PRESIDENT'S MESSAGE

LEADERSHIP

Last month I closed with a reference to leadership. The thought running through my mind was that each of us owes something to our specialty—a kind of tribute to those who have gone before us and who gave of themselves to build the specialty of pediatrics. Ordinarily we think of this "debt" being paid off by the scientist in the laboratory and the clinician at the bedside. And, of course, their contributions have been and continue to be tremendous. But, I submit, everyone who is a pediatrician owes something to further the advance of pediatrics. The hallmark of our specialty from its beginning has been involvement in community service. Many pediatricians not only apply the new knowledge of disease prevention, nutrition and child care to the rearing of children in private practice, but by advice and personal service participate in community health projects to extend these new concepts to all children. Not only have these contributions of individual pediatricians aided greatly to establish pediatrics as a specialty, but have helped enormously to give it a privileged place in public opinion. Every practitioner can exercise this kind of leadership in his or her community.

This same dedication by many pediatricians has made the Academy a leader among medical organizations. The Academy exemplifies a new kind of medical society—an organization concerned not only with clinical problems but the social needs of patients. The Academy, I believe, was the first medical organization to recognize the value of co-operative relationships with nonmedical groups. One of its first committees was called the Committee for Cooperation with Nonmedical Groups. Today this committee has metamorphosed into liaison representation with 27 national organizations, such as the National Congress of Parents and Teachers, the Scouts, the National Education Association, etc. This is more than good public relations. It is an important Academy policy. It developed because the pediatrician, perhaps better than most physicians, appreciates the importance of the social, cultural and other environmental forces in child health. These relations have helped the Academy to a broad understanding of the needs of children. The organizations to which we relate have also benefited by pediatric guidance.

Our national committees perhaps have done the most to establish the Academy's leadership in child health. A reading of the reports of these committees reveals an impressive documentation of the breadth and depth of our concern with the welfare of children. In this cynical age, when we are all made so conscious of the efforts of many groups and persons to create "favorable images" of themselves to impress the public, the work of our committees at the national, state and community levels is evidence of our genuine concern for the physical, psychologic and social needs of children.
The opportunities for leadership in the years ahead are no less than in the past. In fact, they are greater. The task is more formidable too. We are more conscious of the complexity of our problems. Our growth, too, has brought new problems. For example, we have the question of pediatric education, what should be its content and duration. How can we strengthen relationships between the educator and the practitioner? How best to improve health insurance coverage of children? What is the pediatrician's role in the care of the adolescent? What should be done to improve the quality of care for children in hospitals and in outpatient services? What should the Academy do about the health recommendations of the recent White House Conference? How can the Academy through its Chapters in Latin America and in the United States assist in implementing a new aid program of our government for Latin America? Yes, for the future there are many challenges to test our qualities of leadership as individuals and as an organization.

Many in the Academy have made and continue to make important contributions to national, state and local child health programs. In view of the rapid increase in membership of the Academy in recent years, it seems timely to remind ourselves of this distinguishing characteristic of the good pediatrician and dedicated Fellow of the Academy. This important function of our specialty should not be forgotten in the stress of earning a living. Not only can each Fellow exercise some leadership in pediatrics, but he or she should realize that the essential phase of this leadership is not at the so-called national level nor at the Academy's headquarters in Evanston, but on Main Street wherever he or she is.

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LEADERSHIP
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