COMMENTS:

Discussant

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Mr. Pincus has presented a superb case for the introduction of clinical elements into the education of a law student. As a professional colleague involved in medicine, a field in which clinical responsibility and exposure is not only a desirable element, but an absolute necessity for both the medical student and the future surgeon, I cannot easily separate the clinical aspects of teaching from the "case method." I agree wholeheartedly with the outline for the future which Mr. Pincus has given us.

I would like to make some observations, and perhaps point out some dangerous trends in our present society. At the same time, I will perhaps disagree with one or two points which Mr. Pincus has made. (Nothing could be more disastrous for a physician than to enter into a debate with a barrister as learned and articulate as Mr. Pincus—but I have the singular advantage of having a position on the program which does not allow time for rebuttal—therefore, I feel secure in proceeding.)

Mr. Pincus has stated that the sole purpose of the professional schools is to prepare members of a practicing profession, while preparation of students for graduate teaching involves no clinical exposure. I would like to distinguish his concept of graduate and professional education from mine. I would submit that in the structure of the University, the Medical School and The University Hospital is unique. The University Hospital also fulfills the role of a laboratory which Dr. Roaden mentioned. In the medical school, it is essential to integrate clinical experience with the didactic material. In the graduate sector of the medical school, the residency program trains the practicing surgeon. This program must utilize the maximum of clinical experience and responsibility for the resident surgeon; at the same time, training this young surgeon as a future teacher. The University setting is unique in this respect. True, young surgeons are being trained in many non-University Hospitals; and in fact in several right here in Columbus; *but* in no program other than that of the University Hospital is the primary purpose the training of future teachers *and* practitioners of surgery. If there can be any question that intimate clinical exposure is necessary in this phase of the surgeon's education, then I should like you to reflect on the chilling prospect of having your own gallbladder removed by a surgeon who has never been outside of a laboratory or a classroom!

While we are at this point of the discussion—I would like to take one more step, and perhaps to probe the future of clinical experiences in surgicial education. This is a delicate problem. In many great institutions

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this has been handled with diplomacy, and without danger to the patient. I would suggest as examples the great American Clinics in Boston, Minnesota, Cleveland, and other cities. You all know excellent surgeons who were trained in these institutions, and yet you also know that they did not do their own first operation on the day they left the training program. You also know that in order to obtain the surgical expertise which they acquire in a four-year residency program, they must deal with the emotions, the problems, and the personalities of patients; as well as with the actual performance of surgical operations. At the same time, almost all of the patients in these great clinics are so-called "private patients"—certainly not the indigent patients who have made up the nucleus of many University training programs. Obviously, these surgeons have been trained by close working relationships among the trainee, the teacher or responsible surgeon, and the patient. I bring this example into the discussion only to open a Pandora's Box—what appears to be an attempt to destroy the clinical aspects of surgical education by legislation.

Our goal is to have the finest of medical care as a right, not a privilege for all of our people. The apparent mechanism for achieving this goal, however, is to dictate in ever more rigid terms the circumstances under which medical care can be delivered. These regulations emanating from insurance carriers and carrying the weight of the federal authority through medicare payments, would, if strictly interpreted and followed, and if they became all inclusive for all of our population, perhaps eliminate participation in clinical situations by all "non-certified" surgeons. This could mean that surgical trainees would then be trained entirely by allowing them to observe until they could be certified—then they could begin to operate on patients. Of course, certification is not possible until a minimum number of surgical procedures have been completed by the trainee; the projected theoretical outcome of this conflict is obvious.

Unlike the atmosphere in the law school, in which Mr. Pincus has so clearly shown that the trend is to increase clinical experiences; our colleagues in the legal profession are perhaps pointing the way to elimination of the clinical aspect of the surgical training period. Mr. Pincus in his presentation has given answers to the problems which he himself raised:

> a) The proposed shortening of the curriculum to six years from seven. The medical school at Ohio State concurs completely, and already shortened the medical curriculum to six years from eight.
> b) He suggests increased production of professionals. This medical school has responded to this demand by increasing the enrollment to 216 from 100 over the past few years.
> c) He has suggested increased clinical exposure. I agree completely. The medical school has now involved the patient with the otherwise dull basic didactic course from the first day of the student in medical school.

What then, is a solution for the continued, and in fact increased pro-

duction of surgeons in an environment in which they may not be permitted to operate? I would suggest that the solution lies in dialogue between those responsible for legislation and policy, and those who have been intimately involved with surgical education and surgical standards for the past 57 years—The American College of Surgeons. Obviously, the solution is not an easy one, but as a Professor of Surgery, I am profoundly disturbed by the fact that the trend seems to be in the wrong direction—away from the clinical aspects in medicine. I congratulate Mr. Pincus on his presentation, and agree wholeheartedly with the need for an increased clinical component in all areas of professional education.