Our Heritage and Our Destiny

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Today, we begin our third full year as the American Society of Transplant Surgeons. The husky baby that Tom Starzl spoke of in his Inaugural Address has matured rapidly. The quality of the program, the vigor of the membership, and our acceptance by other surgical and medical organizations are clear witness to our growth and health.

It would give me great personal pleasure to repay the honor of being president by recounting past glories and confidently predicting more to come. Unfortunately, as always in the history of mankind, we, like everyone else, face an uncertain future. In the past few years the number and variety of apocalyptic books, editorials, and speeches has increased beyond all bounds. So much so that they have lost all power to shock, amaze, titillate, or stimulate. All they do is confuse.

I do not speak of imminent doom—nor of ultimate doom. Rather, I would like to review some of the problems, real and fancied, with which we are confronted and offer a remedy. While it may not cure every ill, it will certainly permit us not only to survive, but also to grow and fulfill that destiny toward which we were directed at our beginnings.

Our destiny is to increase the store of knowledge, principally medical, but in other areas as well, and to apply it in consonance with those ancient but ever new principles that have always guided the physician.

Progress in transplantation will go on. But we cannot placidly assume that we will be responsible for its advance. We are constantly being tested. If we are found wanting, others will take our place and we shall be consigned to the dustbin of history.

What then are some of the problems? I prefer to group them into "transplantation" problems and "transplanted" problems. The former remain much as they have for several years. More specific immunosuppression, induction of specific tolerance or enhancement, more effective and longer term organ preservation, an increase in the number and quality of organs—these are the questions to which our scientific programs are, and I trust will be, addressed. Past success has provided at least partial solutions to what at times seemed total enigmas.

How were these victories gained? To the uninitiated and uninformed, it might appear we were the beneficiaries of some marvelous "breakthrough." Yet we all know that such is not the case. Every victory was tempered by defeat, every gain by loss. Progress has been achieved only by unremitting hard work, countless experiments, dashed hopes, and above all the courage to fail. It is out of such trials that organ transplantation occupies an honored place in the treatment of human illness. And it will only be out of such trials that tomorrow will find it further advanced than today.

I need not tell you these things. You have lived them. My words are but a pale reflection of the efforts of many distinguished surgeons gathered here today. My purpose in recounting, even briefly, what steps it took to bring us to where we are is to focus attention on those essential qualities that you exemplify. For it is those same qualities that must be applied to the problems I have earlier called "transplanted."

We are so intent on transplantation as a means of doing good that sometimes we may not realize that some transplants may not be desirable. I refer now to that massive body of socioeconomic, philosophic, comic, tragic nonsense that finds its way into virtually every journal, newspaper, legislative hearing and, yes, medical curriculum. The profession is buffeted on all sides by self-proclaimed experts regarding our responsibilities for health care delivery, cost-effectiveness, unnecessary operations, excessive specialization. The list seems endless. We are the victims of a schizophrenic desire for Utopia in an Arcadian world. We have all been affected by these insane demands.

Why have I called these "transplanted" problems? Because they are social problems, many of them unreal, which have been transplanted to our vineyard. Unlike the grafts with which we daily deal, these are like weeds and will grow as such, ultimately choking out the good seed—unless we do something about them.

What solutions are available? Must we face the choice of Hamlet who asked

> "Whether 'tis nobler in the mind to suffer the slings and arrows of outrageous fortune or,
> Taking arms, oppose and so end them?"

There are sentiments for both courses. The desire to "oppose and so end them" seems to be especially strong. This is particularly true regarding the never-ending regulations for treatment of end-stage renal disease and the serious abuses fostered by some nephrologists.

With respect to this last, I would urge you to reconsider the profound remarks that Fred Belzer made in a plea for cooperation with our nephrology colleagues. As he was at great pains to point out, most nephrologists are hard-working, honest, and sincerely interested in better care for their patients—a goal we share.

Why then is there such dissatisfaction with the current regulations for end-stage renal disease and such disenchantment with our medical colleagues? It is largely a matter of ignorance rather than cupidity. Many nephrologists are simply unaware of the medical, social, psychological, and economic benefits of transplantation. It is our job to educate them, as well as the public and the government. It is also our job to con-

tinue working to improve our results. Only in this way can we resolve the current impasse that exists in many, if not most, parts of the country.

On the other hand, it seems to me there is a tendency to passively accept certain forms of legislation, the main effect of which will be restriction of our opportunities to do meaningful clinical research. This is not to say that we are above the law and morality. It is meant to challenge the assumptions, tacit or otherwise, that the true welfare of patients can best be determined by those who are least equipped by training or experience in these matters. Of all the professions, medicine is universally recognized as the most humanistic. It would be tragic if we were to abandon our heritage as advocates of the sick to those much less qualified or not qualified at all.

The traditional duties of an academic surgical society and its members are teaching, research, and patient care. As an academic society, we are working to improve organ transplantation through research, and by this means, as well as others, to provide optimal care for patients.

But are we working as effectively as we can to teach? Our constituency is much broader than medical students, residents, or even "health care professionals," whatever that term may mean. It includes the general public as well as the medical profession, legislators as well as learned societies, teachers as well as students, and ourselves as well as others. It is our solemn obligation not only to teach others, but to learn from them as well.

This society has the expertise, the energy, and the esprit necessary to bring order out of the chaos currently facing us. Where shall we begin? First, to reiterate, it will require all those qualities of heart and mind that were needed to prove that organ transplantation was possible. Without them, any venture is foredoomed to failure. With them, we have a fighting chance—a chance to convince the general public as well as legislators and bureaucrats at local, state, and national levels of the value of our work as cost-effective, health care delivery provided by experts; a chance to see that research and training continue; and above all, a chance to bring the benefits of our labors to those who appreciate it most: our patients. Second, we need to state our goals. Without a clear idea of what we want, it will be impossible to get a hearing. A corollary of precise goals is a realistic appraisal of what we have to offer and what our limitations are. Third, we must have organization. Undisciplined, undecided, unorganized, we are not likely to affect the legislative or regulatory process except to our own detriment.

Right now we have the first requirement. Our goals, like ourselves, are straightforward—to bring the benefits of organ transplantation to those patients for whom it is the best form of treatment and to continue our research and training.

As to organization, I would like to propose that we actively support two of the original ASTS committees, the Advisory Committee and the Education Committee. Among our members are many internationally known figures. With their help, working through these committees, it should be relatively simple to obtain audiences with the various professional and government groups that, by force of custom or law, exert such profound influence over our daily activities. Armed with hard facts, backed up by the good will of our patients and medical colleagues, we can hardly fail to make a

favorable impression. Free discussion and knowledge are required for effective persuasion. And persuasion, not confrontation, is the key to political action.

Our obligation as clinical surgeons is to those patients we care for here and now. As scientists, we are in the service of not only the present but also the future. Our problem is not only to maintain today's standards, no matter how excellent, but to exceed them. Each person, each society, has gone forward because of commitment to a goal. It will require similar commitments for us to advance, individually and collectively, and, along with us, all of humanity.

The hope for the future lies in our present efforts, not in some legislative panacea, improbable social or scientific revolution, or cowardly retreat into a poorly remembered past.

I promised you a remedy for our present problems: I refer to that simple four-letter word that Sir William Osler called the Magic Word in Medicine—Work. It still retains its magical quality. But, although it is magical, it is limited in its effectiveness. The conflict between the ideal and the real will never be resolved. Nor should it be. All that we can realistically hope for is that our efforts of today will find us further than yesterday.

As Theodore Roosevelt said, "It is not the critic who counts; not the man who points out how the strong man stumbled, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs and comes short again and again; who knows the great enthusiasms, the great devotions; who spends himself in a worthy cause; 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 daring greatly, so that his place shall never be with those timid souls who know neither victory nor defeat."