



History, Irony, and Perception

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In preparing this address, I was determined not to fall victim to nostalgia and reminiscence since such tendencies are signal signs of senility. Nevertheless, one is not president of the American Society of Transplant Surgeons often. Certainly, such an occasion is cause for some reflection. I recall that previous presidents have expressed gratitude to their teachers, usually at the end of their addresses. I choose to pay these respects at the beginning rather than the end.

I thank my surgical teacher and professor, Dr. John D. Stewart, for interesting me in transplantation, which he did in quite a subtle way. While a chief resident, I asked him for a place on his full-time faculty. He asked what area of surgery I wished to study. Since I had previously spent a year in the laboratory studying liver metabolism, I suggested this field. He replied that he had faculty studying that subject and didn't think the department needed anyone else. So, ever the bright student, I asked him what he thought I should study, whereupon he suggested transplantation. I accepted his suggestion, and he accepted me on his faculty.

I thank my immunology teacher and professor, Dr. Felix Milgrom, for introducing me into the wonders of his discipline. July 1 will mark 25 years since I entered his laboratories. In 1963 Dr. Milgrom accepted two research fellows who had just completed their surgical training, Dr. Loren Humphrey and me. I don't believe he has ever done this again. Being a classic European professor, he was not accustomed, I might say even unprepared, for fellows who would actually argue, who debated their ideas with vigor, and did not automatically accept his opinions or direction. Those two years were a great learning experience for all of us, including Dr. Milgrom. They were happy and productive times. Since then I have gained immeasurable pleasure from being a foot soldier in the small army that has taken organ transplantation from the realm of science fiction to common therapy in about 30 years.

This historic achievement is unique in medical history. Most medical achievements can be attributed to one or a few individuals: antisepsis to Lister, anesthesia to Morton and/or Wells, open-heart surgery to Gibbon. A litany of many such associations can be recalled. This cannot be done fairly in transplantation. It has truly been a

many-disciplined international effort. Its progress can be looked upon as a tribute to scientific cooperation and rapid communication. Many, many contributions provided by many different people, each building upon the other, account for this revolution. I hope that historians who write definitive papers about this era will capture this unique aspect of clinical transplantation.

Although this scholarly effort has included many disciplines and a substantial number of people, the number has remained small enough for most of the participants to know each other, at least on a national level. This camaraderie has not only been another source of pleasure, but also has been a major factor in successful national cooperation. I remind you once again that the transplantation movement has, like the limb of a tree, developed a branch. The primary limb is the study of the science of transplantation. The new sprout is the provision of the service of transplantation to the population. Like it or not, we are immersed in this latter problem.

My primary ambition has always been to make scientific contributions to the field of transplantation, and it continues to be so. Nevertheless, it is my perception that the primary reason I was elected to your presidency relates to the role I have played in multiinstitutional collaboration in transplantation.

This seems to me quite ironic. While I think about questions and participate in research daily, I became involved in national planning and interinstitutional collaboration almost as an aside. It is not unlike giving to the United Fund, something you do as a duty, but certainly not a primary aim or goal.

Nevertheless, events have conspired to put me in the center of this caldron for about five years and at the epicenter for two. I have performed these responsibilities to the best of my ability, working always with the patient's best interest in mind.

In general, to paraphrase a former secretary of defense, what is best for the patient should be best for the profession and what is best for the profession will usually be best for the patient. This is not always true and does not apply uniformly to individual members of the profession. So in thinking of the national transplant network, we must think broadly as statesmen, not narrowly as individuals.

I do not wish to catalogue the successes and failures of the OPTN (Organ Procurement and Transplantation Network), but rather I wish to relate some of my perceptions acquired while working with these issues the past few years. Of course, it is necessary to relate my own perception. Wise men have commonly counseled caution in relying upon personal perception. It is true that when one looks at a problem one gains a certain picture; when one takes two steps to the right, the perception changes. That is, take two steps from your original position and truth changes. A corollary would be that wisdom is related to one's ability to look at a problem from several viewpoints. One of the lessons I have learned in approaching these complex problems is the truth of this simple concept. The problems related to delivering the service of transplantation are seen very differently by the patients, the government, the immunogeneticists, the physicians, philanthropic organizations, and surgeons. The truth does not lie within any one view but emerges only after the entire composition has been viewed.

The network developed primarily as the initiative of this society. Because we took

the initiative, we have had more influence in its evolution than others. This was neither unfair nor unexpected; nevertheless, clinical transplantation is neither the preserve of transplant surgeons nor, more particularly, of abdominal transplant surgeons. Other groups wish more influence in this larger effort. Thus, I expect that influence in the network will diffuse to include this broader constituency. This is as it should be, and this society needs to participate in the process in a positive way.

I originally viewed the explosion of clinical transplantation procedures with considerable fear. It was clearly the great increase in demand for transplantable organs that created the crisis in confidence between the population and the profession. Yet, I have been surprised and proud of the way the profession has responded. One reason for this is the camaraderie that already existed on a national level. This knowledge of the players and their strengths and weaknesses was invaluable.

I believe, however, that a much simpler process accounted for our ability to adapt to change positively. While I hope this does not sound naive or incurably romantic, the basic virtue exhibited by the discipline has been one of altruism. This probably relates to the youth of the discipline. Most of the original students of the field are still active and are in leadership roles. It is obvious to me that anyone who has been in transplantation for over ten years has not been in it for personal gain, financial or otherwise. Thus, the group has been able to approach the problems in a statesmanlike way. I know this is true. After two years leading UNOS (United Network for Organ Sharing—OPTN contractor), I have yet to encounter any individual who failed to perform any requested task—all requests have been accepted and carried out cheerfully and honestly. Further, when any conflict has arisen, it has been my custom to get all concerned parties in the same room and insist that they resolve the issue. They have never failed to enter the debate, nor have they yet failed to resolve the issue on principle. I submit this as remarkable testimony to the integrity and altruism of our membership.

The network is healthy and growing in strength and respectability. Congress and the federal bureaucracy are still not quite convinced that the professionals can be expected to regulate themselves. They are correct when they refer to a bad track record in other areas, but I perceive that they are becoming more comfortable as time passes. Bureaucracies in particular are finding that we can be more effective than they and can relieve them of substantial “heat,” when controversy arises. The network should be considered as an evolving system. It and its board have been accused of being inconsistent, which is true. Nevertheless, only politicians and the press seem to demand foolish consistency. Wise people change course when they find they are drifting away from their goals.

There are many issues that will demand attention in the future. I will only mention two. The cornerstone of the foundation of UNOS is its ability to establish criteria for transplant centers. These criteria are not yet firmly established. The federal government has now accepted, or at least acquiesced to, our criteria. In order to gain this acceptance, it was necessary to establish a provisional membership for centers that had previously performed some transplants but did not meet standards. This was a wise move. It defused the issue. It removed the Health Care Finance Administration

from an intolerable position. All provisional members tacitly accepted the criteria by accepting provisional membership. Thus, UNOS attorneys are now confident that the standards can be successfully defended if litigation arises. Nevertheless, the matter will probably not be settled until the issue has been adjudicated.

Further, mandated systems for organ distribution are not firmly established and are not symmetric, although remarkable progress has been made. This is another problem in perception. The public seems to believe that for every organ there is a single preferred recipient. Even if this were theoretically possible, they do not understand that the scientific capability of recognizing this recipient is not available. In addition, many lay organizations seem to expect a degree of centralization that is both unwise and impractical. These groups need a broader perspective that they can only gain by a good working relationship with the professionals of the discipline. We as surgeons suffer from an image that has been described as “a group of lone rangers” working under the thesis that the organs we procure are owned by us and are ours to distribute as we see fit. Some see this as an outright conflict of interest. Like most caricatures, it contains an element of truth. This image is not in our best interest and can be eradicated by more responsive approaches toward this scarce national resource.

The Scientific Registry will ultimately provide a data base unparalleled in the history of medicine and probably will serve as a prototype for other fields of complex health care. Further, this data will provide the basis for reaching consensus on effective national policies.

The network can be said to have been developed as a means of standardization and regulation of the movement. If it fulfills its promise, within a few years we will have sufficient unity and strength to represent the discipline almost monolithically. It will be stronger in affairs relating to transplantation than either the American College of Surgeons or the American Board of Surgery is to surgical affairs. There is no parallel to it in American medicine.

This power is to me an awesome responsibility. It is easy to be dogmatic and loud when what you say has no consequence. It is another matter entirely when your policies have the effect of law. It is our responsibility to see to it that this remarkable organization, which is basically representative of the discipline and empowered as a semi-official government agency, continues to flourish.

The American Society of Transplant Surgeons is primarily a scholarly organization and should not be diverted from its principal mission, which it has come perilously close to doing in recent years. UNOS will be a much more effective political force than ASTS, and we should funnel our political activities primarily through that organization.

Finally, I thank you for the opportunity to serve in a leadership role. I have particularly enjoyed becoming thoroughly acquainted with so many of our members. Certainly, serving as your president has been a signal honor in my career—but, more important, you have honored my department and my university.