
President's Message

It is my pleasure to report to you today on the state of your Society. The past year has been an exciting and challenging one. There have been some problems but on the whole I have very positive feelings about my year as your President and very positive feelings concerning the continued growth and development of AmSECT.

It did not take me long to realize one of the primary functions of AmSECT's President. Within the first month of my office, I received from the National Office a stack of new member certificates all requiring my signature. To my combined delight and dismay, the stack was about two inches thick. I may well hold the record because, through mid April, I signed approximately five and a half inches of membership certificates. What this translates into is an overall membership growth of 8.3% with key increases in active membership (9.8%) and a 54% increase in associate membership. Student membership showed a modest increase of 5.9%. This increase in membership is most gratifying and I believe it shows that AmSECT is headed in the right direction.

There were several areas of professional activity that developed well over the past year. Both the continuing education program and the Journal of Extra-Corporeal Technology flourished under the leadership of Joel Davis and Nancy Achorn respectively. After floundering for a year and a half, the Hands On program is currently flying very successfully. Joel Davis, under direction from the Board of Directors converted the Membrane Oxygenator Program from a national program to one to be given on a regional basis. With the capable assistance of Phyllis Palmer, a highly successful (both educationally and financially) program was presented to Region XI. That success was subsequently repeated in Region I in late March.

Concurrently, Joel and Phyllis with input from the board and several committee participants have developed a second Hands-On type program which has already undergone a trial run and is scheduled for several areas during this coming summer.

The self-study program is in progress again after some delays. The first of a series of four modules has been distributed to this year's subscribers while module 2 is in the final production stage at this moment. Four

additional modules are in varying states of preparation which will lead to a surplus of two, to start the next volume. There have been some delays as I mentioned, but these should become less frequent due to the fact that Mr. Davis has produced an elegant manual for module writers that details the construction of a module. This manual was produced with the help of Judy Woods, a PhD in education from Virginia Commonwealth University.

The Journal of Extra-Corporeal Technology has enjoyed a banner year. The new Editorial Board and policies have reduced publishing time from over one year to slightly less than six months for original articles. This success is a tribute to the Editor and her perseverance. Nancy Achorn has, furthermore, produced a workshop for editors which was a great success. The workshop was video-taped and is now available for any future editors.

Doug Baxter once again did an outstanding job as Chairman of the Nominating Committee and, as you are all aware, placed on the ballot, a recommended list of criteria for office.

The President's Advisory Council, under the leadership of Maddie Massengale and with the help of Leroy Ferries finished their first assigned task by presenting to the Board of Directors a rough draft of a policy manual that will specify the function of all AmSECT officers and committees. This manual was a monumental undertaking involving a total review of *all* past policies, resolving numerous conflicts of policy and, providing for the first time, a document that can be handed down to new officers and committee people delineating the functions and responsibilities of the various offices.

This year, management by objectives has become a reality, not just a catchy phrase. Your President-Elect has spent many hours with an MBO task force translating the Cate Corporations MBO proposal, accepted by the board three administrations ago into a real, usable format. This effort first produced Outlook 85, a proposal passed by the Board at its fall meeting and is culminating in a budget and programmatic proposal that will be acted on by the Board during this conference: in the past such activities were not undertaken

until the Spring Board Meeting. This marks a significant turning point in society planning.

An ad hoc committee chaired by Bert Dearing investigated the issue of AmSECT regionalization and regional and chapter requirements. This committee's outstanding work has resulted in recommendations to be put before you at this meeting.

I would like, now, to spend a few moments discussing some of the problems that this administration faced over the past year. I believe it is important to do this because in these problems lie the challenges of the future.

The first area that I would like to discuss is the standards area. AmSECT left San Francisco last year committed to becoming involved in and recognized as expert in the area of standard setting for extracorporeal circulation devices. Committee Chairman David Engquist made contact with the Association for the Advancement of Medical Instrumentation (AAMI), the private sector agency that has been involved in writing standards, and made our interest known.

David and I, as well as several other AmSECT members, attended an ad hoc committee meeting on the subject of standards for the cardiopulmonary bypass system in May of 1981. This meeting was sponsored by AAMI with the encouragement of the FDA. After significant AmSECT input, the committee agreed that such a standards writing effort was justified and recommended the formation of such a committee to AAMI. AAMI agreed that such a committee and standard is appropriate but deferred action until the "oxygenator standard" is complete. It is not complete as of yet and no date is projected for its completion. Unfortunately then, our major effort in the standards area was derailed before much progress could be made. Your president did respond to AAMI's standard on dialysis and thus further indicated AmSECT's interest.

The FDA sought our direct input when the Health Industries Manufacturers Association (HIMA) petitioned the FDA to reclassify the oxygenator. I made arrangements to testify at this hearing; however, HIMA withdrew its application for reclassification so another effort vanished.

Subsequently, the filter controversy broke and we found the Emergency Care Research Institute (ECRI) performing surveys about the use of arterial blood filters. AmSECT was approached and asked to issue product warnings on data that we never saw. The final result was that ECRI sent out product warnings based

upon "circumstantial evidence" based upon a questionable survey instrument. The board has subsequently received information that ECRI has performed critical incident reviews and practice audits during the past.

My overall reaction to these episodes is that AmSECT has probably been dragging its feet due to a fear of "getting involved."

I have recommended to the Board of Directors that they rethink what AmSECT's position should be. Should we continue to maintain a reactive position or should we aggressively lead in the standards area. My personal belief is that, as *professionals*, it is our responsibility to get involved and lead the effort.

Secondly, there were several ethical issues that surfaced over the year. The Philadelphia Story is probably familiar to you all, but in case you haven't heard, a perfusion team quit their jobs with less than 24 hours notice. The causes for such action and the subsequent activity is unclear; however, this action caused mighty stirrings in both thoracic surgical societies. This incident was the most visible and talked about incident, but numerous other actions on a smaller basis occurred.

I believe it is time for our members to start acting as professionals. One of the tenets of professional behavior is to *never* compromise patient well being to achieve personal goals! This tenet was violated in Philadelphia last year. Now, I don't mean to imply that one can't quit an undesirable job or seek to improve one's position. However, to do it in the fashion described should be intolerable. It should be pointed out that the Ethics Committee was willing to investigate this incident but no formal request was made. The mechanics appropriately require a written request to investigate before action can be taken.

The second ethical problem concerns the "Arkansas Perfusionist" and his chain letter. There were several written complaints concerning this matter referred to the Ethics Committee, and the matter is under investigation. Regardless of the outcome, I hope all members will take the stand that this is unprofessional behavior and should not be tolerated.

A final ethical problem arose concerning the mention of surgery on a prominent national figure in our own newsletter. The question, of course, regards the right to confidentiality. It appears that no written releases were obtained before the submission of the news item. The issue is somewhat clouded by the fact that the newsletter solicited the article. This situation needs further investigation but does point out vividly how easy

it is to slip into an area that may be defined as unethical if our professional guard lets down.

The final issue I wish to discuss with you is that of certification and accreditation. Some very positive things have happened in this area this year but also some potentially problematic things have surfaced.

The year started, as many of you know, with difficulties in obtaining financial support for the activities of the Joint Review Committee for perfusion education. The JRC is the body that conducts site visits and recommends accreditation to the Committee on Allied Health Education and Accreditation of the A.M.A. Through the good will and efforts of many friends of AmSECT in both STS and AATS, the funding problems were resolved and the JRC is functioning well at present. Five programs now enjoy five accreditation and at least four additional applications are in. There are still some problems to be ironed out with the ABCP, but the dialogue is continuing.

In summation, I have described some of the achievements of the past year and enumerated several challenges for the upcoming years. The challenge, as I see it, is to evolve into a strong, cohesive group that

lives up to its professional label. We need to meet the challenge of establishing standards. The development of standards for devices and standards of practice are our professional responsibility. If sub-standard devices or practices are present, they should be remediated or eliminated.

Ethical behavior should be demanded of all of our members. Those who put their own desires in conflict with the patient's interest should be corrected or eliminated from our society.

In conclusion, I would like to thank you for your patience in sitting through these remarks. But, more, I want to take this opportunity to thank this body for allowing me to serve you over the past year. I would also like to thank George Cate and the magnificent national office staff for their many services over the past year. A special word of thanks also, to Mr. Larry Cavanaugh for the outstanding job he has done for the society this year.

James P. Dearing
President, 1981-1982