value basic human needs develop larger proportions of individuals within who are free to express this ethical trait of service and ministering to the needs of others. In fact, over time, these traits become valued and rewarded in those environments. I firmly believe that we are privileged to be in such a society. No matter what our day-to-day frustrations are with political and sociological events we are exposed to, I firmly believe that most of our citizens are committed to helping each other. I believe that this is blatantly inherent in our society. Why else would 90% of our citizens be involved in charitable giving?

The whole is greater than the sum of its parts—Aristotle

In short, we are privileged to live in a society of "giving" and where the improvement of the human condition is appreciated, valued, and rewarded.

Let's face it. None of us went into this profession so we could take people's money and get rich. We do this and work the hours that we do to make a difference.

It is not the critic who counts, but the competitor who strives valiantly; who errs, who comes short again and again, because there is no effort without error or shortcomings; but who does actually strive to do the deeds… Who at the best knows in the end, the triumph of high achievement, and who at the worst, if he fails, at least fails while doing greatly—Theodore Roosevelt

We minister to our patients to make them better. When that does not happen, we feel failure. The sicker the patient, the harder we try. Is it our competitive nature? Perhaps a bit, but in the end, I am certain it is because we feel obligated to help our patients. There is something inside of each of us that has made us commit to this lifestyle, and profession. It is our privilege to minister to and serve our patients, and with that comes the personal obligation to do this with our best effort. We are not alone in this "calling." I believe the vast majority of our nation actively works to improve the human condition. It is a privilege to live in our country, and with privilege comes the obligation of service to improve the human condition within. We owe it to those that serve our country and protect our way of life so that we can do these things.

I am convinced that the **true** value of what each of us gives is our personal connection. It isn't in doing ten thousand operations or treating ten thousand patients over the course of our careers. The true value of what we do is in the encounter with each patient. Have we made that patient better? Have we allowed that patient to go on and win the Nobel prize or teach some struggling student to read, who then may win the Nobel prize? Have we connected with a family when our treatment was not a success, so that they are comforted? Have we done the best we can to serve their interests? Not all services require success, failure is a part of life.

I want to be clear that I do not believe that every individual in every stage of their lives enjoys the same ability to provide a personal commitment to time and contact in philanthropy. We all have immense demands on our time that already impinge on our families. Our work schedules, deployments, and just general life commitments often exceed 24 hours a day. Many of us, particularly the younger members of the audience, are just struggling with time constraints that already exceed reasonable.

Three things in life are important. The first is to be kind. the second is to be kind, and the third is to be kind—Henry James

I believe instead that we should just do what we can at any moment. Helping a colleague deal with a personal or family issue while on deployment, assisting an individual with what may be a stressful legal issue, working for a friend who needs some personal time off for a health issue. All are equally important. I also do not think that the billions of dollars that are donated to philanthropic endeavors in this country are completely wasted money as some are alluding to. Those funds are critical to the support of many worthwhile and beneficial programs. The organization I mentioned earlier that I belong to has many members. Some are actively working and have not only work time constraints but also young family time constraints. Some members are corporate. Those members serve an irreplaceable function in providing critical funds for these start up not-for-profits. Others like me have time on their hands, and in addition to providing funds also have the time to work with individuals in these start-ups and assist in creating a functional organization, finding permanent grant sources, and providing personal mentorship to insure the sustainability of these ventures. Each equally contributes to success.

I believe the commitment to service is inherent in the privilege of many professions. I also believe that it is easy to lose sight of that commitment as the privilege of some positions becomes transformed into what you could call a "right" of the position. Let's return to the issues brought up by past president Hauser in last year's address.

Non Ministrari sed Ministrare- (Not to be ministered unto, but to minister)—John Wellesley

It appears to me that at some point, many hospital administrators have forgotten the privilege granted them when they assume their position. Hospitals and health care facilities exist for the public good. The overriding purpose is to provide outstanding health care to the population they serve. This is accomplished by employing outstanding individuals dedicated to their patients, who possess the skill to provide that care. The bottom line of the facility is of course important, "No Margin, No Mission." But is that the overriding concern? Bonuses for excellent financial performance of a hospital seem antithetical. Maximizing profit for investors should not even be on the radar screen. For-Profit Health care facilities appear to me to be a paradox. The potential to remove service to the patient is inherent in this model. Service and patient care clearly is no longer the primary goal of the Administrator. Similarly, it appears the same metamorphosis may be occurring in our elected officials. I think that many of those elected to the **privilege** of governing seem to have reinterpreted this to a right. Who is getting represented? The electorate population, or has representation been suborned to the will of the lobbyist or the organization contributing to the election campaign of the official. It appears that the concept of privilege of office may no longer be paramount. The personal contract of the elected is no longer to the constituency, but now to a checkbook. Not dissimilar to some hospital administrators.

Humility is the true key to success. Successful people lose their way at times. They often embrace and overindulge from the fruits of success. Humility halts this arrogance and self-indulging trap. Humble people share the credit and wealth, remaining focused and hungry to continue the journey to success—Rick Pitino

Several weeks ago, my wife and I were watching a hockey game and the TV camera moved to the locker room. On the wall was a banner which read, "It's a privilege not a right." What was that coach trying to say with that banner? I think it was that you don't have to work for a right, it's something you deserve, but you have an obligation to perform to maintain a privilege.

For a privilege, each of us must put ourselves on the front line and give a 100% effort to truly earn that privilege. With every operation, with every student or resident teaching encounter, with every patient or patient's family encounter, we are obligated to be there 100%. We owe it to those who have put themselves under our care or as our responsibility. We cannot trade those obligations off for anything else. Not for money for a hospital, not for support to get elected. It must be personal for each of us. We have the privilege, we have the obligation to continually earn that privilege. It is every minute of every day. Yes, it is exhausting, and yes without a respite, it is unsustainable. But when we take on the responsibility, for that period, it must be all in. If not, we do ourselves and those that rely on us no favors.

Too long a sacrifice can make a stone of the heart—William Butler Yeats

Not all time, commitment and energy can go to our professions however. Complete commitment to our work is not only unwise but unhealthy. Each of us must also commit to our families and personal well-being and health. One-on-one time is as important in our private lives as it is in our professions. We cannot cede the care and upbringing of our children and the health of our personal relationships to others, just as we cannot cede the education of medical students. We need times of relaxation as well. All our jobs are stressful, and we are fools if we think that stress does not affect us. Friendships, recreation, and just rest have all been shown to assist in alleviating burn out and stress and improve performance.

What I am saying is that no matter what, whatever we do, gets done best and with the best results if it is done personally. We are privileged to have our jobs and privileged to have our families. An integral part of those privileges are the obligations that we must commit ourselves to. We cannot shirk those commitments. But to fulfill those obligations, we must also commit to taking care of ourselves. It is that unified concept that is the true reward. To know you have made an effort is incredibly satisfying. It is what I think allows for true happiness.

As part of my privilege of being president of this organization, I attend the board meetings of the other major trauma associations. These organizations have or had foundations dedicated to funding scholarly activities of their membership, as do we. Their member participation in supporting these endeavors is dramatically less than ours. Many of us are members of all these organizations. Why are we so successful and they not so? I think the reason is apparent.

If you want to go quickly, go alone. If you want to go far, go together—African Proverb

With the WTA the culture is personal. We ski with our families and other members during our meetings. We develop personal relationships with our colleagues. We foster a family relationship with others. When members critique a paper, it is not an opportunity to boast about personal accomplishments and research but to honestly try to help the presenter make their article better. It is a personal connection. Contributing to our foundation is a personal connection to support our residents and grow our family.

Because of this incredible personal commitment of the members of this organization, our foundation has asked me to announce two significant programs. One, because of the difficulty our program committee has had in the past in selecting outstanding resident abstract submissions when the competition includes both basic science and clinical science, they have decided to separate those two areas and create two individual categories. This has been made possible by the generous donation of one of our senior members. The Earl Young Award will go to the best clinical article and the newly formed award will go the best basic science article. The Foundation has named that award the EE Moore, award for the best basic science paper. This award recognizes the incredible dedication Gene Moore has shown to our organization as well as his unsurpassed and lifelong contribution to the science and understanding of the critically injured patient. As a second announcement, because of the strong and sustained contributions to the Foundation by the membership as a group, the Foundation will make available a research prize. This award will be selected from applications from the members by a committee of three on rotating terms of service.

Why is the scientific program so good at this meeting? It is because of the atmosphere. It is because of each of you. We respect our colleagues here and want to share our work with them, both to try to improve our work and to safely solicit their criticism. The bed rock of the WTA is that personal contact and commitment. Our success as an organization comes from the personal and individual contribution of each member. It is the recognition and acceptance of the privilege of membership. The concept of collegiality and welcoming has not changed in this organization since its inception.

It is for all these reasons, and for all the remarkable people in this organization that I feel so honored and privileged in having served as your president this past year. I Thank You for that privilege from the bottom of my heart.

I want to be thoroughly used up when I die, for the harder I work, the more I live. Life is no "brief candle" to me. It is the sort of splendid torch which I have got hold of for the moment; and I want to make it burn as brightly as possible before handing it on to future generations—George Bernard Shaw