Bigger

J. Scott Millikan, MD

Good morning and thank you so much for the warm welcome. First, I thank the membership for the wonderful honor of serving as your President over this past year, a privilege that is among the greatest highlights of my life, a distinction that today places me squarely at the zenith of my career. I would have never expected to be standing here today. I am grateful and deeply humbled. I am also appreciative for the opportunity to be with all of you this morning. Some of you are my heroes, some my mentors, many of you are my colleagues, all of you I consider my friends.

The experience of serving as your President has been so gratifying for me, in part because I consider the Western such an incredible organization—an amalgam of family, fellowship, collegiality, and scientific endeavor. We are all indebted to Drs David Dugan and Arthur Thomas, as well as to others for their foresight and hard work in founding our Society. Thank you, Art!

For me, our yearly gathering has a special feel about it, a uniqueness that I treasure. I am sure we all have our particular reasons for attending year after year. For me, it is about the relationships that I have developed over the years and the friendships that I hold dear. For me, our gathering has become a yearly punctuation point in my life; something that I continually look forward to; something that I can count on; a time when we can be away from our usual lives, share some great science, catch up with old friends, and most important, make new ones. I also appreciate our group's emphasis on family. It is always a great pleasure to see the young children here. They inevitably bring a smile to my face. Friends and family are clearly at the heart of this organization. So to be president of this association will always be among my greatest of good fortunes, and for that, I simply can't thank you enough!

I would like to welcome all of you to Ojai. Our inaugural meeting took place just a few miles down the road from here some 35 years ago at the Santa Barbara Biltmore Hotel. Having grown up in California, it is great to be back in the Golden State. I hope all of you will enjoy our meeting here this week.

In particular, I would like to extend a very special welcome to our Sampson Prize essayists. This competition

has been with us since the beginning and has served to introduce talented, young residents and fellows to our organization. It was exactly 25 years ago that I officially attended my first Western meeting, also as a Sampson essayist. I hope all of you, as well as all trainees with us here this week, find our group as welcoming as I did so many years ago. We are glad, really glad, that you are here!

I would also like to extend a very sincere, heartfelt welcome to our new members. It is worth remembering that our group has benefited so much through the annual induction of incredibly talented and accomplished thoracic surgeons. I am hopeful that each and every one of you will find participation in the Western Thoracic as rewarding an endeavor as so many of us have over the years. We hope you and your families feel right at home.

I simply could never stand before you here today without recognizing and thanking some of the many people who have contributed to my career and journey to this podium. For me, like most of us, the list is long...relationships that develop seemingly by chance that mold us, mentor us, and change us in so many ways for the better. For these individuals in my life, I am very grateful. I am thankful for their time, all of their kindness and efforts on my behalf, and particularly their friendship.

In medical school, Dr H. William Scott, then Chairman of Surgery at Vanderbilt, found time for me, encouraged me as a young student, and provided sage advice. I will also always be indebted to Dr William Stoney at the St Thomas Hospital in Nashville for introducing me to the amazing world of cardiac surgery by way of a summer job after my second year of medical school. The wide-eyed amazement, excitement, and joy for our craft that he and his colleagues revealed to me during that special summer remains with me to this very day. I mention these 2 individuals from my medical school days as just another example of the astounding influence that senior surgeons can have on young students. I am hopeful that those privileged enough to teach our medical students today continue to realize the amazing impact they can have. I would also like to recognize my mentors from my years in Colorado, especially Drs Ben Eisman and Gene Moore. A very special thank you to Dr Dale Liechty as well. They, along with others, have been instrumental in laying the foundations for any success I may have had in my career. I am also grateful to my professors at the Mayo Clinic, especially Dr Hartzell Schaff and Dr Peter Pairolaro. My time in Rochester was extremely rich and rewarding...an experience for which I will always be incredibly thankful and remember fondly.

I have learned along the way that one cannot underestimate the privilege of working with great partners. Today,

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I am lucky to work with 2—Dr Scott Needham, here with us today, and Dr Anastasios Konstantakos. In addition, the 3 of us work alongside a wonderful team every day, and I would certainly like to acknowledge them. I would also like to recognize and thank Dr Hewes Agnew, a long-time member of the Western. Dr Agnew was my partner for many years. He has been a great role model, friend, and mentor throughout my career. Thank you, Hewes.

And finally, Dr Richard Parker. I cannot move forward from this moment without acknowledging you. You have been a great teacher and friend for so many years. When I was a resident, you were such an inspiration to me. You still are! You have helped me so many times along my path, including getting me into this organization. Dick, thank you so much. I am truly honored to call you friend.

Today my remarks may seem intuitive. However, I firmly believe that certain concepts, no matter how obvious they might be, are at times worthy of emphasis as we go about our professional lives.

We all see the world through the prism of our own particular circumstances. I happen to practice surgery in a modestly sized community hospital on the eastern plains of Montana, out there under the Big Sky. Our clinic serves as a referral center for hundreds of little towns, some from hundreds of miles away with names like Circle, Grass Range, and Roundup. The people we serve are mostly farmers, ranchers, and small-town folks. Most all of them are very hard working. Most all of them are extremely grateful for the health care they receive. It has been a wonderful and rewarding experience to be a simple community surgeon in small-town Montana. It has truly been one of my great blessings. But I believe that whether we practice in places small or large, rural or metropolitan, a university setting or a community practice, all of us share common traditions and values that bind us together as physicians and surgeons, traditions and values that, in my view, we all should cherish. Yet, in today's world, one does not have to look very far to witness these values stretched and bent...at times to the breaking point. I find this troubling because I have always believed that what we do, how we act as individual physicians, reflects back on all of us as a profession.

Today, it is a complicated world in which we live. But for a few moments, I would like to recall with you a different time, a time when the practice of medicine was more straightforward, and perhaps more simple. A time when decisions about care were far less complicated in many ways, perhaps because, as physicians, we basically had so little to offer, a time when a human touch was often all we had to give.

This somewhat famous oil on canvas painting by Sir Luke Fildes entitled "The Doctor" (Figure 1) was first exhibited in London in 1891 and remains on exhibit there at the Tate Gallery.¹ For me, the painting is timeless and reflects, in

visual dimensions, the interpersonal relationships that form, even to this day, the essence of the practice of medicine...its vital spirit, if you will.

Before discussing the picture itself, it is worthwhile to frame the time when this painting was conceived. To provide perspective, remember that in the late 19th century, the misery caused by disease was so pervasive that serious illness, as depicted here, was considered a day-to-day part of life. In his discussion of family life in England, historian Lawrence Stone points out that, "The most striking feature that distinguished the early modern family from the family of today, did not concern marriage or birth." It concerned what he called, "the constant presence of death." Stone points out that in the late 19th century, "Death was at the very center of life, just as the cemetery was at the center of the village."²

In the year of my grandmother's birth, 1888, just 2 generations removed, the infant mortality rate in New York City was approximately 250 of every 1000 live births. By 1900, the life expectancy in America was only 50 years. The rate of surgical complications approached 50%, with a 10% mortality rate, even for the simplest of operations.³ Claude Welch tells us in his autobiography that at the Massachusetts General Hospital that same year, 6 cholecystectomies resulted in 2 deaths, 109 appendectomies for unruptured appendicitis resulted in 11 deaths, and 37 operations for peritonitis from a ruptured appendix resulted in a mortality rate of 78%. The average length of stay at the Massachusetts General Hospital that year was 20 days.⁴ So a scene as depicted in this painting was not at all unusual. Fortunately, the landscape of life in our countries has changed greatly over the last century. Medicine has come a long way. We are certainly more effective as physicians. Yet today I continue to worry, as even Abraham Flexner worried many years ago, whether we have become so infatuated with our progress in medical knowledge that we've somehow lost our perspective, our historic sense of who we are as physicians.⁵ I worry that the practice of medicine is in danger of losing its tradition as a humanistic art, evolving away from the values that bind us all.

It is against this backdrop of 19th century everyday life and 19th century medical knowledge that the artist Fildes' eldest son died on Christmas morning in 1877. In the face of this tragedy, the artist was touched by the way the family doctor cared for his young boy. Some years later, Henry Tate of London commissioned a painting by Fildes, but left its subject matter to the discretion of the artist. The result was this masterpiece. This image of the quiet heroism of the family doctor was a huge success. The painting drew very large crowds when it was exhibited at the Royal Academy in 1891. No doubt many of you have seen reproductions of this remarkable work. Fildes himself said that he wanted to "Put on the record the status of the doctor in his time."¹

FIGURE 1. *The Doctor* by Sir Luke Fildes. © Tate. Reproduced with permission.

Initially, one is immediately drawn to the center of the piece. The haunting image of the sick child and the contemplative, sensitive physician in the soft light of the nighttime oil lamp are completely compelling. This painting has often been used to visually define for us the so-called doctor–patient relationship, that connection on which we all base our livelihoods. This relationship is, and I believe should remain, the very cornerstone of all we do as physicians and surgeons...a relationship defined by our ethical commitment to the patient...an altruistic commitment that defines us as members of a profession, not a business. But today we are clearly far, far away from Sir Luke's world. The technology revolution, the economic and political realities of health care delivery and reform, the globalization of our planet, and the commoditization of our services have, in myriad ways, threatened or, frankly, damaged the historic strength of our bond with society.

My message today is simple and 2-fold. First, despite the changes coming in health care delivery, despite the challenges we face in the daily practice of our craft, despite the ongoing threats to medicine and to our specialty itself, we must tenaciously protect and preserve our professionalism. I firmly believe that our medical professionalism is our greatest asset, for it is our professionalism that must act as our guide, our compass, as we navigate our future.

The second part of my message is that our dedication to our professionalism must, in fact, extend well beyond the bedside, beyond the doctor–patient relationship itself. Individually and collectively, we can, we should, and, in fact, we must play a larger role as physicians and surgeons in the world around us.

I am grateful and proud to be part of a tradition, a tradition that has spanned the millennia, handed down one generation to the next, defined in the context of a profession...that of healer of the sick.

I am reminded that the practice of medicine, what we do, rather, what we get to do as surgeons “is based on a set of tacit agreements about what patients, doctors, and society can expect from one another”...what some call “a social contract.” Described some 300 years ago by Hobbs, Locke, and Rousseau, this type of contract defines the relationship that interaction between society and the professions that, in the end, grants us our privileges.⁶ The principle is straightforward enough. We are given monopolistic powers over the use of a highly valuable and very specialized body of knowledge. Collateral benefits that accrue to us and are sanctioned by society include autonomy, prestige, financial reward, and security. These benefits are based on the understanding that we will in fact guarantee our own competence, provide service to society in a completely altruistic fashion,

and conduct our affairs with the utmost integrity. That is, we are expected to act, as bioethicist Edmund Pellegrino has called a “moral community.”⁷

The framework of our professionalism has been and will remain evolutionary, a work in progress as we go forward. But our origins and traditions can be traced back thousands of years and are deeply rooted in codes of ethics, whether it be the ancient oath of Hippocrates, the oath and prayer of Maimonides, or others. These fundamental notions cross cultures and remain transgenerational. These codes have been updated over the centuries, adapted to changing social conditions and circumstance. As you know, the American College of Surgeons has its Code of Professional Conduct. The Society of Thoracic Surgeons has published its own code as well...2 documents with which I hope we are all familiar.^{8,9} Even the Accreditation Council for Graduate Medical Education has identified professionalism as one of its essential medical competencies.¹⁰

A few years ago, the internationally sponsored Medical Professionalism Project produced, after several years of work, a landmark publication entitled the Charter on Medical Professionalism.¹¹ This document has enjoyed the widespread endorsement of more than 140 organizations. It capsulizes in a succinct way the core concepts around what it is to be a physician. The “Charter” as it is known delineates a set of principles and responsibilities to which all doctors can aspire. The first of these principles is that of Primacy of Patient Welfare. Quoting from the Charter directly, “The principle is based on a dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the physician-patient relationship.” It goes on to say that “Market forces, societal pressures, and administrative exigencies must not compromise the principle.” Second is the principle of Patient Autonomy, again quoting, “Physicians must be honest with their patients and empower them to make informed decisions about their treatment.” Last, is the principle of Social Justice. It says, “The medical profession must promote social justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care based on race, gender, socioeconomic status, ethnicity, religion....”

These principles are framed and augmented with a set of professional responsibilities. These include our commitment to competence, honesty, confidentiality, and maintaining appropriate relationships. They also include our commitment to improving quality of care, access to care, and a just distribution of finite health care resources. This document also requests our commitment to scientific knowledge, its integrity and appropriate use. In addition, we are asked to manage conflict of interest, an area that is particularly troubling to me as I view the health care landscape.

Finally, physicians are expected to fulfill our responsibilities to work collaboratively to maximize patient care, be

respectful to one another, and participate in processes of self-regulation, as well as engage in scrutiny of all aspects of our professional performance. That, in summary, is the deal—the give and the get—the bargain. Some might say, “that is a lot to ask.” I don’t think so. I believe that is what I signed up for.

All of these principles and responsibilities are based on trust. They are all based on the notion that we will do what is right for our patients and society at large at the expense of our self-interest. Our patients expect no less. None of these notions should be new to any of us. Yet none of us here today would have difficulty finding examples as we look out onto our own professional worlds where these ideals go wanting. But we also recognize that these very same professional worlds are more complicated than ever. We are subject to changing market forces, evolving issues in health care delivery, and perhaps most important, the widening disparity between the health care needs of patients and the resources available to meet those needs. In addition, we are also confronted by an ongoing explosion of technology. Competitive pressures continue to escalate. Our services continue to be devalued and, for some of our working relationships with our colleagues and hospitals, have progressively faltered. All the while, we are in the midst of dramatic change, especially among our younger colleagues, regarding attitude toward the work itself.

These are all huge challenges. Although it is clear that our profession and our specialty must adapt, evolve, and move forward, these changes, I believe, must be realized within the context of the universal principles, values, responsibilities, and commitments we all share as healers embodied in this charter, most of which have been with our profession since its very inception, a time when we were more shaman or magician rather than scientist or doctor.

To me these principles represent ideals that we all must actively strive to preserve. I believe we must continue to align our actions, day in and day out, with our values! Again, simply put, professionalism must be our guide as we engage our future. For are we not incredibly fortunate to do what we do? Every surgeon here this morning has been blessed with impressive intelligence, talented hands, and hopefully a large amount of compassion for the struggles of others. We are, in my view, gifted. And, yes, our gifts, our skills are honed by years of arduous training, countless hours of practice, and significant sacrifice...we are, nonetheless, gifted! We arrive here privileged to be surgeons. As we go about our daily professional lives, I believe that concept should not stray far from our consciousness. It has been said, and often, that to those that much has been given, much is expected. I believe that holds for us.

In a world progressively consumed with personal gain and self-absorption, in the culture of right here and right now, this notion has unfortunately been significantly diminished. If we have been the beneficiary of good fortune, both

individually and collectively, do we not have the responsibility to give back, to share our good fortune, and to share our talents? To that end, I believe our obligations go beyond the confines of daily patient care.

I believe all of us must venture beyond the patients' bedsides and extend our professional selves, our skills, and our talents for the benefit of others, including our patients' families, our colleagues, our hospitals, our medical associations, and our communities. The opportunities to do so are plentiful. They are easy to find. Today I'd like to briefly focus on just a few examples that resonate with me.

One place where we can perhaps play a larger role resides just beyond the bedside...on what I call the other side of the waiting room door...with our patients' families.¹² If one looks away from the central dynamic of the painting and looks into the background of the piece, one views in the shadows an entirely different, yet, intimately related, story. In his own words, Sir Luke points out, "At the cottage window, the dawn begins to steal in—the dawn that is the critical time of all deadly illness—and with it the parents again take hope into their hearts, the mother, hiding her face to escape giving vent to her emotion, the father laying his hand on the shoulder of his wife for encouragement."¹

In this work, an entirely different drama occurs just a few feet away from the central medical encounter, an emotional and dynamic story that unfolds daily in every hospital and in every waiting room the world over. In his masterpiece, Fildes has illustrated for us not only the connection between the doctor and the patient, but also the connection between the physician and those who love and care about the patient...the patient's family.

To be sure, there was a long period in my career when I was not as attentive as I should have been to the needs, the feelings, and the vulnerabilities of the family members of my patients. My attention, day in and day out, was lasered in on my patients' welfare and the clinical decisions required to bring about a successful outcome. Then a young woman's journey with a life-ending illness changed my view of medicine completely. Suddenly, with the discovery of a small lump in my late wife's neck, I was transformed from physician to "the family." My children and I became the people in the shadows of this painting. I experienced a whole new world that dwells within every hospital and clinic, a world that many in medicine, I believe, are unaware. This experience, although clearly singular in nature, changed me completely and, in particular, how I view our roles as doctors.

I believe it is so crucial and so very important that surgeons avail themselves to the folks out there in the waiting room. The waiting room is, in fact, the toughest room in the hospital. The fear and vulnerability there are as profound as anywhere health care takes place. People there need and deserve our time and attention. For the patients' families, our interactions with them are particularly important.

They want updates, they want their questions answered, they want some of our time, but mostly, they want some sense of reassurance and comfort. They want hope, and to them, physicians are the keepers and dispensers of that valuable commodity. Hope is, in fact, the currency of the waiting room. Everyone there wants it; they crave it. Everyone there instinctively knows its value. As a waiting room veteran, I can assure you that hope, even when hoping for a long shot, hoping for a miracle, keeps one going. It sustains. Hope gives those in the waiting room a roadmap out.

Physicians play a vital role in that regard. Daily we have the opportunity to keep hope alive, not only for our patients but also for their families. We should all remember that what we tell families is often the only thing they have to go on. A sign used to hang in my hospital's intensive care unit that read "Never take away anyone's hope...it might be all they have left." I believe that's good advice.¹²

Yet, at the same time, families want to know—they need to know—when there is no hope left. An unrealistic brand of optimism serves no one. Bad news sometimes has to be given, but how and by whom that message is delivered has lasting importance and is best delivered by the most senior member of the surgical team.

I believe paying close attention to the needs of families is simply the right thing to do. But for sure this requires a strong sense of compassion. Compassion is a virtue, as editor and commentator Bill Bennett points out "...that takes seriously the reality of others, their inner lives, their emotions as well as their external circumstances. It is an act of disposition towards fellowship and sharing, towards supportive companionship in distress." He goes on to point out that, "the seeds of compassion are sewn in our very nature of human beings."¹³ I believe compassion is a bedrock attribute of an effective surgeon. We need to remember to put it to work often, wherever and whenever we can. As the 18th century philosopher Jean-Jacques Rousseau put it, "Compassion is a natural feeling that contributes to the preservation of the species. It is this compassion that hurries us without reflection to the relief of those who are in distress."¹³ Please remember that in the world of serious illness, plenty of distress extends out into the waiting rooms. Please remember to extend your compassionate selves to those families there. Your efforts will be appreciated more than you can imagine.¹²

Another opportunity where we can leverage our professionalism...where we can, as individuals, play a larger role, is within the framework of our relationships with our colleagues and our hospitals.

In my view, it has never been more important for all of us involved with health care to collaborate to develop a system that increasingly embraces safety, quality, innovation, and value and provides a sustainable solution to a crisis situation. Only through cooperation among everybody involved can we avoid Draconian changes to our way of life. Here in

the United States, we are on the threshold of seismic changes in our health care system. The call for change is deafening. Yet what shape our delivery system will eventually take is still unknown. Our patients and their families, society in general, will continue to expect the highest quality medical care we can deliver, in as safe an environment as we can produce, but in an increasingly efficient, innovative, and less costly manner. There is, and will continue to be, an escalating emphasis on value, that is, the quality of our work per unit cost. As we all know, the injection of cost into the health care equation is simply driven by expenditures that are, by everyone's evaluation, unsustainable. "Bending the cost curve," the new mantra in the health care planners lexicon, is in fact an imperative. We all have seen the graphs. The numbers do not lie.

What is our role in this regard? I believe we all need to be engaged in this transformation process. We all need to be active participants. We, as physicians, should have major input as to how plans for "change" will proceed, not only at a national policy level but also at home in our own communities, in our own hospitals. These efforts, in short, must not be controlled exclusively by government or corporate interests. Therefore, we cannot afford to be on the sidelines. These efforts, in fact, would benefit greatly from ongoing physician leadership and input.

To that end, I believe we all can individually play a larger role by actively working hand in hand, despite our differences, with our hospitals and our colleagues...colleagues of all stripes, to create a system that can survive over the long haul. The time has come for all of us, surgeons and our medical colleagues, doctors and hospitals, providers and payers, to work together! It is at the local level, at our home institutions, where the real changes will be implemented, where we as individuals can have the greatest impact.

At the same time, we must also ensure that the changes made in our health care system at a national or local level sustain rather than subvert the tenets of medical professionalism. We need to have a system that continues to value our professionalism, to value who we are and what we do. I believe that will be in the best interest of society as a whole.

Individually, I believe we all must embrace established Best Practices and Evidence-Based Medicine, adhere to developed Safety and Quality Measures, abide by well-established appropriate use criteria, and welcome legitimate comparative effectiveness data to guide our clinical decision making, knowing that these data continue to evolve. I also believe that it is best to support efforts to increase transparency with regard to our activities and results. I believe we all have a duty to practice in a cost-effective manner on a daily basis. We must not ration care, but we must deliver rational care.

Physicians continue to be the main drivers of today's health care expenditures. There are many troublesome and

persistent facts regarding those health care costs. Here are just a few that really concern me:

1. There remains up to a 10-fold variation in population-based rates for the performances of major surgical procedures.¹⁴
2. Regional variation in Medicare spending is huge: \$6200 per year per beneficiary in Missoula, Montana, versus \$17,000 per year per beneficiary in Miami.¹⁴ Analysis reveals that although some variation is driven by variability in price, much is due to differences in use. Data are lacking that indicate increased use improves outcomes or health status.¹⁵ In fact, there may be an inverse correlation.
3. There remain high rates of preventable, yet costly, medical errors.
4. The use of imaging technology continues to skyrocket and is one of the main drivers of escalating health care costs. For example, we do 62 million CAT scans per year in a country of approximately 300 million people. In my own hospital emergency department, I actually wonder if a CAT scan is now part of the vital signs.
5. In addition, there has been an inexcusable avoidance on the part of policy makers in dealing with the issues surrounding Tort reform, leading, as we all know too well, to wasteful spending for defensive medicine.
6. In fact, the Institute of Medicine has estimated that 30% of health care expenditures add no clinical value (that's 5% of the Gross National Product).¹⁶

Is there not an imperative, professional or otherwise, for all of us to work with our colleagues and our hospitals in an effort to control costs? Similarly, should we not all be working together to improve patient safety and raise health care quality as well as improve the health of our communities in general? Again, in my view, we cannot afford to be passive participants. We cannot sit on the sidelines. Surgeons can be leaders in these efforts. But this takes time. This takes commitment.

On a national level, our professional organizations would benefit from increased and more broad-based participation and support. Our organizations, such as the Society of Thoracic Surgeons, American College of Surgeons, and American College of Cardiology, afford us a collective voice. However, that voice needs to continue to reflect our values as a profession and reflect our ongoing commitment to our patients and society at large.

An influential US senator recently told me that "all we hear is that you guys are getting rich off of Medicare." That is a difficult place from which to start a conversation regarding the direction of health care reform. Yet, unfortunately, I believe that statement reflects the perception of our addenda by many in Washington. Rather, we must be and we must be seen as patient advocates. Our professionalism, our

dedication to our patients and society, should and will continue to set us apart from other groups and give us increased credibility. But our collective input regarding our national health care challenges will be diminished to a great extent, or even disregarded, if our associations are perceived or simply act as self-interested trade unions.

There are many other opportunities for all of us to take on, larger roles to represent our profession, to leverage our professionalism in the world around us. These efforts all represent excellent opportunities for us to bolster society's trust in us, in who we are, and what we do.

I have a few closing thoughts for our Sampson essayists, residents, and fellows here with us today. As I mentioned earlier, a quarter century ago, I sat in your chair. I remember vividly the mixed emotions associated with winding down my formal training and getting ready to start my own practice...the excitement, the personal fulfillment of a job well done, the anticipation about the road ahead. But time flies very quickly and soon enough you, like many of us, will find yourself on the back 9 of your career, with the 18th green fast approaching. My best piece of advice is to decide early on how you will live your career. You have the priceless opportunity to live a life that matters. Please remember how fortunate you are to get to do what you do. Know that your efforts make such a great difference in the lives of not only your patients but also their families. Please remember to take care of all of them, but also care about all them. Finally, I hope you are ever mindful that you are indeed part of a legacy, part of a long and storied tradition of surgeons. I hope that you will embrace the tenets of medical professionalism as you continue to develop your careers. And one other thing, please don't forget to take care of your own families as well. Your career is a marathon not a sprint. You will need all the help and support you can get along the way. And to quote a friend of mine, "Remember that your children will never read your CV." I wish you all the best of luck.

Before I leave this podium, I would like to acknowledge and express my deep love for my own family. Like most all of us, I simply could not do what I do, I would not be who I am, without my family's unconditional, unabiding love and support. Ryan, Amy, Dana, little Tyler, and Cory...you all brighten my life in countless and, at times, unimaginable ways. I love you all and am so proud of each of you.

Exactly 10 years ago last night, at our Western Thoracic New Member Reception in Hawaii, my wife Tamra and I began our friendship. It is magical how one Mai Tai led to a marriage. I am blessed more than anyone can possibly imagine to have her in my life. Tamra is my best friend, my wisest counselor, my greatest supporter, and my personal confidant. She married an entire family, which was no easy task, and Tamra is an amazing mother to all of our children. For that and so much more, I thank you.

Finally, I believe that we, as surgeons, are so privileged to have the ability to touch peoples' lives in such profound

ways. We are privileged to practice a craft, an art, a science that gives great meaning to our own lives as well. Let's celebrate our good fortune.

Last year, in a reflective and musing moment, while not really expecting an answer, I asked my son Cory, then just 2½ years old, a simple question. I asked, "Cory, what are you going to be when you grow up?" He looked back at me, smiled, and simply said, "Bigger." It seems to me that we can all strive for that vision in our own careers.

The challenges we face as a profession and the health care issues we must tackle in our countries and our communities are daunting. Successful navigation of the road ahead, I believe, will require us all to take on bigger roles in our professional lives and continue to be bigger than our own self-interests. This will require a far bigger place in our work for cooperation between us and our colleagues, our hospitals, as well as others. And just maybe we all can find a bigger space in our lives for the common good. I believe our future will best be served by a bigger commitment on everyone's part to the enduring traditions and values, principles, and responsibilities that have defined our past and hopefully will continue to define us as physicians and surgeons...as a profession of healers.

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