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WILEY
President’s Address: Integrity, Unity, and Our Common Sense of Purpose With the ALA

It has been an incredible honor to serve the American Laryngological Association (ALA) since joining the council in 2009, culminating this year as President. Over this time, and the 2 decades preceding it, we have experienced tremendous change and challenges to our organization as well as to physicians as a whole. Moreover, these forces are presently threatening to degrade and dissolve our beloved profession. It is not easy to itemize them all as there are overlapping issues, but they generally include:

1. Financial pressures of decreased reimbursements for services at a time of increased practice costs, driving small groups to be employed by health systems
2. The prohibitive cost of higher medical education with an increasingly large debt burden
3. Delayed compensation of physicians and surgeons with requirements for college, medical school, residency, and fellowship training
4. The burden of documentation with an electronic health record that adds time to the workday but detracts from the doctor–patient relationship
5. A changing landscape of regulations, that include physician quality performance metrics such as Performance Quality Rating Scale, Merit-Based Incentive Payment System, and Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act
6. The risk of medicolegal action and subsequent threats to one’s reputation and financial security
7. Mistrust fueled by examples in the popular media of fraud and inefficiency
8. An unusual emphasis on patient satisfaction with their overall experience, rather than qualifications of the doctor and medical outcome
9. Increased emphasis by both the public and hospital practices on short wait times and immediate attention, yet greater demands for more face time with the expert physician
10. A physician workforce shortfall coupled by recently empowered other health professions who consider us all equal healthcare providers
11. Degradation of our professional appearance with suggestions that the tie and white coat carry infectious diseases
12. A tremendously growing scientific knowledge base coupled with an increasingly savvy public and the Internet making it difficult to keep up with best practice
13. Failure of the political leadership and media to recognize that social, educational, and lifestyle factors certainly have a major impact on health in the United States, and
14. A disproportionally small investment by the federal government in medical scientific discovery and innovation, factors that drove standards and modernization of Western medicine 100 years ago.

In this era of seeming anarchy, one may think that desperate measures are justifiable for survival, and that the saying “Abandon ship, every man for himself” applies. I have heard others say “What is in it for me?” and “That is not my problem.”

Medicine is a timeless profession with roots dating back millennia. As discussed by me previously,¹ the privilege of patient care handed down from generation to generation by the mentor–protégé relationship has a soul that lives on in all of us. Although many supporting professions play important roles in patient care, the physician and surgeon stand out uniquely. Our profession requires the greatest commitment and responsibility, delivers the greatest personal satisfaction, and traditionally carries with it the greatest honors across civilizations and time. So is it possible that we are facing our greatest threats now? Let us contrast this with the challenges we have faced as a profession.

The Code of Hammurabi in 1800 BC sets fees for surgeons and punishments for malpractice, suggesting that financial considerations and the medicolegal environment is not unique to today. Hippocrates of Cos created the Oath, which dates back to 420 BC, as the first document seeking to insure our honorable commitment to the patient, swearing to treat them to the best of our ability and judgement. This cornerstone of our profession sets the stage for our ongoing public image, and the responsibility we have to maintain it with the highest integrity. Galen of Pergamon, who lived from 129 AD to 1507, showed us how the growing knowledge base at the time can be expanded through a commitment to lifelong learning, and he also wrote that “the best physician is also a philosopher.”

We as a profession have since faced challenges such as the bubonic plague, or Black Death, that swept through Asia, Europe, and Africa in the 14th century killing 50 million people (almost 50% of the European population at the time). We have also faced the human and societal tragedy of high rates of infant mortality due
to puerperal sepsis, hemorrhage, placenta abruption, and attempted abortion. Moreover, we were there when our abilities to address trauma, one of the major causes of premature death, was frustrated by our limited knowledge of anatomy and the available tools of the time. Picture the feeling of helplessness watching trauma patients die on the battlefield during the Civil War. Or imagine the sense of impending doom caring for people during the 1918 influenza pandemic, which killed 50 million people. All before modern imaging, antibiotics, anesthesia, and ventilatory support were present.

The ALA was founded in 1879 as one of the first specialty medical societies, more than 30 years before the Flexner report sought to standardize medical education in the United States. In many ways, the ALA and its sister societies of the late 19th century forged the first standards of care, advanced best practice, and probably inspired the Carnegie Foundation to fund the study.

We as a profession have since faced 20th century challenges such as:

1. Occupational health and safety at our emergence into industrialization
2. The effects of tobacco and cigarettes, along with the need for social and political action
3. Growing epidemics of diabetes, obesity, asthma, and gastroesophageal reflux disease
4. Infectious disease threats of polio, smallpox, tuberculosis, ebola, human immunodeficiency virus, and multi-drug-resistant bacteria, all made worse through globalization. In 1900, a diagnosis of tuberculosis gave you 3 years to live, and killed 2 people out of 1,000.
5. Access to care, social, economic, educational, and behavioral health issues that lead to disparity. As recently as 2008, the probability of dying from a noncommunicable disease between the ages of 30 and 70 years can be over 35% in many parts of the world.

And in our own world of laryngology:

1. The insidiousness of benign papilloma, and human papilloma virus–associated head and neck cancer
2. The seemingly insurmountable problem of late-phase laryngeal fibrosis from chemo and radiation therapy
3. Determining when standard of care includes the robot, high-speed digital imaging, narrow-band filtering, and whichever laser is in vogue
4. Addressing new ways to approach idiopathic subglottic stenosis and vocal fold movement impairment
5. The need for standardized outcome measures, with the ability to report them, and
6. Limitations in disseminating best practice, even when we have it

These stressors have affected all of us in one way or another, leading to professional dissatisfaction. It is very likely that many of these concerns will resolve with time, innovation, attrition of established physicians, and adaptability of the younger generation through some degree of depersonalization.

However, these solutions will bring more challenges. A generational mismatch may emerge that threatens the time-honored mentor–protégé model of handing down values and insuring professional continuity. How can we, as physicians and surgeons, preserve our professional identity, meet these current challenges, and emerge stronger?

**INTEGRITY**

Integrity starts with honesty and professionalism. This includes a code of conduct, commitment to lifelong learning, and devotion to advancing one’s specialty. Service to the profession is another important part of integrity. This is even more valued during this time of declining reimbursement, when physicians are working harder and longer to preserve their income. Although service is not compensated time, it is one of the most distinguishing aspects of our profession. Leadership through teaching is another timeless component of being a physician. Hippocrates said that it is the greatest honor to teach, and part of living our honorable lives as physicians is to teach and mentor the younger generation of physicians, as well as teaching our colleagues and patients.

The integrity of our profession relies on our shared commitment to best practice, compassionate care of our patients, and upholding the standards and expectations of the community. When discussing the concept of integrity with my laryngology fellow Amanda Richards a few years ago, she emphasized that “lapses of integrity make us vulnerable to compromising the future of our profession.”

A formal definition of integrity\(^1\) is: 1) Adherence to moral and ethical principles; soundness of moral character; honesty. 2) The state of being whole, entire, or undiminished: to preserve the integrity of the empire. 3) A sound, unimpaired, or perfect condition: the integrity of a ship’s hull.

How we carry ourselves through adversity, is at least as important as how we carry ourselves in success. When applying this concept to our profession, it brings to light the idea that a vital part of our integrity is a commitment to unity.

**UNITY**

When I was first developing what turned out to be very busy laryngology practices in Chicago and then New York, I was asked by a friend how I dealt with all the competition. As it turns out, there is more clinical need than can be filled by just a few specialists, and the real challenge is to deliver the best practice. Colleagues are part of our medical community and are integral to the ability to exist in a climate of excellence. I frequently ask myself whether I am upholding the highest personal integrity in my daily decisions, and whether I would make my older generation of mentors proud. Hopefully, my trainees will think enough of me to ask the same kind of a question someday.

Our unity, integrity, and professionalism should be mutually reinforcing. As the boundaries between academic, employed, and smaller private practices become increasingly blurred, we should all be committed to these ideals together. Some examples of how we can firm up our unity include grouping together for discussion of challenging cases, keeping up with best practice,
committee representation in our local hospitals and health systems, mentorship of junior associates, and reaching out to physicians in other disciplines.

The forces that are assaulting our profession are real, and unfortunately they have divided us, recalling the age-old tactic of Julius Caesar’s and Napoleon’s “divide and conquer.” Actually, the expression is attributable to Phillip II of Macedon around 340 BC, father of Alexander the Great, with the Greek expression “divide and rule.” This philosophy attributes the whole to be stronger than the sum of its parts. Working together to preserve our common values and ideals despite outside pressures will enable us to confront the many challenges listed here and others yet to come. Our voice would be so much more profound as we uphold our professional integrity and achieve greater unity. We should all remember the idealism and passion that brought us here with our common sense of purpose, to care for patients and advance our profession.

As you look around the room, I expect we would all pull together for one another in a time of need, whether it be personal or as a profession. And medicine is a team sport.

COMMON SENSE OF PURPOSE

So what is our common sense of purpose? It is a profound moment to look back on oneself and remember how you thought of yourself, the world, and your future, and compare it to how you feel today. At the time of my birthday recently, my mother sent me a picture of myself in second grade.

Why did you want to be a doctor, and what did you say at your residency interviews? You are here and very likely true to yourself, and as we band together we will outshine and inspire those that have lost their way.

Since being elected to the council 8 years ago, there have been a number of milestones and challenges addressed by the leadership that should be reflected upon. These relate to an inclusive approach to membership, a reinvestment in our core missions of education and research, modernizing our processes, financial stewardship, and supporting bylaws changes.

As we continue to evolve, the ALA will be faced with additional challenges, starting with inclusion and diversity, and this certainly pays tribute to our sister organization the American Broncho-Esophagological Association’s centennial theme. In the 2016 program book of the ALA, I counted 130 fellows, of which 14 are women (11%). However, there are already 83 postgraduate members, of which 37 are women (45%). Mapping by the year of induction since 2008 when President Marshall Strome championed this membership category, we can see that it will be only a brief time before we begin to have an appropriate balance on our committees and in our leadership to reflect our commitment to inclusion and diversity. Facing this challenge of completing the Triological Society thesis and advancing to ALA Fellow status is on all of us to pass down our spirit of mentorship.

Our many accomplishments have all been achieved through your involvement in the ALA, and mirror the broad interests of our members. Although sometimes challenging the status quo, we are excited by the open engagement and forums to channel the energy of our laryngology family. This is certainly proving to be a pivotal year for me with the ALA, and I look forward to continued progress in advancing our camaraderie and our profession.

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