SCA Past President Interview Series: Richard Davis (May 6, 2023)		
Start Time	End Time	Text
00:00:00:00	00:00:34:14	Welcome to Series one and a series of oral histories of the Society of Cardiovascular Anesthesiologists. I'm Glenn Gravlee, a member of the SCA Task Force on History, as is my interviewee, Dr. Richard Davis, a long time friend and colleague, as well as a past president of the Society of Cardiovascular Anesthesiologists. Let's start with the beginnings of getting into anesthesia.
00:00:34:14	00:01:12:09	Rick, When you were in medical school, did you come across any influential folks that helped you direct you towards anesthesia as a career choice? Well, I think it's a fairly common story given, but I did not actually find anesthesiology until into my senior year in medical school. And in many ways, it was during the clinical rotations and the influence of the people that you worked with during those rotations that, at least in my case, was strongly influential toward a specialty decision.
00:01:12:11	00:01:49:11	I had come into the clinical rotations thinking probably some surgical discipline. As a senior, I took an elective in theology at San Francisco VA Hospital. Robert Hickey was the chief there, and one of his associates, Marilyn Harper, sort of took me under their wing a bit and I was given significant responsibility. Wonderful interactions with the the residents, enjoyable interactions with the surgery staff there.
00:01:49:14	00:02:30:10	And I think for better or for worse, hopefully for better. I think Bob and Maryland were the two primary first influencers. My second rotation was in anesthesiology at the University Hospital, and I had the opportunity to work with some of the luminaries from that very well-known department during that clerkship, and it simply reinforced the decision. So by the time I was ready to graduate, I was pretty firmly convinced that it was going to be a year in internal medicine, followed by anesthesiology residency.
00:02:30:12	00:02:56:10	Now, at that time, did one have to match into anesthesia as a senior in medical school or more just an internship? It was it was an internship match. I remember that. But I my impression was that most of the residency selection was pretty much at the discretion of the department chairs and I don't think there was an organized match as such as there is now.
00:02:56:12	00:03:14:10	I believe you're correct. And in fact, I remember being offered a position at in a residency at the place where you went to medical school in the chairman's office. Dr. HAMILTON That was that was pretty much pretty much the drill. Yes.
00:03:14:12	00:03:50:27	And other people inspirational names that you came across at UCSF. Well, one one real standout is a person that has not gotten a whole lot of historical attention in in the field. But he was an outstanding clinician and outstanding teacher. Bob Will Lincoln, that's his name. And I remember doing doing cases with Bob where he was my attending and basically functioning as an anesthesia resident, as a senior in medical school with more straightforward anesthetics.
00:03:51:00	00:04:20:01	I did a number of cases with Dr. Hamilton, the department chair, and William Hamilton. William K Hamilton Yes. He was also a outstanding clinician and a very, very capable clinical teacher who used to chide me about being sort of ham fisted with my spinal techniques. But other than that, I guess it did. Okay. Tell us how you arrived at your residency program decision.
00:04:20:03	00:04:52:05	Well, it turns out that the Air Force has a board of senior physicians that make assignment recommendations for people moving from internship into their residency positions. And it turns out that the department chair, Wilfred Hall, was a fairly vocal member of that board. And I guess he liked the look of what he saw in me because he made a strong argument that I should not go to UC San Francisco, but I should stay.
00:04:52:07	00:05:25:20	Whether you want to attend and tell whether I wanted to or not. Yes. And me being a lowly captain and him being a full colonel, you can imagine which way the answer went. So I proceeded with residency at Wilford Hall Hospital. And how did that turn out? Well, it was it was an excellent experience. My my very first rotation as a resident was in the surgical intensive care unit, a well known intensivist anesthesiologist, John Downs was doing his very plan at that point in time.
00:05:25:23	00:05:51:08	So I got to take advantage of two months of his tutelage to get started. We had a number of excellent clinicians, many of whom were fresh out of their own fellowships, doing their very plan service pay back in the Air Force, which involved the army or the paying for your medical school, and then you having to pay them back with time right?
00:05:51:10	00:06:35:14	Yes, That's that's basically what that amounted to, Right. Yeah. The the very plan was for people who got a deferral of their essentially physician draft during the Vietnam era so that they could do a specialty program. And then in return for that deferral, they had a certain amount of active duty that they had to perform. But to two individuals stand out for me in in those years, one was a surgeon, a cardiac surgeon, Kerry Aikens, and the other is one of our one of our colleagues, John Waller.
00:06:35:16	00:07:07:06	And excuse me, they were they were both, I think, very influential in my decision to move toward cardiac anesthesia as a subspecialty after I finished residency. And they were both very, very helpful in making contact for me with the cardiac anesthesia program at Massachusetts General Hospital. And so that's because both of them wound up going back. Both both of them had their training there.
00:07:07:08	00:07:35:02	John went elsewhere. John went to Emory after he got out of the out of the Air Force. And Kerry did go back to the Harvard system to MPH. So. And how did you get involved with the society and when did you get involved with the Society of Cardiovascular Anesthesiologist? I think I learned of the CIA first in early fall of 79.
00:07:35:02	00:08:06:03	So shortly after I'd returned to San Antonio for finishing my two years in the fellowship. And I joined the society in the spring of 1985 in preparation for that second annual meeting of the Society at Keel Island. And I actually submitted and presented an abstract of some research work that I did while a fellow at the that Kiawah Island meeting.
00:08:06:06	00:08:34:06	And I liked what I saw. I was sort of moderate early turned off, I guess, by the existing structure that was a fairly cliquish group of 50 individuals and literally someone had to die or quit the field in order to bring someone new into the group. I saw a totally different orientation in the way the SCA presented itself.
00:08:34:08	00:09:15:01	Much more inclusive, much more welcoming. And so I just I really enjoyed that meeting and and took root. The next interaction was at the San Francisco meeting, the third annual meeting, and there was a solicitation at that meeting for people interested in joining standing committees of the society. And I was thinking of myself as heading toward academic medicine at that point, wanted that kind of an experience and volunteered to be part of the program committee, chaired at that point by Paul Barish.
00:09:15:03	00:09:57:03	Paul and I got along quite well. So I was part of the program committee for a number of years under Paul as well as or under under Paul. And then when Paul moved into the president elect role, Earl came in as program chair. And I worked with with Earl for a couple of years when he then advanced also into the president elect position and my associate, Dick Buckingham, who had been on the program committee since its inception, became a program chair for two years and then I succeeded Dick after after he moved on.
00:09:57:06	00:10:29:26	And then how did you progressed from there to being an officer in the SCA here? Well, it was interested. I hung around and I expressed my interest to other other board members. And I was I was nominated for secretary, secretary, treasurer position and was successful. We're getting up to about within eighties nineties were were edging into the nineties.
00:10:29:29	00:10:59:14	Great point. Yeah and I was I was secretary treasurer of the society for two two year terms and before that you were the program just program chair for four. It was a two year cycle as well. Okay. So I'd had two years as program vice chair and then chair for two years and then served the 2 to 2 year terms as Secretary Treasurer.
00:10:59:16	00:11:34:19	Now, was wasn't that a little unusual to do two terms as Secretary Treasurer or it was there was some some other candidates for the president elect position that the board and the nominating committee felt were deserving of the nomination. So there was there was kind of a line developing, I guess, in that position. And so I, I did the second term as secretary Treasurer thinking that I would be in a stronger position for the nomination.
00:11:34:22	00:12:08:06	Subsequent to that, and I'm forgetting the exact mechanism, but it occurs to me there was a year's hiatus in my service on the board after my second secretary treasurer term and then I was the nominee for the President elect position from the nominating committee. So you, you succeeded who as President elect Micronesia was president? I was President elect under Mike.

00:12:08:09	00:12:37:29	Now, while you were president. A number of important issues were addressed and changes made that have a strong impact factor, I would say, on the society to this day. Let's talk about some of those. Sure. First one comes to mind is the creation of our website. So tell us how that situation came down. Well, let me back up from that just a little bit.
00:12:38:01	00:13:29:07	Sure. I had what I considered really three pretty much top priorities as far as incoming president elect and then president. One of them was the creation of the website. The other was dealing in other ways, dealing with the the processes around accreditation of training programs in cardiac anesthesia. But the the hot button issue at the point when I became president was our interaction with the American Society of Echocardiography around a certification process for practitioner owners in echocardiography.
00:13:29:10	00:14:06:02	It was a hot button for several reasons. One is, I think there was a rightful perception on the part of some SCA members that they were at risk of not being able to do perioperative echo because the the echocardiography community's approach to certification didn't didn't really allow an entry for other than cardiologist fit in and it didn't really have much of a focus on perioperative or trans esophageal echo at all.
00:14:06:04	00:14:55:09	So and so there was a bit of a clamor in the cardiac anesthesia community, a bit of a clamor to do something developing and this was during my term as president. I think several of his acquaintances expressed that to him. And he actually appointed a after a long board meeting. He appointed a task force that became chaired by Saul Aaronson to look at developing through nationally recognized standards and a certification examination process for perioperative, specifically trans esophageal echocardiography, and that that underwent a very rapid development.
00:14:55:11	00:15:33:28	And as you know, in in the ACA, just as a precursor to the ACA meeting in 97, there was a a test run of the initial examination something like 100 people took. That seemed to be a resounding success. And plans were then made to run the first formal examination the subsequent year in 1998. So how did we get from the formation of the task force to the acceptance of a test run and implementation of a real examination?
00:15:34:00	00:16:03:23	Well, it was it was a process that was linked to the National Board of Medical Examiners. They pretty much vetted the exam and vetted the questions. The before statistical analysis of the returns and all that. And so that that first 1997 exam was a a test of the exam and a test of the process to make certain that it was meeting the validity standards of the India meeting.
00:16:03:26	00:16:53:13	Was there pushback from American Society of Echocardiography or other cardiology groups about anesthesiologists being eligible? At the same time, there was a group that was a spinoff from the American Society of Echocardiography called Ace Exam, and they realized very quickly when they saw the the SCA exam that we were serious about a certification process for Perioperative Echo. And for some reasons, and I'm not sure I fully understand there were some friction points between members on the SCA side and members on the Israeli side around that issue of the certification exam.
00:16:53:15	00:17:53:08	And how do you think that got resolved? Well, I'm pretty sure that a big step for it was was something that I implemented in probably early winter of 98 when I asked for an ad hoc meeting of three people from the choreography echocardiography community and three people from anesthesiology. We six met down at the Chicago O'Hare Hilton. And over the course of a day, we ironed out most of the most of the fundamental ideas that led to the formation of the current organization called the National Board of Echocardiography that is functionally kind of bifurcated between traditional general echocardiography and perioperative trends.
00:17:53:08	00:18:35:04	Esophageal. And I think that was, I think, fairly persuasive with the SCA board is part of that negotiation. We set up bylaws so that I believe its 75% majority requirement from the NBE board to change their bylaws. And we had 80%. We had three anesthesiologists on the board and they couldn't couldn't achieve the needed percentage without at least one of the anesthesiologists being cooperating so.
00:18:35:06	00:19:05:05	Well, that was an astute way of organizing. It sounds like a good piece of diplomacy on the part of you and your colleagues who, other than you were key figures in this ECHO initiative from our side, from the well, is there many? I think Daniel Tais is probably one of the more widely recognized. I think the contribution of Saul with his task force and putting together on really a very compressed time schedule.
00:19:05:07	00:19:44:25	That echo exam was a key part of the success, if only for demonstrating the sincerity and pushing the process. Bob Savage was key. The whole group that was around the the mid-year Echo meeting that was organized. So it was it was by no means an individual effort at all, you know, widespread support. Was there a role for the development of the comprehensive echo course in this evolution, do you think?
00:19:44:28	00:20:27:21	Actually, it was a it was a point of strong interest on the part of the echo community as well. The cardiology side, cardiology side, because they they recognized the strength of the meeting and the interest and also the potential remunerative aspects to it from tuition, etc.. The organizers of the meeting, Bob Savage, etc., recognized that they both needed and wanted expert names in echocardiography from the cardiology community, in the surgical community to participate in the meeting to lend strength to the meeting.
00:20:27:21	00:20:59:06	So there was there was mutual desire to make that meeting successful. And none of the none of the friction that I sensed around the certification exam really existed, I think in the in the interaction specific to the echo meeting. So, yeah, there was some some other major society interest in seeing that, that at that meeting was successful. And do you think that smoothed the path towards the collaboration between the cardiologists and sociologists?
00:20:59:06	00:21:32:29	And for the NBI? Well, I think that there were senior leaders in the echocardiography society and I'll call out mid layman as one who recognized that the multidisciplinary approach approach was the correct way to go. And I'm not sure that it was I don't think he was he was part of the source of the of the early friction.
00:21:33:01	00:21:59:03	Do the do not think he was in fact, he was just he was a already convert when we started talking about collaborative approach to the to the certification exam. Well, among other things, it seemed that it wasn't all that convenient for cardiologists to be able to drop everything and come to the O.R. when the surgeons needed them to be there.
00:21:59:05	00:22:35:10	There is that and the traditional approach to echocardiography in the cardiology community is to have a a technician actually perform the ultrasound exam and then to to review the videos from the exam after the fact. And that, of course, doesn't fit very well in the operating room or the best approach as a physician actually performing the exam and interacting directly with the surgeon from both a diagnostic and a a a technical outcome of the procedure perspective.
00:22:35:12	00:22:58:23	So it's kind of a natural, natural pairing for cardiac anesthesiology to be the the primary resource in the operating room. Well, I don't know about you, but I in the early days, I remember having to maneuver around a cardiologist and cardiology fellow just to get to the patient to do what I needed to do. And I had the same experience.
00:22:58:23	00:23:28:18	Yes. All right. Anything more about that Echo initiative or you want to move into? Well, I think the good news is that the National Board of Echocardiography is still alive and well and progressing. And so it it seems like that 20 year old partnership, a 20 plus year old partnership, is functioning well. I think it was a great step forward.
00:23:28:21	00:23:41:15	So websites and the Internet were we're coming on strong as you were rising to SCA leadership. So they were. How do we respond to that?
00:23:41:18	00:24:32:16	Well, we we didn't have a web presence until right around the year 2000 at the midyear board meeting during my last year as president. I convened a half day sort of seminar symposium talking about web interactions with the intend to getting a board proposal to sponsor a an official ACA website. I invited David Rich from Mt. Sinai, who had expertise both in cardiac anesthesia and in web development and Internet management, and he was a guest at the symposium.
00:24:32:21	00:25:07:14	We talked all all for a half a day, intensely about what it would look like, what it would cost, how we'd go about it, who would manage it all. All of those various and sundry questions came out. But at the end, the end of the day, so to speak, at the subsequent board meeting, there was a a motion made and unanimously passed that supported and created some seed funding for starting web development for the ACA.

00:25:07:16	00:25:45:04	I invited David to be the initial webmaster, if you will, to undertake the initial organization of it. And his idea, which I strongly supported, was that it shouldn't be necessarily the the docs and the membership of the SCA that supported it needed a professional approach. And so we looked around at various web management companies and came up with a leading candidates and they would work with them for getting the name of the company at this point.
00:25:45:06	00:26:20:19	Kind of an interesting anecdote about the the development was this. This was right after I had rotated out of the presidency and then Tais was then president. So it was midyear of 1999, looking for a name for a website. And we were all a bit bummed and chagrined to find out that a sitcom had already been taken by the Society of Crystallography of Australia.
00:26:20:21	00:26:47:20	They have since partnered with New Zealand and now they're called Schanzer. But anyway, but one day I was I was just browsing around the web and I was on the ACA website. Of course, that's ACA HQ. And I thought, Hmm, a little bit of sleuthing. And as far as I could tell, ACA HQ was an available URL name.
00:26:47:22	00:27:09:12	I got on the phone and called Dan. Hey Dan, what do you think of this idea? We could be ACA HQ dot org. And he said, Take it. So it. My guess is the NSA became ACA HQ for probably exactly, probably similar reasons.
00:27:09:15	00:27:40:22	Well, the other thing that happened that was I think, a big step forward during your presidency, or at least during your term on the executive committee, was the beginnings of pursuit of cardiothoracic anesthesia, fellowship accreditation. Talk to us about that a little bit. Well, it turns out that that's a fairly deeply rooted discussion in SCA from early years.
00:27:40:24	00:28:24:25	And Jerry Reeves had spoken a number of times about an accreditation process for people being trained in cardiac anesthesia at one of our meetings and tell us what accreditation actually means. Well, there's there's three terms really that commonly get sort of slurred together. Accreditation certification, and then the local process of credentialing and privileging at a local hospital. But accreditation fundamentally is the standard association and approval formalized approval of training programs in a given discipline.
00:28:24:27	00:28:58:26	And certification is the process of of testing and certifying that a given physician who has gone through a training process is accomplished in actually providing clinical care in that discipline. So there are two, two separate things. One is training and one is individual physician related demonstration of competency, if you will. And you have to start with the accreditation, I imagine.
00:28:58:29	00:29:40:04	Well, there is a prescribed process, as I learned with this, through the American Board of Medical Specialties, where a emerging discipline will first seek accreditation for their training programs and then having developed a number of accredited training programs and people who have done their training through them, then it's appropriate to begin the steps involved in developing a a bona fide certification examination process for the individual practitioners.
00:29:40:06	00:30:29:10	So so the initial discussions in SCA, Jerry Reeves, as I mentioned, Fauzia Stephanos, who's involved in it about accreditation, sort of fell on deaf ears. To a large extent at the SCA board level, which didn't. So by the time of early eighties probably, right? Yeah, Yeah. When I became President elect, 95 to 97 were my two years there, and I think it was at the midyear board meeting in 1996 at the Florida hotel at one of the board meetings.
00:30:29:12	00:30:56:00	I brought up the discussion of accreditation of fellowship training in cardiac anesthesia. The room became very silent. I felt as if I had maybe sprouted a third eye on my forehead because it was clear that there was not not anything like majority support on the board at that time, for yet there were voices of Jerry Reeves and Fuzzy as to find those who were.
00:30:56:06	00:31:31:09	There was significant support, but not not enough. Not at the level of the majority of the board. But I was I was pretty persistent about it. You did a lot of speaking and educating of the peace process. I did. One of the one of the first things was in my my first mid-year board meeting as president, I organized this time a whole day long symposium on education in cardiac and a seizure with specific targets of accreditation of training programs.
00:31:31:12	00:32:04:01	Invited a number of guests. It was a very, very rich discussion lasting the entire day and out of the subsequent board meeting actually came a unanimously approved motion with some seed funding to investigate the SCA. His role in developing accreditation standards for training programs in cardiac anesthesia and beginning to walk down the American Board of Medical Specialties pathway.
00:32:04:01	00:33:00:12	In that regard. In 1998, I invited David Leach, who at that point was president of the ABM'S, to give the the President's lecture at the annual meeting. And he basically walked through what I just summarized about accreditation and certification, etc., And was was very complimentary toward the SCA about initiating a process at the board meeting that year. I brought it up again and this time there was a unanimously approved motion to convene a task force specifically designed to move us in the direction of achieving accreditation standards for the SCA, for cardiac anesthesia training.
00:33:00:14	00:33:39:07	I asked, and they accepted Alan Schwarz and Jerry Reeves to co-chair that task force. Alan Allen really took that mission to heart and really pushed it hard. There was a task force membership. I believe you were part of that and Ties was part of that. I can't remember the entire group, but it worked very diligently. The first trial for the approval didn't quite get the reach muster, and so it failed.
00:33:39:07	00:34:08:26	It came back again. And subsequently, what was it, 2006 that accreditation was approved? Something like that. And it kept going. And now there is a certification channel and that only took another 15 years. Yeah, but, but the point is how fast it was. It was an idea that didn't didn't quit and I don't think would have happened without the SCA.
00:34:08:29	00:34:38:17	I think it probably I think it probably would not have because there would have been no no push for major organizational change like that. Right. But but there were there were other influences. I mean, the the Pediatric Anesthesia Society came before us in achieving accreditation and certification. And and they had to play pretty pointed hardball with some of the some of the other societies to achieve that.
00:34:38:22	00:35:08:20	So I think that helped pave the road a little bit. I think the the fact that we had accreditation and that we could pursue some sort of certification process on our own was another piece of the puzzle. And finally, the the resistance seemed to melt away, not totally, but ultimately through a lot of people's good work, including your own.
00:35:08:22	00:35:41:06	Thank, sir. In going over the your president's messages in the newsletter, which is gratifyingly electronically transmitted, I assume, I hope in time for you to get one or two of them out electronically before you departed the presidency through the we did through the website. Okay. We did. Because before that it was all just just mail. So it was it was part of the mail out hard copy only society newsletter.
00:35:41:09	00:36:08:21	But we finally sort of squeaked under the wire and got some of them out. Well, one of the topics you addressed was the New York State Society of Anesthesiologists requested that SCA comment on whether or not it was okay for anesthesia at all to leave the operating room during cardiopulmonary bypass. And you wrote a piece on that, but you were pretty clear to be speaking for yourself and not for the society.
00:36:08:25	00:37:00:07	Well, I hope that was clear. That was my intent because in discussions at the board there were significant and probably justified legal concerns about liability the society might incur if it came out as a society policy requiring anesthesiologists to present. So so we sort of sidestep that, that I was a little bit uncomfortable not saying something. So I used my my soapbox as president, but phrased it hopefully adequately as a a personal opinion, but also around that time, I had been doing a number of program reviews for a group called the American Medical Foundation out of Philadelphia.
00:37:00:09	00:37:48:14	I was part of the cardiology cardiac surgery cardiac anesthesia team that would review a cardiac program and a not universal by any means, but fairly frequent observation among these programs that were all being reviewed because they had problems was the lack of presence of an anesthesiologist in the operating room throughout cardiopulmonary bypass. And then if you look at the practice standards from the American Society of Anesthesiologists, if it's not number one, it's right up there in the top ten of continuous presence throughout anesthetic.
00:37:48:17	00:38:14:29	And so from from that kind of an ethical standpoint, it seemed to me that it was inappropriate for there not to be someone there. And in another common thread that I observed was that there was no apparent subtraction of the time that the anesthesiologist was out of the room from the billing because we examined the financial component of these practices as well.

00:38:15:01	00:38:48:19	And that that should have raised any number of accounting and fiscal red flags. Charging for time when you're not actually providing the service. So that's basically what I said, that that editorial. But I don't recall the specific circumstances that led to the New York Society making that inquiry. Do you have any favorite anecdotes or stories about the SCA that you wish to share?
00:38:48:21	00:39:39:11	That being the case, probably. May I speak freely? Absolutely. It's just between us. Yeah. Well, one of my favorites happened at a Seattle meeting fairly early. I think it was the first time we had a meeting in Seattle where there was a controversy around a president elect position election. During the business meeting, I believe that George Burgess was president of that point in time and the nominee from the nominating committee for president elect was John Waller and one of the previous presidents favored a different candidate.
00:39:39:13	00:40:09:18	And he had collected what he called proxy votes from a substantial number of bona fide SCA active members who, had they been present at the meeting, would undoubtedly have have cast their vote in favor of this other candidate. Bear in mind that the average attendance at the business meetings at the time was probably somewhere between 30 and 50 people for a membership of well over a little over a thousand at that point.
00:40:09:18	00:40:53:25	So it was hardly representative for one. And but the thing that sticks in my mind about that is that George came to the podium. Obviously, he had been tipped off about what was being planned and he just made a point blank statement very calmly, but very directly at the beginning, stating that the SCA was a corporation incorporated under the laws of the state of Louisiana and in the state of Louisiana, proxy votes are not allowed for corporate activities such as that form in the discussion and proxy.
00:40:53:28	00:41:43:25	And I thought then that was quite a remedy to a fairly remarkable demonstration of leadership qualities. Yes, for sure. Well, what do you think are the most important issues facing this society as a subspecialty organization or medicine as a discipline at this point of view, words of wisdom, forth, huge questions and no crystal balls? I think it's it's it's going to be difficult to sustain the momentum and the growth curve of the society through the next 25 years.
00:41:43:27	00:42:36:13	My hope is that the existing level of participation and invention, ingenuity, etc. can be sustained, but how realistic it is to follow the same growth trajectory? I'm not so sure. I think the the development of the ACA Foundation, the support for our research programs are fundamental. I think the existing continued issues around publication may keep cycling back. As we were discussing today at lunch and at some point as to whether we have participated in the journal versus a journal or publish a journal.
00:42:36:20	00:43:12:25	Yeah, I don't pretend to know what the right answer is there, but the the context of the question becomes different when you're talking about the SCA in 1985 with the thousand members and the SCA in 2025 would probably be upwards of 5000 members, probably if not six. Well, you were involved on an a high level in the Organization of Medicine as a whole with the VA, as I recall.
00:43:12:27	00:43:54:28	On a national level, do you have any perspective from that experience or any thoughts about how medicine should be organized going forward that would differ from the way it is now? Yes, I do. And it's it's immediately crossing into the political arena to voice the opinions. But I think that a purely capitalistic approach to the practice of medicine, as one might to some other service industry or manufacturing industry, the the health care model just doesn't fit.
00:43:55:00	00:44:38:03	We're not we're not providers or physicians. No. The the term provider substituting for physician is something that just sort of raises my hackles. So the the financing of health care, I think, ultimately will be better served if a model more like what's commonly seen in Western Europe could be adopted here where there is a the at least base level of care that's universally provided with with access to other more advanced perhaps services.
00:44:38:05	00:45:06:07	If you have the resources to be able to pay for that. So how does a professional society interact with that? We've we've had the debate debated a number of board meetings about the limited positions placed on us as a as a not for profit professional society and how much we can. Yeah, we're not allowed to lobby. Zero is the amount that we can we can do that.
00:45:06:08	00:45:46:13	So I'm just asking for your personal opinion. You know, not speaking on the VA example is a perfect example of what happens when you the VA is annually funded. You under under only very special circumstances can you carry funding from one year over into the next, which makes it virtually impossible to sustain programs over the long haul, especially when it's such a political football and the budgetary uncertainties that come into it that there has to be a firm foundation.
00:45:46:13	00:46:15:10	There. And I'm not convinced that the the traditional fee for service, no fee, no service kind of thing is is that solid foundation for health care on into the future. Which sounds like you're not convinced that the VA model is necessarily the best. It's it's the VA model for care. Once you're into it, the care quality is great.
00:46:15:12	00:46:52:01	But as a management model with annual funding only, depending on the whims of a Congress, that can sometimes move in all direction is is is almost untenable for health care. Well, anything else we should be talking about? Final comments or. I don't hear final comments. All right. Thank you. Thank you very.