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### THE QUALIFICATIONS OF THE SPECIALIST\*

PRESIDENT'S ADDRESS

WALTER T. DANNREUTHER, M.D., NEW YORK, N. Y.

A POLITICAL philosopher once made the epigrammatic comment that some men think that they have been called when they have not even been whispered to. One year ago, I was called to serve as your President without having been whispered to beforehand, and although anxious to avoid any bromidic remarks, I cannot refrain from expressing my gratitude to you for conferring upon me the greatest honor within your gift, and for affording me the opportunity to serve the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons in a capacity I had never anticipated.

Since the preliminary plans which culminated in the creation of the American Board of Obstetrics and Gynecology were proposed and formulated within this Association, and the parent bodies are responsible not only for having endorsed and supported the project since its inception, but also in part for its proper functioning, it seemed that at this time I might with propriety discuss some of the details involved in the operation of the new organization you have fostered.

During recent years the medical profession has been afflicted with numberless irresponsible self-styled specialists. Their rapid multiplication has been due to several factors, not the least of which is that the public began asking who is a specialist before it thought to inquire what a specialist is. In view of the fact that the emoluments of an expert in one of the special fields of medicine are greater than those of a general practitioner,

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that a license to practice imposes no restrictions upon its holder, that the reprehensible secret division of fees will insure a satisfactory financial return in many communities, and that the laity has had no criteria whereby it could distinguish those specialists who are well qualified from those who are not, it is not surprising that certain men without the necessary background of intensive training and wide experience have been tempted to misrepresent themselves. Asepsis, the skillful administration of anesthetics, and modern operating room technic have eliminated the hazards of pelvic and obstetric surgery to such an extent that the lure of the operating amphitheater is hard to resist. The pernicious tendency to teach senior medical students and hospital internes the refinements of major procedures at the expense of fundamentals is largely responsible for much of the unjustifiable and premature specialization. Entirely too many of the recent graduates gain the impression that gynecology and pelvic surgery are synonymous, and that the practice of obstetrics consists of either a professional reception of the baby, the application of forceps, or the performance of a cesarean section. They have not the proper conception of the art of adapting therapy to pelvic symptomatology, the importance of mature and correct obstetric judgment, the effects of particular operations upon the childbearing function, and the numerous factors that subsequently influence the patient's psychologic stability and domestic happiness. As W. T. Smith said as long ago as 1858, "they have no methodized habits, no illustrative reminiscences to throw light upon the obscurities which may occur in their subsequent practice." They do not seem to realize that academic knowledge and the science of the laboratory can never entirely replace the wisdom of clinical experience. Imbued with such erroneous ideas, and with none to say them nay, they become specialists in obstetrics and gynecology by pronouncement. There are only two logical ways in which this state of affairs can be remedied: first by legislation, which is impracticable in this country, and secondly by the refusal of the profession and laity to tolerate the existence of pseudospecialists.

The term "specialist" implies that the individual so designated has had superior training and has assimilated knowledge from a multitude of opportunities, and the public is just beginning to display an interest in the qualifications he really possesses and to question his authority for so classifying himself. A specialist differs from a general practitioner in education, not in intelligence. As a matter of fact, the modern well trained doctor is essentially a specialist in internal medicine, pediatrics, minor surgery, and normal obstetrics. A hospital internship is requisite to practice medicine in but fourteen states, and only six specifically refer to the applicant's attendance upon confinement cases. Uniform standards for licensure must of necessity be secured by the enactment of legislative modifications in the medical practice acts of the different states. These are extremely difficult to accomplish and susceptible to political expediency. With such inconsistencies in the various laws pertaining to the practice of

medicine in general, the suggestion that specialism can be regulated by legislation is nothing more than a Utopian hope. But it is not unreasonable to expect that if the specialists themselves, with the sanction of the profession at large, certify to the proficiency of those who are competent, the public, both lay and medical, will be provided with a means for proper discrimination, and the State will be enabled to endorse such certification without alteration in its medical practice act.

The justification for the establishment of standards of qualification by the medical profession itself, to fix the requirements for legitimate specialization, thus appears to be self-evident, and it was with this objective in view that the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, the American Gynecological Society, and the Section of Obstetrics, Gynecology, and Abdominal Surgery of the American Medical Association assumed the obligation of creating the American Board of Obstetrics and Gynecology. By virtue of the harmonious participation and coordinated action of these three preeminent groups of obstetricians and gynecologists, the Board was endowed with an unassailable prestige. Its establishment was preceded by three years of preliminary study and careful planning on the part of the three committees charged with the task of evolving a satisfactory method of certification. The work was carried on so unobtrusively during the formative period of the committeemen's deliberations, that at the time of the Board's incorporation in September, 1930, a great many obstetricians and gynecologists were unaware of the manner in which it had been organized and its idealistic purposes. Not fully appreciating that each of the three National societies had elected three Fellows to comprise the membership of the Board, in some quarters its motives were viewed with suspicion, and its personnel mistaken for a self-appointed autocratic group who presumed to dictate to their colleagues. Voluminous correspondence, perseverance, and courteous explanations have been necessary to correct all sorts of misconceptions, a few of which still prevail. The activities of the Board have received the commendation and support of practically all of the distinguished obstetricians and gynecologists throughout the country, and the roster of its certificate holders now includes 369 names. Of these, 115 have been certified after examination. In June, 1931, the Board was notified "that the American College of Surgeons shall recognize the certificate of the American Board of Obstetrics and Gynecology as an evidence of the academic fitness in these specialties of candidates for its Fellowship who hold such certificates." Such sporadic instances of adverse criticism and hostility as yet exist are due chiefly to the rejection by the Board of all applications from those who do not limit their practice to obstetrics and gynecology, and to its refusal to certify without examination candidates who have no more than a local reputation, solely on the recommendation of their associates or friends. Many eligible obstetricians and gynecologists have apparently hesitated to apply for certification because of a not

unnatural anticipation of embarrassment during the course of examination. The most trying duty the members of the Board have had to perform has been to resist the importunities of those who are probably well qualified, but whose competency for special practice is unknown outside of their respective communities. It should be obvious that personal endorsements as testimony of fitness might soon lead to dangerous injustice and a lowering of standards. The slightest exercise of favoritism, influence, and even prejudice would jeopardize the value of every certificate issued. All applications have been referred to a Committee on Credentials which is charged with the responsibility of classifying candidates. Each diplomate of the Board who was certified without examination received the unanimous vote of all nine examiners, and subscribed to a statement that he restricted his practice to obstetrics or gynecology; and with comparatively few exceptions, each one was either a Fellow of this Association or the American Gynecological Society or held a professorial rank in one of the medical schools. Certification without examination was discontinued on December 31, 1931.

The Board has arranged that no examiner shall participate in the survey of any applicant from his own territorial district nor of one with whom he is personally acquainted. This provision precludes violation of the candidate's professional pride and an insinuation that his attainments are in any way disrespected. The object of conducting an examination is to discover the extent of the applicant's knowledge, the character of his practices, and his cultural and scientific attributes. Personal evaluation must always supplement standardized requirements.

The chief purposes of the Board are not restrictive, but educational: to encourage and induce potential specialists in obstetrics and gynecology to prepare themselves thoroughly, to persuade medical schools and hospitals to provide adequate facilities for special training, and to put the stamp of approval on qualified specialists. There is no inclination to curtail the professional responsibilities that any licensed physician may care to assume, nor an implication that a distinguished or well qualified specialist requires a further testimonial of his capabilities. Neither has the Board the desire nor power to control or govern the practice of obstetrics and gynecology, and applications for certification must always be voluntary.

Thirty years ago the novitiates in medicine had the benefit of the wise counsel and supervision of their preceptors, a custom which might well be revived. The highest professional ideals, a broad humanity, intellectual honesty, and an incorruptible conscience were inculcated in the younger men by their seniors. There were but meager institutional opportunities for the training of specialists, and that a young man should presume to pose as a specialist until he had carried on a general practice for at least five to ten years, studied incessantly, and served a prolonged apprenticeship to a recognized authority was unthinkable. That conditions have changed materially is well exemplified by the recent statement that it is

now relatively easier to be a specialist than it is to be an up-to-date, well trained general practitioner. Few modern neophytes study actively the various branches of medicine after graduation, or seem to be concerned with the importance of a firm foundation in general medicine as a basis for specialistic ambitions. In a timely address on "Specialism" in 1892, Osler said, "no more dangerous members of our profession exist than those born into it, so to speak, as specialists." That aphorism is as pertinent to-day as it was forty years ago. It is not at all unusual at the present time to witness the ex-house officer within six months after completion of his internship alternating with his former attending surgeons in the operating rooms. He appears seriously interested in curettage, appendectomy, and hysterectomy, but he has yet to learn that the curette will not cure leucorrhea, that pain in the right lower quadrant is usually due to something other than the appendix, and that while removing the uterus may be the easiest it is not always the best way to arrest uterine bleeding. The members of the American Board of Obstetrics and Gynecology believe that while the young man under proper guidance may practice obstetrics and gynecology safely, he is not entitled to announce himself as a specialist until the lapse of at least five years after his internship, and the devotion of three of the five years to intensive training in obstetrics and gynecology. This special training need not necessarily be full time institutional work, but it must otherwise embrace a satisfactory apprenticeship or postgraduate education, with concurrent clinical experience under supervision. The candidate must demonstrate his proficiency in the diagnosis and non-operative treatment of pelvic disorders, and exhibit good obstetric and surgical judgment.

It is almost incredible that with the available laboratory facilities, clinical pathology should be ignored by those who have the greatest opportunity to profit by it and correlate it with their daily work. In this respect the examinations already held by the Board have revealed an astonishing indifference to a knowledge of the pathology of common obstetric abnormalities and pelvic diseases and neoplasms. It does not seem unduly exacting to expect one who professes to be expert in operative procedures to be familiar with the intrinsic pathologic alterations in the tissues involved, but it has been apparent that comparatively few obstetricians and gynecologists have sufficient scientific interest to follow their specimens to the laboratory. Ample evidence is at hand, however, to indicate that many of the younger men have been stimulated to read and study so that they might be prepared to pass the examination for certification. And those who have failed once in the examinations already held have endeavored to correct their deficiencies or have indicated their intention of augmenting their qualifications before presenting themselves for reexamination. These immediate effects of the work of the Board have been very gratifying.

Letters of inquiry have been addressed to the Board repeatedly asking

where the writers might secure the advanced work requisite for specialization, but in most cases it has been impossible to direct the applicant with an assurance of the fulfillment of his aspirations. The comprehensive report emanating from the Medical Service Subcommittee on the Graduate Education of Physicians for the White House Conference on Child Health and Protection, in 1930, was based on an accurate and inclusive inventory. It disclosed that although the institutional facilities for the development of specialists in obstetrics and gynecology have been amplified materially since the beginning of the century, they are still inadequate in both number and scope. Complete unification of obstetrics and gynecology has not been accomplished in the majority of medical schools and hospitals. In fact, in a number of the latter it is distressing to note that gynecology has not been divorced from the department of general surgery. The departmental integration and fusion of obstetrics and gynecology is not only desirable but highly essential, because the skillful practice of one is dependent upon a thorough knowledge of the other. Skill comes not only from a maximum of cases, but also from the absorption of information derived from sound precept and observation. It must be conceded that the large *Frauenkliniken* abroad are far better equipped to produce specialists than our own institutions, although the available clinical material is no greater. The White House Conference Committee report stated that "there is a total of 1045 obstetric-gynecologic teachers in our medical schools. We may conclude that nearly 1000 of them have been self-trained." The following additional excerpts from the Committee's conclusions are significant:

"The obstetrician who does not do the surgery of the lower abdomen is hardly competent to do the major abdominal work of obstetrics.

"The gynecologist who is not in intimate contact with all phases of obstetrics has lost much of his perspective in operating on women of the childbearing period.

"There were 1045 teachers of obstetrics and gynecology in the United States last year (1930). The vast majority of these developed themselves after a more or less insufficient under-graduate training.

"Nine graduate schools turned out about 100 trained men: these men worked for years as subordinates, supervised, and then as their competency was recognized they were given full recognition as clinicians.

"The great majority of men posing as obstetric specialists have had very little training: their experience has been gained by practice—and practice does not always make perfect.

"One large city carries in its medical directory the names of 411 obstetric and 440 gynecologic specialists. The term 'specialist' is well nigh meaningless in this country. A new order of being demands that no man may pose as a specialist until he has proven his ability to so function."

The Board has appointed a Committee on Graduate Education, which will undertake to devise ways and means to rectify some of these defects in our educational system.

The public has a right to expect the medical profession to safeguard it from the malpractices of mushroom specialists, and five of the specialistie

groups, of which we are one, have manifested their disposition to accept their share of responsibility, by creating examining boards under the auspices of the National societies. The endeavors of these Boards are not offered as a corrective panacea for all the defects of professional practice, but they can at least wield a salutary influence, especially if they receive the active cooperation of their diplomates. The establishment of desirable standards for specialists minus an impartial and widespread application of them would be merely intellectual exercise. The certificates of the American Board of Obstetrics and Gynecology can be a protection to local obstetric and gynecologic societies as well as to hospitals. Several of the ophthalmic and otolaryngologic medical societies have made the possession of either of these certificates essential for membership, and it would be to the advantage of the obstetric and gynecologic organizations to emulate their example. One sectional society has already adopted the Board's standards of qualification as a prerequisite for eligibility.

Whereas in the beginning the motives of the American Board of Obstetrics and Gynecology were regarded with considerable skepticism by many of our professional brethren, during the past two years the project has gained tremendous momentum, and its successful functioning has now attracted the attention of other educational groups. A willingness to exercise a paternalistic supervision over the activities of the Board has already been intimated. In my opinion, nothing can be gained by permitting it to become subservient to extraneous influences, whatever their purposes may be. It is not inconceivable that informal contact might develop into domination, and finally eventuate in absolute control. The authority and powers of the American Board of Obstetrics and Gynecology are derived from the parent National societies, and it is to these, and only to these, that the Board should be answerable.

It is a tremendous responsibility for anyone even to insinuate that the technical practices of another are wrong. The examiners have done the best they could at all times, regardless of censure or applause. Nothing but the merit of its objectives and its successful accomplishments can perpetuate and insure the future existence of the American Board of Obstetrics and Gynecology, and in these I have full confidence.