PRESIDENT'S MESSAGE

THE TRADITIONAL PURPOSES OF THE ACADEMY—ALTER OR ENHANCE?

Questions are asked, sometimes hesitantly, sometimes stridently: Shall the American Academy of Pediatrics continue its traditional role in the framework of American medicine? Or should it alter the purposes expressed by the founders, to which it has held consistently through the years? Should it become partisan on behalf of the pediatrician’s welfare, a political-action organization, active also in medical economics?

Those who have concern for the ultimate future of pediatrics and the path which the Academy travels must take a thoughtful, searching look at these questions and arrive at a concert of opinion.

Why do these questions arise?

They represent one expression of growing pains in our specialty. All surveys and reports indicate that pediatrics is flourishing, one of the fastest growing of the specialties. Increasing numbers of American and foreign graduates are in pediatric residency training and apply to the American Board of Pediatrics for certification. Many foreign trainees remain in the Americas and seek citizenship. The present body of pediatricians, in practice, teaching, and research, has neither the post-training experience nor the cohesiveness of purpose of the Academy founders and members during its formative years; many lack the reassurance of established solidity.

Paralleling this development, the Academy grows in size, significance, and comprehensiveness of program. Now 8,000 in membership, it is the largest pediatric organization in the world. Its voice on behalf of children becomes increasingly persuasive; its programs of training, of research into special problems, of committee activities in many spheres of child health and welfare, its reports and publications, have an expanding influence. State and provincial chapters are larger and stronger, are recognized by other medical and public groups, and are individually facing medical and economic problems. Pediatric-related specialty groups, following the spectacularly successful example of the Academy’s Section on Surgery, are seeking affiliation and a place in the Academy’s life and activities. Non-citizen Board-certified pediatricians wish some kind of Academy affiliation, both those remaining in the Americas and working toward citizenship and those returned to some of the countries outside of the Americas which have strong ties with American pediatrics. These are all evidences of a mounting potential of strength.

Viewing this potential, the pediatrician in practice thinks of its protective value to him. He has a gnawing fear of governmental intervention in the practice of medicine; he knows the political attractiveness of child health and welfare. He remembers or has heard of the strong push in the 1930’s and ’40’s for “Socialized Medicine” (a misnomer, because the average physician does not object to medical practice which is fitted to social needs and the milieu of his times, but does object to “politicalized medicine,” just as he would to politicalized religion). He suspects new governmentally planned child health projects as aiming toward eventual complete control; being strongly individualistic and conservative by nature and training, he resists in every way possible.

Moreover, economics is increasingly pressing on the recent graduate in medicine. He has spent, in most instances, 12 to 15 years in university, medical school, special.
training and military service; he is about 30 years of age, married, with one to several children. These years have cost a variously estimated $40,000 to $70,000 and, though his wife may have worked to help support the family, he may be $5,000 to $10,000 in debt. Even when the pediatrician is established in practice, his net income is likely to be in the $15,000 to $25,000 range; he is competing socially with the owner-executive-managerial class in business and industry, whose income—after shorter and less expensive training periods—may be considerably higher. He competes in medical economics with surgical confreres whose income is surely higher, and he faces insurance schedules which are still geared to surgical and not medical specialties. He has no assurance of tenure and must provide for his own retirement. Even though his patients may admire or adore him, he faces a critical—if not hostile—press, which tends to bracket him as “troubled by his wealth and his changing image” (Saturday Evening Post, June 15, 1963). Little wonder that he is defensive.

The salaried academician, in teaching or research, or the pediatrician connected with public health, pediatric-related health organizations, or industry, may not have the same problems but may be concerned with governmental allocation of research funds and policies relating thereto, or with legislation which affects his organization. The Academy has been approached a number of times during the current year with requests to oppose or to sponsor legislation in the congress.

Let us look briefly at the traditional purposes of the Academy. The founding group established them with considerable clarity in the constitution of this organization:

“The object of the Academy shall be to foster and stimulate interest in pediatrics and correlate all aspects of the work for the welfare of children which properly come within the scope of pediatrics. The Academy shall endeavor to accomplish the following purposes:

(a) To establish and maintain the highest possible standards for pediatric education in medical schools and hospitals, pediatric practice and research;
(b) To perpetuate the history and best traditions of pediatric practice and ethics;
(c) To maintain the dignity and efficiency of pediatric practice in its relationship to public welfare;
(d) To promote publications and encourage contributions to medical and scientific literature pertaining to pediatrics; none of which objects is for pecuniary profit.”

The first president, Isaac A. Abt, said:

“If the American Academy of Pediatrics will ultimately succeed and fulfill the hopes of its founders, it must have at all times the unstinted respect and confidence of the entire medical profession and the enthusiastic support of the pediatrician as well as the confidence and respect of the public at large. It should avoid the odium that comes from partisan and selfish politics. It should, however, courageously defend its medical prerogatives and the rights of the sick and oppressed, promote development of child health, and demand the highest professional standards of morality and education among its members. No organization should be better fitted to be the voice of child health and protection than the association of qualified and accredited pediatricians of America.”

His successor, John L. Morse, added:

“The objects of the American Academy of Pediatrics, as I see them, are primarily altruistic.”

Dr. Abt’s proposition and prediction have proved to be amazingly accurate. With its course steered by the lodestar of concern for child health and welfare, avoiding partisan and selfish politics yet defending its prerogatives and the rights of the child, the Academy has earned alike the respect of the medical profession, government and the public. It has maintained high professional standards and promoted the educational endeavors of its members, engaging them in the kind of cooperative action between academician and practitioner which is rare and refreshing. Its tax-exempt status as a non-profit, non-partisan organization has enabled it to use more of its own funds and to receive many grants to carry on its educational and health programs. Its members work enthusiastically to further these purposes, for basically the pediatrician is an altruistic person. The Academy has fulfilled
Dr. Abt's prophesy: it is the voice of child health and protection. It stands on the brink of greatness among medical organizations, not in size but in its essential character and purpose.

But were its members to forget its true source of strength which lies in this inherent character, to succumb to fears and the pressures of temporal exigencies, and set a new course of partisanship in politics and economics, this strength which they seek to use would vanish. Internal conflicts between self interest and altruism would beset its own membership. The respect of other professional men, of the public, and of government would wane. The Academy would retain strength of numbers, would continue to do many worthwhile things and carry on fine programs. But its unique character, the pride of its founders, and its past leaders, would be no more. It would achieve mediocrity; the pediatrician as well as pediatrics would suffer.

Let us look elsewhere for avenues through which the pediatrician may exercise his legitimate political and economic aspirations. Let us enhance, not alter, the traditional purposes of the American Academy of Pediatrics.

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