



# CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

AUGUST 1986

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## PRESIDENT'S MESSAGE

Frank P. Smith, M.D.

It seems appropriate for the President to inform members of **CANS** what has been going on since taking office in January, 1986, at the Annual Session in Santa Barbara. This is presented in the nature of a semi-annual report, covering the highlights facing the Board of Directors, that might in turn be of interest to all members of **CANS**.

In review, it may be noted that at our annual business meeting in Santa Barbara, membership approved a change in the By-Laws, to the extent that applicants for membership would be required to document eligibility for the American Board of Neurological Surgery, but would not necessarily have had to be certified. This change in the By-Laws was enacted to broaden our base of membership, since it was apparent that our Association should represent all neurosurgeons practicing in California, whether or not they have actually passed the Board examinations.

At the same annual meeting, there was much discussion about presenting an alternate slate of candidates of officers and directors, as well as a member of the Nominating Committee for the **AANS**. This led to a series of procedures in gaining candidates and signatures of endorsement. The entire issue was culminated in the election of one of the candidates to become a member of the Board of Directors of the **AANS**. Your Board of Directors provided a statement relative to the reasons for the alternate slate, and this was circulated to the membership of the **AANS** prior to the election by ballot.

One of the milestone actions of **CANS** was to approve the report of the Emergency Services Committee, outlining various factors related to the essentials of neurosurgical trauma care. This presented guidelines in formation of trauma centers, as well as tangential features of providing neurosurgical trauma care. Your delegates to the Joint Council of State Neurosurgical Societies presented this report in Denver, and after much discussion, the report was adopted as an acceptable standard, and we have learned recently that the report will be published in the Forum of the Journal of Neurosurgery for general reference. Dr. Randall Smith and his committee members are to be congratulated in this formulation of guidelines.

Our Board of Directors meeting on February 15, 1986, at the Hyatt San Francisco Airport Hotel was a busy one. Approval was gained for having our next Annual Session at The Lodge At Pebble Beach in January, 1987. This included much discussion about various standing and special committees, including concept of the protocol for format and content of annual sessions.

One of the more important items presented was the invitation of the California Medical Association for **CANS** to move its Executive Office to the **CMA** headquarters at 44 Gough Street in San Francisco. Considerable review of this subject had been done by our Board members. Mr. Don Shelton and Mike Goldman of **CMA** gave a full discourse to the Board relative to advantages for having various specialty executive offices gathered under the umbrella of the **CMA**. All of this led to a series of appraisals, with the main concern being about whether or not **CANS** would lose its identity and personalized contact with members. This became an ongoing study.

Various resolutions were reported by Dr. George Ablin as planned for submission to the CMA Business Meeting in March, 1986. It may be noted that almost all these resolutions met with approval, and reflected the significant contribution of Dr. Ablin and his committee.

In April, **CANS** sent a strong delegation of ten members to the Joint Council of State Neurosurgical Societies, meeting just prior to the Annual Meeting of the **AANS**. The Southwest Quadrant delegation was chaired by Dr. David Scheetz, and as part of this activity, Dr. Philipp Lippe was nominated to be the candidate for representing the Southwest Quadrant of the Board of Directors of the **AANS** at the election in 1987, when Dr. Sidney Tolchin's term will expire. Dr. Tolchin has indicated that he would not seek another term.

In presenting the report of the California Association of Neurological Surgeons, your President stated that "The primary socio-economic problems in California continue to be malpractice insurance and neurosurgical manpower. They seem to be abrasively linked together, with each suffering from the other. In reference to malpractice insurance, twelve years ago California began facing the agonies that have now spread throughout the United States. Although California malpractice insurance rates are among the five highest state levels in the country, we have seen things level off considerably. Physician-owned companies have been developed, and have established a good track record." Then came a review of the statistics provided by the CMA showing that California actually has not suffered as much as other states in reference to the accelerated problem of rates for malpractice insurance, as well as the judgments being obtained. As we witnessed more and more developments at the Joint Council session, we were aware of the fact that California has been a leader in the field with its accomplishment of the **Medical Injury Compensation Reform Act (MICRA)**. This legislation has become the format for guidelines in other states hoping to control the medical malpractice juggernaut.

The various committee reports and quadrant reports are all grouped together in a publication issued through the office of the liaison secretary, Dr. John M. Thompson, of St. Petersburg, Florida, and those interested in securing a copy of all the proceedings could obtain same from Dr. Thompson.

Our **CANS** Board of Directors meeting on May 17, 1986, at the Hyatt Hotel, Los Angeles Airport, was also a busy one, mainly taking up the various items coming across the desk of your President and facing various committees of our Association. Much of this material is semi-confidential, and possibly even too numerous to cover in this particular report. One of the main issues was the qualification of the role of military neurosurgeons entering private practice for elective surgery in a community hospital in Northern California. This has been settled, with the cooperation of the Air Force Surgeon General, so that all parties currently seem to be satisfied. Attention is directed to hospital requirements relative to certification for use of a particular power tool unit, and you have undoubtedly heard that Codman has seen fit to withdraw from usage its power drill because of product liability issues. We did contact them, but found that there is nothing that could be done to alter their decision.

Another item of discussion which has gained further action relates to the possibility of having a "Loss Prevention Program" during our Annual Session in January, 1987, sponsored by several of the California malpractice insurance companies. This could conceivably lead to a percentage reduction in the insurance premium for those attending the sessions. The primary problem relates to gaining adequate liaison among the insurance companies, so that a collateral program can be arranged.

A recurring subject was "new members" in **CANS**, since we actually have only about 300 members, whereas there are approximately 500 neurosurgeons in the State of California. Our treasury is strained to the limit. Our various committee members providing tremendous services to neurosurgeons in the State, and our members of the Board of Directors all serve above and beyond any significant remuneration. We send our Newsletter to all neurosurgeons in the State, and we offer services to all, so that it seems reasonable that all neurosurgeons should become members of **CANS**.

Everyone benefits from our efforts. We are directing a great deal of attention to contacting all neurosurgeons who are not members, and we are asking key individuals in given areas to act as the "sparkplug," to contact neurosurgeons in each locality with the urging to become a member in **CANS**.

The incoming mailbag contains a continued reference to the socio-economic problems, and it is obvious that our Steering Committee on Negotiations, chaired by Dr. Robert Florin, is going to be getting more and more items on its agenda. The spectrum of potential problems is really a broad one, ranging from local issues in HMO's to the national study relative to proposed changes in remuneration of surgeons and doctors in general. The study being conducted at Harvard under the auspices of the American Medical Association seeks to reward cognitive ability, rather than following the time honored emphasis on surgical skills. It has been reported that the American College of Surgeons is not going to

"go along," and we shall be hearing more about this. There has never been a time for more emphasis on communication and unification of surgeons, and in our case, neurosurgeons. Each member of **CANS** should make every effort to encourage colleagues who are not members to write in to our Executive Office for an application for membership. The expense is insignificant, whereas the potential advantages are tremendous in having more membership that would provide a greater backing for the voice and inherent authority of **CANS**.

Our next meeting of the Board of Directors of **CANS** will be August 23, 1986 at the Hyatt Hotel, adjacent to the San Francisco Airport. Please write concerning any item that you feel should be on the agenda, and please keep in mind that any interested member of **CANS** is welcome to attend the Board meeting.

Please check through the new booklet that has been mailed to you regarding the **CANS** Articles of Incorporation and Bylaws, with the insert listing Officers, Directors, and Committee members, whom you may wish to contact regarding any problems. We must keep up communications and we want you to know that members of **CANS** have the continued support of Officers and the Board of Directors. ■

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## COGNITIVE ABILITY VERSUS SURGICAL SKILLS

Frank P. Smith, M.D.

There is a whole new world of appraisal of medical and surgical services proceeding at the Harvard School of Public Health, under auspices of the AMA, with Professor William Hsiao as the overall director. The initial goal is to analyze the training, ultimate expertise and actual role played by each category of physicians in providing medical care, so that guidelines can be developed in establishing a relative value schedule type of fee system. The lament in the past has been that a highly trained medical specialist comes to a given case with great expertise and contributes a great deal in the care of the patient, but does not receive compensation commensurate with his contribution. The inference is, of course, that surgical fees are way out of line on comparison with what is paid to the medical physicians. The thrust is to provide payment for cognitive ability, rather than for surgical skill.

One of the lures is the suggestion that surgical specialists may also be paid more generously for their non-surgical activities. This can only be properly evaluated when one learns what the plan would take away from rewarding the surgery itself.

Apparently the American College of Surgeons is not going along with the AMA program at Harvard. One wonders if there is a Fort Sumpter not far off for a full-fledged battle between medical physicians and surgeons. ■

**REQUEST FROM THE WASHINGTON  
COMMITTEE OF THE AMERICAN  
ASSOCIATION OF  
NEUROLOGICAL SURGEONS**

JUNE 1986

The Washington Committee of the American Association of Neurological Surgeons is asking all neurosurgeons in the fifty states to write to Senators and Congressmen, urging the passing of legislation designed to provide statutory relief from the liability crisis. A sample letter for your convenience is presented as follows:

To: Senators Alan Cranston and Pete Wilson at:  
Senate Office Bldg., Washington, D.C. 20510  
Congressmen from your area: House Office Bldg.,  
Washington, D.C. 20510

I urge you to vote in favor of current bills proposed to give some relief in the medical liability crisis facing our nation. This is one of our greatest national issues.

While endorsing maintenance of quality of medical care, and the insurance for reparations when appropriate, controls must be established to prevent serious abuses.

These include:

- 1) Structured settlements of awards over \$50,000.
- 2) Identity of collateral source benefits.
- 3) Limitation of award for non-economic loss.
- 4) A fair schedule for attorney contingency fees.

The Supreme Court of the United States has already ruled that controls established in California (MICRA) are constitutional. It is time to establish national standards.

Thank you for taking the time in this important matter. ■

**CANS ANNUAL SESSION**

January 9-11, 1987

AT

**THE LODGE AT PEBBLE BEACH**

(Formerly Known as Del Monte Lodge)

This will be a high priority for all neurosurgeons in California for updating the critical factors regarding various socio-economic and medical legal issues. Plan now to attend. Details will follow later.

**A MEDICAL "CANADIAN SUNSET"**

Frank P. Smith, M.D., Editor

Our medical colleagues north of the border are facing economic disaster, pursuant to the governmental edict forbidding so-called "extra billing" above fees allowed by Federal schedules. The Canada Health Act of 1984 penalized provinces that would allow doctors to engage in "extra billing", and the latest turmoil has reached a peak, as Ontario goes along with the Federal plan. This has led to a gross confrontation between Ontario premier David Peterson and practicing physicians. This has reached the level of a "strike".

The press writers are not exactly sympathetic toward physicians. Objections to the system, coming from doctors, are getting unfavorable reports in the newspapers. Geoffrey Simpson has written, "As often happens, the terms are thrown around with loose abandon. The striking doctors claim that their 'freedom' is at stake. The only freedom truly at stake is that of charging what the market will bear, since no one is interfering with their freedom to choose a profession, to practice it where they will, to relate to patients as they choose, or to extract from society, on average, the highest incomes." Such a reaction from a newspaperman is not uncommon, and one wonders how Canadian doctors got themselves in that posture, as one wonders how that would compare with the image of American doctors in the eyes of our public. We should be concerned, because what happened there could become a policy here.

Whether or not Canadian doctors did anything to counter their political entrapment is difficult to know. There have been problems in getting anything organized, because the provinces themselves have been quite separate entities, going different ways in socializing medicine on a gradual basis. The Federal plan has brought the various provinces into line. Now history is being written, relative to what is happening to medical care in Canada, its standards, ethics, and scientific achievements. If the same pattern prevails as has happened to business and industries forced into socialism, we cannot predict a very bright future for patients or physicians.

American doctors must maintain close liaison with those vitally interested in providing good medical care. We must be flexible in cooperating with programs that the so-called private sector can afford. We must assume a role of leadership in guiding our own destiny. ■

# JCSNS SESSIONS IN NEW ORLEANS

## A MULTI—SPECIALTY SYMPOSIUM ON MANPOWER

The Joint Council of State Neurosurgical Societies will convene at the Hilton Hotel in New Orleans September 12-14, 1986, just prior to the Annual Meeting of the Congress of Neurological Surgeons. **CANS** will be represented by ten elected delegates, but all neurosurgeons are welcome to attend the JCSNS sessions.

Your attention is directed especially to a **Multi-Specialty Symposium on Manpower**, Sunday, September 14, 1986, from 2:00 to 4:00 p.m. There will be a presentation from each of three specialties: orthopedic

surgery, neurology and neurological surgery, relative to manpower status. The Moderator will be Dr. Joseph Boyle, Past President of the AMA, who will impartially referee the "turf" issues.

If you plan to attend the Congress meeting, you may wish to arrive in New Orleans on Saturday, September 13, so that you can attend the Manpower Symposium, as well as avoid the hassle of air travel on Sunday. The super-saver airplane fare for being away on Saturday is an added advantage. ■

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