



# CALIFORNIA ASSOCIATION OF NEUROLOGICAL SURGEONS, INC. NEWSLETTER

NOVEMBER 1985

VOL. XII, No. 3

## PRESIDENT'S MESSAGE

### JSEC/JCSNS - Honolulu, Hawaii

George Ablin, M.D.

- A renewed resurgence of national and regional socioeconomic activity for organized neurological surgery.

At the just completed meeting of the Congress of Neurological Surgeons (CNS) and Joint-Socio Economic Committee (JSEC) in Honolulu, September 27 -October 4, 1985, an important and strong statement was made and immediately implemented. That statement, in effect, is: "grassroots" neurosurgeons will have a renewed and important part in helping to determine national neurosurgical policy for socio-economics.

How did this come about? Let me explain -

For those of you who are members of the California Association of Neurological Surgeons (**CANS**), CNS, and/or American Association of Neurological Surgeons (AANS), you will recall that the functioning body of neurological surgeons nationally has been the JSEC of AANS and CNS. Too, you should know that in the past a subcommittee of this group (JSEC) had been constituted as the Council of State Neurosurgical Societies (CSNS). For a number of reasons the CSNS has had some practical problems of being as effective. After much debate and discussion, it was recommended by the Board of AANS and by the Executive Committee of CNS to their members that JSEC and CSNS be reorganized into a more effective and visible body. Therefore, the Bylaws of both the AANS (in April, 1985) and the CNS (on October 1, 1985) were changed to form the Joint Council of State Neurosurgical Societies (JCSNS).

JSEC has now been abolished and therefore there could be no CSNS subcommittee. Instead the reorganization provided for elevating that organization of all the American state neurosurgical associations/societies to full-fledged status as one of the regular, important "Joint" operations of the AANS and CNS, henceforth to be known as the "JCSNS". In the "Rules and Regulations for Operation of JCSNS" (RRO-JCSNS), provision is made for international input as well.

To understand how this status was attained, it is necessary to recall that prior to the CNS Honolulu meeting, there was considerable concern, ambiguity and lack of clarity in regard to several issues:

- 1) How approval for JCSNS was to be reached at the CNS annual business meeting.
- 2) Whether, when, where and how JCSNS new leadership, (officers, chairpersons, committee chairpersons) would be chosen.
- 3) When and where the new JCSNS would become operationally effective.
- 4) What and when its agendas should be chosen and arranged.

On August 24, 1985, at its regular meeting, your **CANS** Board of Directors discussed and carefully reviewed these various issues because the agenda did not appear (at that date) to address those issues. In order to gain an understanding of the issues that should come to JSEC, on Saturday, September 28, and Sunday, September 29, your **CANS** Board felt that an informal meeting of a significant number of state presidents before the convening of JSEC would be one of several ways to proceed. Therefore, your Board authorized and ordered the President of **CANS** to contact personally as many of the American state neurosurgical organizations as practical prior to the imminent meeting of JSEC and **CANS** to determine whether such a meeting was warranted.

In the very limited time available, it was possible to contact most of the larger state societies which represent approximately two-thirds of the neurosurgeons of USA. After literally many hours of telephoning and writing, it became patently apparent that there was great interest and support for such an informational meeting before the JSEC meeting. An informal meeting was scheduled for Friday evening, September 27, in Honolulu. While it would have been very desirable to invite all the state societies, it could not be done practically. Therefore, once an available majority of neurological surgeons representation was found, the meeting arrangements proceeded.

With what was fairly strong consensus, at that informal but candid and probing evening meeting, it was agreed to present the following suggestions for consideration by the whole of JSEC in its first plenary session on Saturday, September 28:

- 1) It would be important that the new Bylaws change for CNS be approved unanimously on Tuesday, October 1, so that a subsequent mail ballot would not be necessary and delay approval of JCSNS (temporarily or possibly longer).
- 2) The new JCSNS should become effective as of the close of the CNS meeting - rather than in April, 1986 - to avoid any possible "lame duck" type transition with that six month delay.
- 3) The new leadership should be identified, elected and directed to proceed with vigor and clear charge.

During the JSEC sessions on September 28 and 29, all of these items were formally approved and accomplished. In addition, the Bylaws were approved subsequently at the CNS Business Meeting of October 1.

Further, during the JSEC sessions there was discussion of the importance of JCSNS in coordinating and helping determine policy and in making more efficient actions of national organized neurosurgery by virtue of the Joint Council's grassroots, inherent nationwide support of the parent bodies (AANS and CNS). Some emphasis was placed also on reducing, avoiding and eliminating any (possibly) redundant or overlapping responsibilities and authorities between various committees or in areas such as professional liability, ethics, manpower studies, relative value study research, collaborative studies with university groups, AMA, ACS, etc.

The meeting ended with greater optimism and less pessimism...and with considerable enthusiasm on the part of JSEC/CSNS participants and officers of the parent bodies. The renewed, reorganized and enthusiastic JCSNS should be considerable aid to the Board of AANS and Executive Committee of CNS in helping to determine policy and in allowing the Board and Executive Committee to implement and manage those policies.

**P.S.** Your **CANS** Board of Directors will continue to give its attention to matters that concern **CANS** members, especially on behalf of their patients... and, in addition, to matters that concern all other neurological surgeons in California and in the many state neurosurgical associations. ■

## SECOND HAND HALO BRACES

Halo braces, after they have served their purposes, can be refurbished and put to good use in South Korea, where they are urgently needed. If you have such equipment available, please contact Dr. Mel Cheatham of Ventura, California: Phone Area Code (805) 643-2179, who will advise you on arrangements. ■

## NEUROTRAUMA REGIONAL SEMINAR

January 23-24, 1986

SANTA BARBARA BILTMORE

The Joint Section on Trauma of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons has developed a nationwide educational program which consists of a series of regional neurotrauma seminars. These seminars deal with the management of patients who suffer injuries of the head, spinal cord, and peripheral nerves. Specific topics include: Initial Clinical Management; Diagnostic Evaluation; Surgical Intervention; Intensive Care; and Long Term Follow-up. Emphasis is also given to the role of the neurosurgeon and the importance of neurotrauma coverage within regional emergency medical services systems.

The faculty for the upcoming seminar - being held in conjunction with the annual session of the California Association of Neurological Surgeons - consists of neurosurgeons from the Far West who have particular expertise in all the various aspects of neurotrauma care. Rationale for this is that there are problems that are specific to each geographic regional that impact on triage and management of neurotrauma patients. In addition, the faculty includes national experts who will address management problems that are universal to all neurosurgeons.

The format of the seminars is a series of didactic lectures given by the members of the faculty. There is time set aside for discussion and dialogue between audience and faculty. The lectures are geared specifically to the level of the practicing neurosurgeon.

The main purpose of these seminars is to provide the neurosurgeon with a thorough update of the modern concepts of neurotrauma care in this country. ■

## ANNUAL SESSION OF CANS

January 24-26, 1986

The superb Santa Barbara Biltmore will be the site of the 1986 Annual Session of **CANS**. Details are in the mailing process, relative to the outstanding format that ties in with a program of the Joint Trauma Section of the AANS and CNS, January 23-24, 1986.

Be sure to block off the dates now and send in your hotel reservation prior to the cut-off date, December 23, 1985. ■

## **PROPOSED AMENDMENTS OF CANS BY-LAWS**

Notice is hereby made to all **CANS** members relative to By-Laws changes that will be submitted to vote at the Annual Business Meeting in January at the Santa Barbara Biltmore. Essentially, the changes re-define the requirements for Active membership and delete the category of Associate status.

### **PROPOSED BY-LAWS CHANGES**

(To Replace Sections 3.03-2 and 3.03-3)

Section 3.03-2 Active: Active membership shall consist of physicians and surgeons who have a license to practice medicine in the State of California and who declare that the majority of their medical and surgical practice is in the specialty of neurological surgery within the State of California and who: (a) by reason of education, training and experience, who are or have been in the past certified as being eligible for examination by the American Board of Neurological Surgery, or (b) have Fellowship in the American College of Surgeons, specialty of neurological surgery, or (c) have obtained in a country outside of the United States, graduate training in neurological surgery which satisfies the requirement for Fellowship in the American College of Surgeons. Any active member who ceases to be in the active practice of neurological surgery will provide timely notice to the Secretary of the Association, requesting transfer to the Senior category of membership. ■

### **"FEET FIRST" PROGRAM**

A program designed to reduce spinal cord injury in diving is being sponsored jointly by the Congress of Neurological Surgeons and the American Association of Neurological Surgeons, in conjunction with the Spinal Cord Injury Prevention Committee at the West Florida Regional Medical Center in Pensacola, Florida. The purpose is to heighten community awareness for the need to check water depth prior to diving by going in "Feet First, First Time."

If you are interested in initiating a "Feet First" program in your area, write to Mr. Carl Hauber at the AANS office, 22 S. Washington Street, Suite 100, Park Ridge, Illinois 60068. A packet of information is available, including suggested program outline, sample brochure and artwork. A public relations person at your hospital would be of great assistance in implementation of the program. ■

## **SURVIVAL OF OUR SPECIALTY**

Frank P. Smith, M.D.

Approximately a decade ago, a letter appeared in the *New England Journal of Medicine* proclaiming the demise of neurosurgery presenting on the horizon. We refused to accept this concept, and unfortunately, in the meantime, we have not developed a defense against the problems that were predicted then.

Neurosurgeons do not have a monopoly on survival problems. Most branches of medicine and surgery are faced with urgent issues, mainly of a socio-economic nature. But, we in neurosurgery seem to be a target to those who would bring lawsuits against us, mainly because we work in difficult areas, holding great risks of many types, with, allegedly, a high income level. Our turf is subject to invasion by other specialists who would try to do our operations. Some say we challenge our own survival by producing more of us than the workload can support. This allegedly leads to performance of operations having less than definite indications, and thereby contributing to the incidence of malpractice cases.

All this comes at a time when governmental intervention would fit us into HMO slots, for alleged efficiency and cost containment. Who would be in, and who would be out? There is a need to evaluate and control the problems within our specialty, as well as to defend ourselves against the outside factors. At present, we really do not have analytical or defense mechanisms, which first of all would require a rather complex process of monitoring and fact finding. The academic option seems to be in favor of letting the "marketplace" provide the solutions. This type of economic centrifuge does not appear to be very attractive to those who would be spun off to obscurity in the process. It might be acceptable to those fixed firmly in the central core of the specialty.

More than ever, medicine and surgery need strong leaders, and this is especially true for neurological surgery. This leadership must include representatives of community neurosurgical practice, as well as those from academia. ■

### **NEURO SEMINAR**

A conference on "Neural Grafts and Potential Therapeutic Approaches to Neurological Disease" will be sponsored by the Divisions of Neurosurgery and Neurology of the Cedars-Sinai Medical Center and the UCLA Brain Research Institute, March 21-29, 1986. If you would like to have details, in reference to possibly attending, write to:

Lore Kahane, Room 2049, Box 48750, Los Angeles, California 90048 ■

## GROUP TRAVEL PLANS

David G. Scheetz, M.D.

The Travel Committee for **CANS** is offering another excursion in conjunction with the Pan Pacific Meeting beginning January 11, 1986 in Honolulu.

For members who did not attend the **CANS** meeting or wish to return to Honolulu, this is an opportunity for a January getaway.

The delegation will then continue to Auckland for a two day meeting with our colleagues in Auckland.

We will then move to the Huka Lodge in Taupo, for two to four days, based on the desires of the group.

The primary attraction for the Taupo area is trout fishing. However, the Lodge is minutes away from the Wairakei International Golf Course, New Zealand's best, as well as near stable for riding the beautiful nature trails in the area.

The group may then have a choice of going to Christchurch Queenstown, or the Mount Cook Lodge.

Another extension from this point may include Sydney, Australiam, Fiji or Tahiti; the choice is yours.

The round trip air fare for the excursion is in the high season and will be \$1,350. The land arrangements are to be based on the size and desires of the group regarding accommodations.

With the assistance of our able president, Dr. George Ablin, a second delegation will visit our colleagues in Moscow and Leningrad. There will be clinic visits and a change for dialogue with Russian neurosurgeons. The tour will be arranged for the first two weeks in May, in an attempt to secure off season air fare rates.

The visits will include hospitals and clinics in Moscow, Leningrad and another city such as Kiev or Odessa. There will be time for visits to the Hermitage Museum, Pushkin and Petrodvorets as well.

If there is interest in either of these tours, please contact David G. Scheetz, M.D., (707) 544-5487, who will be coordinating the tour. ■

**California Association of Neurological Surgeons, Inc.**

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