

Inaugural Address

To Sow is to Reap

EDWARD C. HUGHES, M.D.

President, The American College of Obstetricians and Gynecologists

IT WAS my privilege—as one of the founders—to assist at the birth of the American Academy of Obstetricians and Gynecologists 11 years ago. I have watched this organization mature from Academy to College. Through these formative years the College has been developed on a firm, secure basis. It has fixed its roots firmly in the soil of organization and has grown to spread its branches of influence over the entire nation and the world.

In the Administrative Office there is the Medical Director, Robert Alexander Kimbrough, a man of wide experience, an excellent teacher, a respected clinician and a fine administrator. There is the Executive Director, Donald Fairbanks Richardson, a man who has been with the College since its beginning, one who has dedicated his life to our College. He is tops in his profession. There are the previous elective officers, all of whom have given of themselves to contribute to the firm development and solid growth of the College. There are those important workers in the office, loyal and sincere.

There is the Fellowship as a whole. Its members constitute the backbone of obstetrics and gynecology. They are the ones who are constantly on the firing line, giving most of the care to the patients and saving most of the lives. There are the chairmen of all of the

departments of obstetrics and gynecology—with the exception of three—and their faculties. They prepare the young men for our specialty. There are the Junior Fellows, the future leaders of our profession. Thus we have built a strong combination—good administration, the men of the town, the men of the gown, all working together to create an organization with inherent power and authority dedicated to give the best obstetric and gynecologic care in the world and directed toward making our specialty the finest and strongest in medical circles.

In reviewing the record of the College, one sees a vast spread of postgraduate educational programs which have been put on each year on a national, district, and section level. It is impossible to estimate the educational value derived from these programs. As a result, I am sure, many patients have received better obstetric and gynecologic care and innumerable lives have been saved. We must continue these excellent exercises, but this is not enough. As we look back with pride, let us also look forward with anticipation.

When this organization changed its name from the Academy to The American College of Obstetricians and Gynecologists, it placed itself in another educational orbit—an orbit glowing with the prospects of new adventures in research, the possibilities of new cures, diagnoses, and technics; an orbit clouded

Presidential Inaugural Address, The American College of Obstetricians and Gynecologists, Apr. 2, 1962.

with changing medical care and philosophies; one crowded with increasing population and dramatic alterations in the way of life; an orbit where the diagnosis may be made by the mere pressing of a button. All of these changes will have a tendency to alter the physician-patient relationship so necessary for the happiness of medicine and our specialty.

It is appropriate then that this College prepare itself for these changes and consider extensive broadening of its educational horizons in order to maintain the leadership in these new adventures.

With the growth of this great nation and the changing way of life demographers and philosophers have estimated there will be a marked increase in the birth rate in this country during the next 10 years. Their studies have shown that there has been a change in the character and strength of the family as an institution. Men and women are marrying at an earlier age, the average of the female being 20 years since World War II. In 1960, 94% of all women between the ages of 25 and 40 were or would be married; 90% between the ages of 25 and 29 were already married. In 1940, only 77% were married at this age. It was found in 1960 that the general consensus of this population was that a larger family was desirable and wanted. This was regardless of religion, economic position, education, or any other social indicator. On this basis demographers have estimated that the American population will grow to 312,000,000 by the year 2000—just 40 years away, and to 600,000,000 by the year of 2050—90 years away. In 1940, the annual U. S. birth rate was 2,595,000 live births; 10 years later it had increased to 3,632,000. In 1961, the total increased to 4,282,000—0.8% more than 1960, or the same as 1957, which was the banner year.

By this scoring it is predicted that there will be about 5,000,000 babies born in this country by 1970. However, compared with

India, we are still in the "obstetric little league." It is estimated that approximately 16,000,000 births will occur in that country this year.

According to the U. S. Office of Vital Statistics, the number of babies born of unmarried women in the United States continues to rise. The greatest increase is occurring in girls 15 to 19 years of age. In 1948, 130,000 babies were born out of wedlock. In 1958, the figure had increased to 210,000. The pregnancy index of births per 1000 unmarried women 15–44 years of age rose from 7.1 in 1940 to 21.0 in 1958. The index in the nonwhite group was over 10 times that for the white. However, there may be a greater understatement among the white population. As a group, these women fail to seek prenatal care, thereby offering a real threat to the standards of obstetric care.

Of course, no one can predict the course of history or foretell the events which may alter our way of life, but if the population explosion does occur as predicted, a great responsibility will be placed on the medical profession and The American College of Obstetricians and Gynecologists. There will be a great need for all types of personnel to care for these women; more doctors must enter the field; more individuals must be recruited and trained to assist in the effort; and a broader and more intensive plan of education and research must be provided, extending from medical college through the internship, residency, and, in fact, through the entire life of every obstetrician and gynecologist.

If we are to obtain more physicians for our specialty, we must begin with a more lively and enthusiastic teaching program in our medical colleges. A recent study of "Recruitment of Talent for a Medical Specialty"—conducted by a committee of the American Gynecological Society—has been completed and the report has been published. This excellent study has brought forth some interesting, yet distressing, facts. It indicates

that the specialty fails to attract students, particularly the better ones. There are probably many reasons for this. There is irregularity of the curriculum in the medical colleges. Some schools start the course in the fourth year, when there remains little opportunity to interest and stimulate the student. Some begin the teaching in the third year, with minimal hours given to the basic principles of reproductive physiology. Others start in the sophomore year and the basic physiologic principles as they relate to the function of the entire body are emphasized.

In a few, the teaching begins in the freshman year and new students are assigned to the study and care of a family during pregnancy and after. Student interest is shown to be considerably increased when the teaching is started early, is presented with enthusiasm, and has a research flavor.

The lack of research in our teaching program may also be an important factor. If we are to encourage the better student to become an obstetrician-gynecologist, we must light the flame of enthusiasm early in his career and keep it burning high with stimulating teaching and the challenge of research. This, together with a stronger emphasis on well-supervised, more extensive clinical experience, will produce the type of specialist necessary for the future understanding of our specialty. Such teaching must be introduced by one who has the attributes of a stimulating teacher; who has had a liberal clinical experience where compassion, humility, and human understanding have been flavored with the anguish of disaster, the elation of success, the competence of experience, and the sincere thirst for research; and who has the interest of the student at heart.

There is no question that the achievement of desired results depends upon the enthusiasm of the teacher and his associates. Many have said that little is learned from the lecture, but if curiosity and stimulation is provoked, thinking and learning will come later.

Ralph Waldo Emerson once said, "Nothing great is ever achieved without enthusiasm."

I have asked many of my friends and colleagues who are the professors of medical colleges if they thought that the American College should have a voice in the teaching programs. Almost to a man they answered that as the College matures educationally a strong and active relationship should be established. On this premise, may I be so bold as to present the thought that perhaps it is time for The American College of Obstetricians and Gynecologists, with the approval and cooperation of the faculties of the departments of obstetrics and gynecology of our medical schools, to work out a definite and unified method of undergraduate teaching. The teaching then would be universal, common terms and nomenclatures would be used, the success of the teaching effort could be better evaluated, and sound principles of pedagogy could be developed. Perhaps with such support the problems of inadequate budgets, lack of research space, limitation of teaching hours, low salaries, and many of the other problems which are found to affect the teaching effort and which constantly plague the academician in his daily routine may be resolved.

Enthusiasm to teach and train must continue after graduation, through the postgraduate days of internship and residency when the fundamentals of medicine taught in medical colleges are put into practice. Particularly in the internship, many young men either make up their minds or change their minds concerning a specialty. The intern is a lost man in most institutions. Many serious young men are lost, not only to our specialty, but also to others, because the true picture of the specialty is not developed properly. Many internships are so arranged that only one month is assigned to obstetrics and gynecology—not long enough to learn much; just a tour of duty. The internship must be changed to be more exciting and more profitable in experience.

The intern matures into the resident, the resident slowly matures and progresses to a perfection which will classify him as a sound specialist, and as he leaves the hospital he takes with him the pearls of good advice, the careful and accurate methods of diagnosis, the conservative appraisal of difficult problems, a variety of surgical technics, the art of bedside manner, the truth and honesty and the proper way of life—all of these given to him daily by every physician, either consciously or unconsciously, with whom he has come in contact during these training days. There are many programs where these overall disciplines are properly carried out and proud young men enter our field qualified to uphold the traditions of the institutions where they have been trained. But unfortunately, there are others where the whole concept of education of the intern and resident does not exist. In these places, the discipline necessary to control a good department is gone. The time off becomes more important than the desire to learn, and even the respect for their teachers and medicine itself no longer exists. What a blight on the future of these young men!

It therefore becomes essential that the College have a strong authoritative voice in determining the quality of internships and residencies in our country. It is mandatory that the College have a seat on the Joint Commission of Accreditation of Hospitals and on the Residency Review Committee. There is no other organization with the strength and quality to judge these training programs.

The remarkable record of progress which has been made by our specialty in the past 20 years has not been surpassed by any other. It is reflected in many ways, particularly in the dramatic decrease in maternal and perinatal mortality. This has been accomplished through hard work, sincere individual effort, better service and care of the patient, and the postgraduate education of the physicians. Postgraduate education has

proved itself as a continuum from the residency program through the remaining years of the life of every obstetrician-gynecologist. The American College has attempted to supply a portion of the educational needs of its Fellows. The Annual and District meetings, the basic science programs, the collection of pathologic slides, and the other disciplines which have been added every year to the program, have been great contributions. These exercises will be continued and expanded in keeping with the times.

Although we are inclined to take all of the credit for the progress of our specialty we must not forget that the men in general practice have also been active in our specialty. These physicians, in general, have improved the standards of care in many localities of our nation. With the great increase in births, the general practitioners will become very essential members of our team. Although no accurate record can be found in the Office of Vital Statistics of the percentage of participation of general practitioners in obstetrics it has been roughly estimated that these doctors deliver 50–70% of all babies born in our country each year. These doctors, dispersed throughout our land, practicing in small areas and many times in remote places will take an even more active part in the future care of patients. It is estimated that in 1975 these physicians will be delivering over 2,000,000 babies per year. Perhaps it may be well to open our hospitals more widely to these doctors and give them privileges and support according to their ability and under proper supervision. It is only fitting and proper that our College assist them in every possible way so they will be able to meet these demands professionally. The College should consider seriously postgraduate courses for these practitioners. Such programs could be arranged at the district level in cooperation with the American Academy of General Practice.

All physicians involved in the population push will find that other personnel, especially

the nurse, will play an ever increasing role in the care of the obstetric and gynecologic patient. Many hospitals without house staff depend upon such nurses to follow labor now. Scarcity in this type of personnel is prevalent in all areas of our country. Attempts must be made to interest and train young women to enter this field. The conferences on obstetric, gynecologic, and neonatal nursing sponsored by the College will have great affect upon interesting such personnel. Some statisticians predict that it will be necessary to bring back the nurse assistant with prime authority to conduct labor and delivery in our hospital under supervision. Many believe that such a change would be safe if these women were under the direction of a physician. There are several areas on the West and East Coasts where this practice is allowed under the direct supervision of a Board diplomate.

Surveying this problem, it is evident that it will be extremely difficult for doctors to accept the return of this type of trained personnel per se. Many reasons have been given for these reactions. Some fear that their return would not only lower the prestige of the specialty, but would also divert talented students from the specialty. Others feel that their return would give an opportunity for the physician to shift responsibility and show a lack of interest. These things cause the conscientious obstetrician and gynecologist considerable concern. Careful thought must be given to this problem and a thorough and critical study of the physician-patient ratio must be made and projected.

As we approach the waning years of the century, we find that there are many things which will be changing our way of life and which will affect the practice of obstetrics and gynecology. The shorter working hour, the entrance of the "third party" into the practice of medicine, the attempts by the government to give care to the aged through Social Security, the growth of voluntary insurance plans, and the better education of the patient will have an effect on the amount

and quality of medical care in the future. Although we have attempted to stress the importance of obtaining more trained and talented personnel to give care to our patients, we must not forget the people whom we serve and who are dependent upon us for their safe delivery and their return to health after gynecologic problems. I believe that it is appropriate that the College take the lead in informing the public about the true facts of our specialty. I am sick and tired of having our specialty castigated by second-rate writers who have failed to examine the whole subject and whose writings are not only inaccurate but cause alarm to the public. Lay education should be by several methods, including both forums and articles published under the aegis of the College. It is my opinion that such information would have great bearing on the specialty by bringing accurate information to the public and would result in better care in all phases of our specialty.

As the number of births increase and the population explosion occurs, so will the incidence of the tragedies and disasters increase proportionately. Maternal mortality will continue to be the major target of better obstetrical care. The fight will continue until not a single patient, within the limit of human frailty, dies performing this life function. Infant mortality, the lowest on record in our country, will still be a problem for research and improved prenatal and natal care. The premature rate, which has remained the same during the past 20 years, will remain the greatest cause of fetal deaths, particularly in the first 24 hours of life, when 75% of all prematures die. The abortion rate will continue to cause a great loss of potential human life. The wider use of the Papanicolaou smear will continue to pick up the early cancer, but the mortality will probably continue to be about the same throughout the world.

Congenital anomalies will remain the same each year. The prevention or cure of these conditions and many others will depend upon

advances in research. New phases of gynecologic, obstetric, and newborn pathology; endocrinology; embryology; steroid chemistry; cellular metabolism; and psychologic relationships will play the important roles in solving these problems.

Basic research must be supported by The American College of Obstetricians and Gynecologists. This year the government will organize two institutes of research. The College is particularly interested in The Institute of Child Health and Human Development. Research in this field must be centered about the factors which effect and control the intricate processes of genetics, conception, implantation of the ovum, embryonic development, and placental function. The obstetricians and gynecologists are the ones who should be working on these problems. The authorities in Washington should be familiar with these relationships and the College should be consulted as the Institute is developing.

Even though education is extended, research becomes an integral, strong part of the future program, and medical care becomes more complete and effective, nothing can be properly evaluated until uniform and accurate statistical analysis of the results can be made. It is difficult to obtain accurate vital statistics in our country today because of many circumstances—variability in the source of data and adequacy of sampling, changes in resident allocation, the lack of uniformity and completeness in registration and of uniformity in definitions, and the irregularity of a listing index. A few simple examples of such irregularity are found in the classification of maternal deaths, perinatal mortality, still-births, abortion. All these vary from state to state. The staging of cancer of the cervix and corpus of the uterus differs almost from hospital to hospital.

Two manuals are used as diagnostic indices in the hospitals today. The International Classification of Disease, sponsored

by the U. S. Department of Health, Education and Welfare, and the Standard Nomenclature of Disease and Operation, copyrighted by the American Medical Association. Both systems have many merits and, likewise, both have many drawbacks. However, the fact that some hospitals use one system while others use the other tends toward confusion and lack of uniformity. Recently, several systems of special coding have been used in various hospitals—those of The Commission on Professional and Hospital Activities, Inc., The American Medical Research Foundation, The Obstetrical Associates, the American Academy of Pediatrics, and others.

The American College has already started in this direction through its various committees. The Committee on Definitions has started work, and in the "Manual of Standards in Obstetric-Gynecologic Practice," a list of terms and definitions are already in print. I have reached far to obtain as much information as possible concerning this problem. I have communicated with the maternal and child welfare committee chairmen in every state in the union. I have found that 48 states had such committees, and they are all working diligently. I have also communicated with health departments, directors of the systems mentioned above, the American Academy of Pediatrics and the American Academy of General Practice, the American Association of Medical Librarians, and some of the professors of obstetrics and gynecology. All have answered and have given sincere support.

It is my intention to appoint a committee which will work with the directors of the various systems and committees that are involved in the problem now. It would be the height of foolishness if I were to commit The American College of Obstetricians and Gynecologists to a new and untried system of coding. I do hope, however, that the College will take the leadership in attempting to clarify definitions and nomen-

OB-GYN PROSPECTS

clature as a step toward better statistical analysis in our country. After such a program has been completed, a universal coding system can be established. Such procedure would be the greatest advancement in our specialty. This program will originate at the national level and will filter to the district, the section, and, finally, into every hospital in our land. At this level it will need the effort of every one. Without it, it will not succeed. The program which I have outlined today is an ambitious one and I am not supposing that it will be completed during my presidency or probably several to follow. However, as Robert Browning has said, "The reach must be greater than the grasp." I am sure it is better to sow than to reap.

If we can accomplish these things, then we will fulfill the charge and purpose of our College which has been written in the Constitution and which says:

The purpose or purposes for which the corporation is organized are: To establish and maintain the highest possible standards for obstetric and gynecologic education in medical schools and hospitals, obstetric and gynecologic practice and research; To perpetuate the history and best traditions of obstetrics and gynecologic practice and ethics; To maintain the dignity and efficiency of obstetric and gynecologic practice in its relationship to public welfare; To promote publications and encourage contributions to medical and scientific literature pertaining to obstetrics and gynecology.

*State University of New York
Upstate Medical Center
Syracuse, N. Y.*