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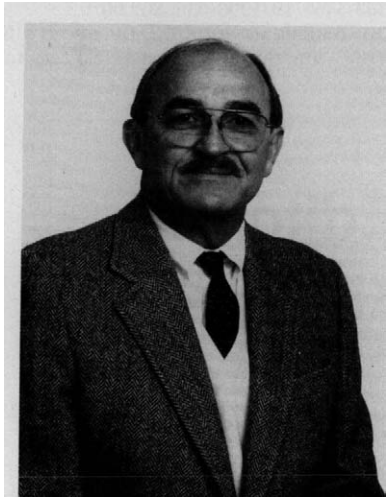

Presidential address of the American Orthopaedic Society for Sports Medicine

Everyone needs an edge*

FRANK H. BASSETT III,† MD

President, AOSSM

It feels just a little bit awesome to stand before you today for this annual meeting of the American Orthopaedic Society for Sports Medicine and to realize that we are now in the midst of the last decade of the 20th century. In recalling the tremendous scientific advances that have taken place since this Society was founded, it can be overwhelming to contemplate what awaits us in the now not-too-distant future of the 21st century. It may be overwhelming, but I am also terribly excited about what this Society will accomplish individually and collectively during the remaining years of this century. As those who will lead our profession toward the year 2000, we are here at this meeting to educate ourselves more deeply, upgrade our qualifications more completely, and prepare ourselves more thoroughly for the times ahead.

In prefacing my remarks today, I would like to share with you a scene from a movie I saw the other day. It was an old 1976 Clint Eastwood movie called "The Outlaw Josie Wales," in which Eastwood plays the title character, a peaceful Missouri farmer who turns into an avenging vigilante when Union soldiers murder his family during the final days of the Civil War. As he makes his way through the midwestern landscape, seeking and exacting revenge, his reputation with a gun and the price on his head grow. In one scene, an old Cherokee Indian named Lone Watie instinctively feels that Josie Wales is heading his way and he hides out beside a path hoping to ambush him. We see Wales' horse come galloping into view, the Indian cocks his weapon, and just as he is about to fire, he notices the horse has no rider. But, before he can decide his next move, a gun appears from behind his head and is cocked only inches from his ear. When Eastwood identifies himself as Josie Wales, the Indian, still looking straight ahead, says, "I've heard that name. Some said you'd be heading this way, and that a man could get rich on reward money if he would kill you." "It seems like you was looking to gain some reward money here," Wales says, to which Lone Watie replies, "Actually, I was looking to gain an edge. I thought you might be someone who would sneak up behind me with a gun."

For a film made in the 1970s about a situation in the 1860s, the message rings even clearer for us today. Most of us—whether we be orthopaedic surgeons, businessmen, star athletes, or musicians—are just like Lone Watie; we feel we need an edge. The questions for us are: For whom do we need that edge? What kind of edge do we need? Should the edge be fair or unfair?

Working in sports medicine, we are all familiar with the concept of the edge. The people we meet and treat everyday are looking for any kind of edge they can get to help them survive the next practice or training session, to win the next

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† Address correspondence and reprint requests to: Frank H. Bassett III, MD, Duke University Medical Center, Division of Orthopaedic Surgery, POB 30004, Durham, NC 27710.

game, or to claim the next championship. We also know that the edges they seek are not always fair ones. Think back to Jay Cox's presidential address last year,[1] when he spoke about those looking to gain an edge through the use of steroids and other performance-enhancing drugs. And what of the baseball pitcher who feels he needs to use a spit ball to affect unnaturally the flight of the ball to give him an unfair edge over the batter? Or the offensive lineman in football who will do anything within his power to protect his quarterback, just hoping to conceal enough to avoid detection by the referee.

We see examples of unfair advantages every day. Remember David: "Hey, Goliath, your sandal is untied!" Or, the gunfighter in the old West who would enter a showdown with the sun in his adversary's eyes to give himself an edge. Or, the World War II fighter pilots who would attack more heavily armored bombers by flying out of the sun to give themselves a fighting advantage.

Although we work with athletes every day, I dare say most of us can sympathize more with an outmanned fighter pilot or little David going up against their Goliaths in a situation of life or death than we can idly justify those who seek an unfair advantage in sports. But, how does this apply to our own profession?

There is no doubt that we in sports medicine are, like the athletes we treat, competitors. We compete against sprained ankles, torn cruciate ligaments, and a myriad of athletic injuries and illnesses. In a sense, we also compete against one another, and this competition is healthy, provided that the purpose of the competition is to make ourselves better, and more skilled, and to develop even better techniques and ways of treatment; provided the reason for competing is for improving the care of our patient, the athlete. For, after all, it is the health of the athlete that stimulates us to want to have an edge in the first place.

Competition can be fair or unfair. So, what is a fair edge against competitors, and what is an unfair edge? I have just pointed out a few of the unfair edges we see in athletics, but in addressing that question for ourselves, we must first answer the question, "What is the prize and the reward for which we must have an edge?" In medicine, the prize should be a successful outcome following an illness or injury, and the winner should be the patient. But, what kind of an edge do we look for in trying to come out on top in that kind of competition? Some choose to advertise. There is little disagreement that honest and fair marketing for the sports medicine clinic is just as legitimate as it is for a dentist or a stock broker or anyone else, for that matter, so long as the physician or the clinic does not advertise unjustified special expertise. False advertising of capability by a physician to give himself an edge over his more casual and less entrepreneurial competitor is not only unethical and unfair, but it is the kind of yellow professionalism that gives false perception to the profession, as well as to the public. "The best form of advertising," says Lanny Johnson,[2] "is still word of mouth. Let your praise come out of the mouth of another."

What are those mouths saying these days? How are we in sports medicine perceived by the public? Well, it depends on where you are looking, what you are looking for, and who is doing the looking!

I remember seeing a cartoon once where a group of worried-looking dinosaurs had gathered in an auditorium. At the podium was a stegosaurus, standing up on two legs and speaking dejectedly into the microphone. "The picture is pretty bleak gentleman," he says. "The climates are changing. The mammals are taking over and we all have a brain about the size of a walnut."

Well, many people perceive that the picture is pretty bleak for the medical profession: the health care climate is changing, the government and the lawyers seem to be taking over, and things are happening that do not lie within our control. Many perceive that the real dangers lie within ourselves, with our own natural human limitations, and within the nature of our society.

Now, I do not mean to say that we are going to follow the dinosaurs and become extinct. But, I do feel that a lot of how we are perceived by the public is not entirely in our own control. There is no way we could have expected to predict or control the outcomes of the last 20 years of remarkable scientific and technological growth, especially when set against the backdrop of increasing federal reimbursement and a growing litigious society. To make matters worse, these outside forces, which we cannot control, constantly shift the picture on us. But, unlike the dinosaurs, our brains are bigger than walnuts. Now is the time to look to ourselves to reaffirm to the public that the edge we have is a fair one.

Over the past few years, many polls and ratings have been conducted, and it is eye-opening to see what our image is with the public. You might be interested to know that the *Jobs Rated Almanac*[3] considers surgeons, in terms of working conditions, to be one of the 10 *worst* occupations in America. We are seen as having one of the five most stressful jobs, and on a scale of 1 to 250, with 1 equalling "laid back," we rank 247th. We barely beat out astronauts, Indy-class race car drivers, and fire fighters. We are popularly perceived by the public as having one of the least desirable jobs in the country, falling somewhere below ticket agents, furniture upholsterers, book binders, and podiatrists.

In 1988, the AMA "Surveys of Physician and Public Opinion on Health Care Issues" revealed that we do not communicate well enough or thoroughly enough, and that we do not provide satisfactory interactions.[4] Over a third of the 1500 public respondents felt that doctors act as if they are better than other people. Approximately 35 of every 100 patients we see think we are arrogant. That is an uncomfortably high figure.

The most disturbing finding had to do with costs: two-thirds of the American public believe that physicians' fees are not reasonable. They think we rank fourth behind entertainers, athletes, and corporate executives as being paid too much.

For those of us who take care of athletes and are responsible for the care of teams, I most emphatically state that our image is totally wrong. If ever there was a need for an edge in sports medicine, the reason does not exist for the purpose of making more money. Each of us devotes countless hours of time to teams and to the care of athletes, without even a thought of recompense. Most of us work on a fee-for-service basis, and in taking care of many of the high schools

and junior high schools, at least in North Carolina, we are usually dealing with schools with poor insurance programs and, basically, we get paid very little even for what we do. We travel with the teams, usually give up Friday evenings, and, if we have a clinic for the acutely injured athlete, we work on Saturday mornings—all at no charge.

Yet, Americans these days do not think that our edge is fair. Well, there is an old phrase in marketing and public relations, "perception is reality." We are perceived as being paid too much, of not communicating well, and of being arrogant, and that is all that really matters. We apparently do not explain ourselves very well, perhaps because we do not think we have to. Obviously, we are not taking the responsibility of confronting members of our profession who do display an unfair edge to the public.

So, what is a fair edge? It boils down to hard work, competence, and honest service to all comers. The fair edge is achieved by constantly upgrading our skills, keeping up with the newer advances in allograft surgery, arthroscopic surgery, and the other remarkable clinical and research breakthroughs that we have experienced. The 1980s have been described as a renaissance era in orthopaedic surgery. Just think of all that we can do. Reattachment of limbs, implantation of so many new joints, allografting, arthroscopic surgery, microscopic surgery—all of these place us, as practitioners of high-tech surgery and clinical investigation, on the forefront of biotechnology. We are heroes at a time when this nation cries out for competence, for commitment, and for extraordinary skill. Our patients must be encouraged to be our strongest advocates, and we must set this example for all who look up to us within the profession as well.

To be true role models for the leading physicians of tomorrow, we must be leaders ourselves, we must be clean, we must, as Spike Lee says, "Do the right thing." If anyone should live by the rules, it ought to be us. If the medical students and residents we work with see us taking shortcuts, they will think that is the way things are supposed to be done, and our public perception will never change.

The public, too, must be made aware that we give care, regardless of their income. We used to be known as caregivers and healers, but the public opinion polls now call us providers. What used to be a charity is now called a write-off. We are called providers and vendors by the government bureaucrats, and some who seek our care prefer to be called clients instead of patients. We must return our image to the former one, to the status of professionals in charge of a team, giving health and comfort. We must reclaim credit for our charity. None of us want our perceived edge to be one who gives care only to elite or world-class athletes, although that is, in fact, how some choose to advertise their abilities, hoping to capitalize on the perception that only the best doctors work on the elite athletes. But remember, we are, again, not what we are, but what we are perceived to be. There is no one in this room who does not enjoy taking care of a junior high school or high school athlete as well as a college or professional one. After all, the future elite athlete is the junior high school athlete of today.

Think of the word knowledge: K N O W L E D G E—gaining an edge from what you know. The edge that I want for us and our Society is that we continue, through knowledge, to upgrade our medical students, residents, and fellows in the area of sports medicine; that we resurrect integrity and service as the heart and soul of the medical profession, and at the same time convince regulators, lawmakers, and others that our mission is service. We need to cultivate the true spirit of enterprise and honest entrepreneurial activity. Let us carefully guard our self-image. Let us take pride in ourselves as physicians. We who completed 25 years of training before becoming Board-certified, and this does not even include a year of fellowship, had to be dedicated to the profession before we entered it. We must strive for better communication and we must preserve idealism in the face of many inducements to become cynical. Many of us do care to change the public perception of our profession, and this meeting is a perfect example. In how many other professions do you find so-called competitors coming together at a gathering such as this actually to share knowledge and upgrade technique, all in the name of advancing the profession?

This Society is made up of men and women from all over this and other nations, some caring for individual junior high school athletes, some taking care of athletes at the collegiate level, many taking care of the professional athlete, but most of us are primarily taking care of the recreational and the weekend athlete. We have a hybrid vigor, which is one of the Society's greatest assets. The athletic world of the future, for which the present body of members in the AOSSM will be asked to provide care, will be smaller than the world of today. The need for understanding and appreciating the contributions of the other members will help us compete in an increasingly global marketplace and will require that tomorrow's leaders bring a sensitivity and respect for difference to their tasks that is all too often lacking in our society today.

Near the climax of the movie "The Outlaw Josie Wales," there is a quiet scene around a campfire where Josie and Lone Watie, now companions, are thinking of the potentially dangerous events that are about to unfold when they confront the bounty hunters and federal soldiers who have been trailing them. "Every man I ever knew who was good with a gun and lived," says Lone Watie, "always had an edge. Some of them would like to have the sun behind their backs." To which Josie replies, "That's always a good idea. It sure pays to have an edge."

Today, we do need an edge. But, rather than looking for a payoff, I want us to gain that edge from knowledge.

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