Today's Needs and Neurosurgery's Response*

Presidential Address

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As he lays his office aside, a deep sense of gratitude must fill the heart of the man who has been fortunate enough to be elected by his colleagues to serve as president of this Association. The responsibilities of office have been lightened by invigorating friendship and correspondence, as a meal is made gracious by rare wine and the conversation that goes with it. The performance of official duty has been facilitated by the Herculean labors of the secretary, the Board of Directors, and hard-working members of committees, and the unwavering (if at times, highly critical) support of the members. For the times you have opposed me as well as for the times when we have agreed, I wish to express my deepest thanks and affection. On such friendly opposition and agreement, the strength of any association grows, and I assure you that your Association is still strong and valiant in the cause to which it was originally dedicated.

Among its traditions is a record of addresses given by my predecessors in office in which each president set forth a kind of yearly accounting, according to his beliefs and prejudices, of the state of neurosurgery. Some of the speakers have been grave and scholarly, some have been witty and wise, a few have even ventured to hazard prophecy at the risk of having the forces in society make them eat their own words. Last year's scintillating talk by Eben Alexander was, in its way, a recommendation that this custom of the Association be kept going, and I need not refresh your memories of analyses given in previous years by Barnes Woodhall, Frank Mayfield, Francis Murphey, and other familiar and well-loved colleagues.

As I read through a number of those addresses recently, it was inevitable, I suppose, that I should be struck by a sense of the changes wrought by the years, changes that once beckoned with promise or lurked as a threat and have now become a familiar and unnoticed part of our daily professional routine.

By what strange ways does it come about that in a professional group such as ours, the drift of change imperceptibly sweeps everything before it? Some of us welcome each change as it comes, others resent it as the destruction of everything valuable. What are the forces that guide and direct this drift or change? And, if it is subject to the kind of influence that we as a professional group can exercise, how and to what good ends do we carry out this responsibility?

It is not necessary to call to the attention of such a group as this the present convulsive nature of the relationship between medicine and today's society. Let me quote two recent statements by prominent authorities, so as to bring out one aspect of this problem.

Last year, Professor Leon Eisenberg addressed the Senior Class of the Hopkins Medical School. Like many a psychiatrist, he began with a truism: "Change is the hallmark of our society," and then he went on to say:

"This is as true of medicine as it is of any institution. The technology of medicine has been transformed within a generation; at the same time, contemporary social philosophy ... has asserted that good health is the right of all ... These factors ... have conjoined to change the relationship between physician and patient in fundamental ways ... Angry insistence on maintaining the status quo, as though the decision were the sole prerogative of organized medicine, is as futile as King Canute's order to the incoming tides."

In plain words, Dr. Eisenberg asserts that organized medicine is no longer, if ever it was, the final judge of its duty to society.

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Less blunt, but equally disturbing, is a remark made by Herman Somers, Professor of Politics and Public Affairs at Princeton, an authority on the problem of financing medical care:

"Changes in the structure of medical practice have in the main not been purposefully planned. They are generally inescapable responses to vast alterations in the state of the medical art and in the total environment in which it must function."

According to Dr. Somers then, the medical profession has not been the master of its own fate, not ever, nor is the individual physician or neurosurgeon master of his. Each operates within a context of social need and response that constantly changes its demands, and the individual is swept along in the drift of need-and-response, whether he knows it or not. As he gets older he may object to being hurried along in this fashion. "It is the nature of man," says John Steinbeck, "as he grows older to protest against change. The sad ones are those who waste their energy in trying to hold it back, for they can only feel bitterness in loss and no joy in gain."

In a Presidential Address before a then younger neurosurgical society, I once extolled the virtues of inconstancy and change. Now, 16 years later, I still cling to that opinion. However, I would not advocate supine acceptance of change for change's sake and would urge continued effort on our part to have our constructively critical voice heard. Fortunately, Professor Somers leaves the door wide open when he says:

"The new billions that will be pouring into the health care economy through Medicare and other new legislation . . . may encourage the freezing of an already maladjusted structure. But this danger is accompanied by extraordinary and unprecedented opportunity for creative correction and improvement in our health services. At the moment that opportunity is not primarily with the government, the carriers, or the kibitzing social scientists, although they all have a role. It lies primarily with the hospitals, the medical schools, and the health professions."

Let us look at ourselves, our colleagues, our deans, and our administrators and, unlike Jan Steen's owlets, let us see as well as look. We are all aware of the radical curricular revisions already made in many of our medical schools and in the process of introduction in others. The stated objective is ultimate improvement of health care demanded by our people and to which we neurosurgeons have long subscribed. Whether the alterations in method, with different techniques of skinning the cat, will achieve the desired result is awaited anxiously by some, confidently by others. Superficial consideration indicates some discrepancies. On the one hand, we read prominent committee reports emphasizing the need of our country for "primary physicians"; on the other, the need for specialists and "physician-scientists"; and certainly there is a need for "basic scientists." It is hoped that the new curricula will provide the framework within which our young people will be trained in sufficient numbers in all the lines which our society requires. That some imbalance will occur is to be expected. A good deal will depend upon the type of student selected, the particular emphasis in some schools, and the amount of exposure which the medical student receives to certain disciplines or teachers.

Of interest is the report of Dr. Daniel Funkenstein, Director of Harvard's Program for Research in Medical Education, at the recent meeting of the Association of American Medical Colleges. Dr. Funkenstein concludes that the old-time clinician "in the style of Osler" is out-moded. His study of the Harvard Medical School class of 1962 and the present trend in the class of 1970 indicates a decreasing number of "student-physicians," with a greater percentage of "student-scientists" and "student-psychiatrists." He notes that changing patterns in medical care have called into existence an ever-growing number of physicians who are experienced in administration and with a background of economics and sociology; these are the "social scientist-physicians." In this regard, I would recommend for your thoughtful perusal the recent publication, Man, Mind and Medicine, by Oliver Cope. This monograph represents the Chairman's view of the Swampscoot Study on Behavioral Science in Medicine. Coming from the pen