I would like to begin this address with a summary of activities and accomplishments during the past year, which, in my opinion, are new or of particular significance for the Academy and its Fellows, and for the health and welfare of children. In doing so, many, if not most, of our organization’s established activities and functions will be ignored, not because they are unimportant, but because you are all well acquainted with them and their value.

Our Report on the Delivery of Health Care to Children has finally gone to the printer and will hopefully be in your hands by the end of the calendar year. Implementation of some of its recommendations is already under way, and plans are being made to implement the others.

A policy and statement on national health insurance has been completed and issued after 3 years of intensive effort. While it satisfies neither the advocates of total socialization of medical care, nor the advocates of the status quo, I believe that it does represent a view of the majority of our membership that changes must be made, that we must maintain an ability to influence these changes, and that the changes must provide options, flexibility, appropriate incentives, and economic feasibility for both the consumer and the deliverer of health care.

Under Academy leadership and sponsorship a Joint Committee on Quality Assurance of Child Health Care has been formed. Financed by a large federal grant, it will develop and test methods designed to assure the quality of child health care.

The first director of the recently formed Department of Community Services has been appointed and has begun to seek new ways in which the Academy can ensure the distribution of health care of high quality to all our nation’s children, as well as to coordinate our present efforts in this direction.

Your officers, committees, and Central Office staff have been active as never before in establishing working relationships with other professional organizations to develop cooperative rather than conflicting efforts to improve the delivery, distribution, and quality of health care for children.

Efforts to include young pediatricians in the Academy and in the formation of its policies, which will affect the world in which they will practice, have been intensified and have borne fruit; we now have 521 candidate members, and their inclusion in the composition of chapter and national committees has begun during this year.

A decision to increase minority group representation at a policy-making level has been implemented, so that minority group members now sit on 11 of the Academy’s 35 committees and chair two of them.

A policy to include consumers in an advisory capacity to appropriate chapter and national committees has been adopted and instituted.

The Department of Government Liaison completed its first year of operation and has been signally successful in increasing and improving communication from pediatricians to government and from government to pediatricians, an advance which we believe will benefit the health care of children.

This has also been the first year of operation of the Committee on Public Information, which has already made significant strides in the field of health education of the public in the interest of improving the delivery of health care to children.

Changes in the size and composition of the Academy have led to an expressed desire on the part of some for representation on the Executive Board on the basis of career or special interest in place of or in addition to the current geographic method of electing the governing body. An ad hoc
Committee on Purpose, Policy, and Structure has been established to study our organization and its operation. This is part of long-range planning, aimed by the Executive Board at maintaining the Academy as an effective and representative institution to enable pediatricians to work best for the welfare of children.

Finally, this has been a year during which your President, Vice-president, and District Chairmen have made extraordinary efforts to increase contact and improve communications between themselves and the Fellows whom they represent; we earnestly hope that we have been successful in doing so.

This is a time of necessary change for the Academy and for its Fellows, as it is for all those engaged in the delivery of health care. It is a time for participation, understanding, and avoidance of preconceptions based on pet biases. That the latter exist is exemplified by the Fellow who has criticised the statement on national health insurance, of which he does not approve, on the basis that it was the product of academicians and salaried physicians, of whom he also appears not to approve. In fact, of the 28 pediatricians who had direct participation and a vote in the formulation and release of the statement, 20 are in the private practice of pediatrics, and two have spent long careers as private practitioners before their recent employment in academic positions.

It is my strong belief that the cause of pediatrics and the cause of children will be furthered only if we limit our disagreements and criticisms to clearly identified individuals and issues, rather than to categories of people with whom we think we disagree because of life choices which differ from our own. In accepting and in exercising the presidency of our Academy, it has been my desire and ambition to promote mutual knowledge, understanding, and tolerance among all its members, be they in private practice, institutional practice, government practice, public health, education or research. In the interest of the children for whose welfare we all work, I believe strongly that we should function as a team of equal and mutually respectful members, each of whom applies his different but equally important skill to getting the total job of pediatric care, education, and research done.

For the future, I hope that we will always remember that most of us joined the Academy as idealistic young pediatricians who were proud to be part of a medical organization which was founded and operated on the basis of ideals. Let us not allow the disillusionment, which seems to come all too often with age and experience, to tarnish those ideals with cynicism, self-interest, or hypocrisy. Instead, for the benefit of children, let us and our Academy continue to nurture our ideals and to encourage and promote those of the young pediatricians who will follow us.

R. J. McKay, Jr., M.D.
PRESIDENT'S ADDRESS 1971
R. J. McKay, Jr.
*Pediatrics* 1971;48:984

<table>
<thead>
<tr>
<th>Updated Information &amp; Services</th>
<th>including high resolution figures, can be found at: <a href="http://pediatrics.aappublications.org/content/48/6/984">http://pediatrics.aappublications.org/content/48/6/984</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Permissions &amp; Licensing</td>
<td>Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: <a href="http://www.aappublications.org/site/misc/Permissions.xhtml">http://www.aappublications.org/site/misc/Permissions.xhtml</a></td>
</tr>
<tr>
<td>Reprints</td>
<td>Information about ordering reprints can be found online: <a href="http://www.aappublications.org/site/misc/reprints.xhtml">http://www.aappublications.org/site/misc/reprints.xhtml</a></td>
</tr>
</tbody>
</table>
PRESIDENT'S ADDRESS 1971
R. J. McKay, Jr.
Pediatrics 1971;48;984

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/48/6/984