

Hillary, Bili, and you: Volunteerism in the Society of Critical Care Medicine

The Presidential Address from the 26th Educational and Scientific Symposium of the Society of Critical Care Medicine

It is truly an honor for me to share my vision of how members of the Society of Critical Care Medicine (SCCM) can work together to open the next millennium, so that the specialty of critical care medicine can be better practiced, become more accessible to patients, and be more widely recognized by those who determine the allocation of healthcare resources. I wish to thank, honor, and, hopefully, motivate the members of this exciting and dynamic organization, and ask you for something very special.

Voltaire, in his book, *Zadig—A History of Fate*, asks the question: "What, of all things in the world, is the longest and the shortest, the swiftest and the slowest, the most divisible and the most extended, the most neglected and the most regretted, without which nothing can be done, which devours all that is little, and enlivens all that is great?"

And Zadig answered,

Time. Nothing is longer, since it is the measure of eternity. Nothing is shorter, since it is insufficient for the accomplishment of your projects. Nothing is more slow to him that expects, nothing more rapid to him that enjoys. In greatness it extends to infinity, in smallness it is infinitely divisible; all men neglect it; all regret the loss of it; nothing can be done without it. It consigns to oblivion whatever is unworthy of being transmitted to posterity, and it immortalizes such actions as are truly great. Time is man's most precious asset.

It has been clear to me for years that the reason I am who I am, and I am in the place where I am, is due almost entirely to a handful of individuals. These people took their most precious asset, time, and molded my career by stepping beyond their normal roles in life. They volunteered to provide direction and inspiration to me as an individual. I would like to recognize and thank those who had such a profound effect on my professional life.

I certainly thank the Creator, Who blessed me with a warm and loving mother and father, and whose guidance established my fundamental beliefs, ethical principles, and drive to achieve.

On a more tangible note, I would like to take you back to 1963, when Gresham Roskamp, my high school football coach and biology teacher, called me into his office to discuss my future with his team. After summarizing the fundamental characteristics of a football player—mobile, agile, and hostile—the coach told me that although I was fast enough, I could not sidestep a free safety if my life depended on it and I was not nasty enough to be on his football field. He had noted my interest in his morning biology classes and offered me a position as student trainer (not running back) on the Ballard High School football team. I learned to care for strains and sprains, blisters and bruises, and cuts and calluses while Coach Roskamp determined my future destiny (I would become a high school biology teacher). My coach volunteered his time to change my life. I enrolled at the University of Iowa, later graduating with a major in science education and biology.

A second person was about to irrevocably change my life—a person who had innate abilities to recruit

volunteers and have them perform in unimaginable ways. In 1969, Vietnam was hot. We had a new draft lottery. I was reclassified as 1-A and drew lottery number 73. President Nixon was about to make me an offer I could not refuse, so I took the only reasonable alternative and joined the U.S. Army to become a light weapons specialist (i.e., grunt). This was volunteerism at its highest! I stood in line to volunteer. I returned from active duty mobile, agile, and hostile, but, in the middle of an academic year, there was not a huge demand for light weapons specialists who could teach high school biology. I found a job as a research assistant in the College of Medicine, Division of Cardiology.

I worked in a peripheral vascular physiology lab under outstanding physician scientists, learning cardiac and vascular surgical skills necessary to create animal models. Dr. Philip Schmid, a cardiologist at the University of Iowa, showed a personal interest in my future and volunteered his time to indelibly change the course of my life. Dr. Schmid supported my application to medical school and assured me of a great career as a cardiologist and physiology researcher.

During my later years in medical school, another volunteer came forward to affect my life. Dr. Jan Smith, a member of this Society, was the director of the medical intensive care unit (ICU) at the Iowa City VA Hospital. I was a fourth-year preceptor under Dr. Smith when he volunteered to spend the extra time necessary to teach a medical student the skills of pulmonary artery catheterization and the integration of basic physiology to clinical patient care. Dr. Smith took the time to shape my career goals and make me consider this new field of intensive care medicine. However, still fascinated with the

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technical aspects of surgery, I entered a general surgical residency at the University of Utah.

Another volunteer stepped forward in my first months as a surgical intern. I was assigned a rotation in the ICU. A new specialist had just been hired by the Latter Day Saints Hospital to fill a new, but unproved role as an "intensivist." Dr. Terry Clemmer, on the second day of my ICU rotation, disassembled an MA-1 ventilator, tossed the pieces on a table, and told me he would be back in 15 minutes—"put it back together, test it, and make it work." Over the next 6 weeks, Dr. Clemmer dedicated his time and energy and changed my life. I now had a clear vision that I would be a surgeon and an intensivist and combine the technical challenges of surgery, the intellectual challenges of critical care, and the educational rewards of teaching.

Later in my residency, the late Dr. Bruce Houtchins exposed me to the surgical physiology lab. In his volunteering efforts and countless hours of mentoring, he focused my lifelong research interest in acute respiratory failure and monitoring of oxygen transport. Early in my fifth year of surgical training, Dr. Houtchins introduced me to another person whose leadership, vision, and unending pursuit of excellence again changed my life.

Dr. Joseph Civetta offered me a fellowship training position at the University of Miami if I could get a National Institutes of Health research training grant to cover my salary for 2 years. I said, "Sure, how do I get that?" Dr. Civetta stepped forward, volunteering his time and special attention to get that grant in less than 6 months. He sponsored my membership in the SCCM, and the next year, he became President of this Society.

In everyone's life, there are dozens of people who make a profound difference. These volunteers, Mr. Roskamp, and Drs. Schmid, Smith, Clemmer, Houtchins, and Civetta, not to mention Richard Nixon, volunteered their time and personal effort to change my life. It is this *spirit* of volunteerism that I would encourage each of you to embrace wholeheartedly in order to better our Society.

I want to mention one of my life's heroes, Hillary, not the First Lady, but Edmund Percival Hillary, a New Zealand sheep farmer who was born in

1919. He and Sherpa Tenzing Norkay were the first climbers to conquer Mount Everest in 1953. Later that year, he was knighted by Queen Elizabeth. When asked why he climbed Everest, he responded, "Because it was there."

As President of this Society, I feel very humble in asking you to give of your most precious asset. Today, I am challenging you to volunteer your time and energies to the SCCM, not because it is there, but because it is important; not because it would benefit you, but because it would benefit all of us; not because of an anonymous patient, but because that patient may be your family member or loved one. We are approaching 9,000 members in this Society. My goal for the next year is to encourage our 9,000 members to become 9,000 active members—not for the good of the Society, not for personal gain, not for financial or political rewards, but for what former President Tom Rainey calls "the guy in the bed."

In this time of upheaval in the business side of medical practice, we have learned to be efficient, cost-effective, and frugal within our resource limitations. Likewise, in this Society, we must be aware constantly of the use of our most precious asset—time. We must learn to avoid distractions caused by a media "flash-in-the-pan," and yet stay innovative, imaginative, and timely. Our volunteer resources need direction toward membership needs that are constantly changing. Our leadership must help us to use our precious volunteer resources wisely by retaining our focus on carefully defined goals and objectives within our strategic plan.

What are these goals and objectives?

- We have spent the last 3 months reorganizing SCCM's committee and division structure, not for the purpose of change, but to involve more members in the active business of the Society. Committee member terms were restructured to bring new blood into our working volunteer committees. The leadership of these committees has been restructured so that we can focus our goals and objectives and develop a plan consistent with the vision and mission statement of this Society.
- To help our leaders, we will reengineer our leadership training program, with the goal of

bringing the information and tools necessary to help our volunteers grow into the leaders that will keep this Society viable in the next century.

- The leadership of this organization will revitalize the strategic planning process begun by Dr. Carolyn Bekes. This process will, for the first time, integrate detailed information gathered from our membership with specific goals and objectives developed by each of our volunteer committees and divisions. Dr. Margaret Parker has volunteered to lead this process.
- This year we will complete our response to the need for information regarding the safety and efficacy of pulmonary artery catheterization. The December 1996 consensus conference on this subject, skillfully engineered by Dr. Robert W. Taylor, will publish its summary findings in *Critical Care Medicine* this spring. It will publish further details of the conference in *New Horizons* this August. In addition, Dr. Taylor has taken the important questions, raised at the consensus conference, to a number of other organizations with interest in critical care across North America and Europe. He is exploring, with other organizations and the National Institutes of Health, research funding for the definitive answers to questions regarding this technology.
- In 1997, we will focus our resources to provide the infrastructure for the most comprehensive critical care management data system ever conceived—Project IMPACT. With the help of our partners in this endeavor, Pharmacia-Upjohn and Tri-Analytics, and under the committee leadership of Drs. John Hoyt, Arthur St. Andre, Chris Farmer, and Ms. Connie Jastremski, we will advance an aggressive plan to populate this database and provide information to our membership regarding the efficient and cost-effective management of intensive care practice.
- We have responded to the constructive criticism by our members of our showpiece educational

Symposium, and this focus has resulted in the 1997 Symposium being what I consider to be one of the best educational programs conceived by this Society. This program was engineered by Dr. David Porembka and his Program Committee volunteers. And we are going farther. In 1998, you will see a dramatic restructuring of our educational Symposium, which will be designed to meet the needs of all healthcare workers in the rapidly changing field of critical care. The 1998 program is cochaired by volunteers Dr. Fred Ognibene and Dr. Anthony Suffredini.

- In the next year, we will take the Fundamental Critical Care Support course to the world. With the help of the course founder, Phil Dellinger, Dr. David Powner has volunteered to chair this subcommittee. The course will be delivered state by state, chapter by chapter, and country by country to teach the basics of early critical care management. I believe that this course will rise to the stature and acceptance of Advanced Cardiac Life Support, Advanced Trauma Life Support, and Pediatric Advanced Life Support and become one of this Society's premiere educational programs.
- In 1997, we will establish a task force to flesh out the operational details of the SCCM's Medallion program for ICU verification. Just as the American College of Surgeons has established a successful verification program for trauma centers, we will establish criteria and verify the capabilities of ICUs. I believe that this voluntary program will solidify the concept of multidisciplinary critical care, directed by qualified intensivists, in the minds of hospital administrators, regulators, and healthcare payers.
- The Membership Communication task force, headed by Dr. Peter Angood, was formed to improve our communication and to define and prioritize services to be provided by this Society to you, our members. This task force will

make operational recommendations to our Strategic Planning Committee for implementation in the coming year.

- The Coalition for Critical Care Excellence, under the leadership of Steve Emery from the Hewlett-Packard Company and Dr. Tom Rainey, is in the process of defining future critical care through its exciting project, "Critical Care: 2010." The Coalition, this innovative group of SCCM practitioners and industry representatives, sponsors the Clinical Critical Care Investigation Network chaired by Dr. Jim Calvin. The Clinical Critical Care Investigation Network is the established research arm of the Society and is in the final stages of developing protocols to explore common, yet unanswered, clinical issues.
- Dr. Dennis Greenbaum and the Board of Regents of the American College of Critical Care Medicine are being charged with the task of redefining the fellowship criteria to make the College more accessible to our membership. Your College continues to labor to develop guidelines and practice parameters that are rapidly becoming accepted across medical organizations and within hospitals.
- The Chapters program of the Society, conceived by Dr. John Hoyt, is growing and providing our message of multidisciplinary critical care at the regional, state, and local level. The Chapters provide an ideal entry point to Society members who want to volunteer and become active at all levels of this organization. Dr. Howard Corwin chairs the 1997 Chapter Committee.
- We continue to build our relationship with the Joint Commission for the Accreditation of Healthcare Organizations. Under the leadership of Dr. Tom Rainey, we are developing quality indicators by which to benchmark critical care practice. The Quality Indicators Committee, chaired by Dr. Karen Wendelberger, is working closely with the Project IMPACT Steering Committee and the Joint Commission on this project.

- Former SCCM President, Dr. Russell Raphael, is spearheading our efforts to gain political clout with the American Medical Association (AMA). Currently, your Society has representation on the AMA Current Procedural Terminology Editorial Advisory Committee, and the AMA House of Delegates. These representatives work closely with our Public Policy Committee, chaired by Dr. Clifford Deutschman, and the Reimbursement and Managed Care Committee, chaired by Dr. George Sample.
- SCCM's International Liaison Committee, under the leadership of Dr. Vlad Kvetan, has catalogued all known intensive and critical care organizations around the world. We have pledged that our Society will not be so parochial as to limit our view of critical care to that of the United States or North America. Rather, we will reach out to establish communication and build alliances around the world. We will offer our resources and welcome the participation of all nations in the interest of improving the practice of critical care medicine. Former president, Dr. Ake Grenvik, will chair this growing and important committee.
- Finally, I have designated 1997 as the year of information technology for the SCCM. We have revamped our computer hardware, upgraded our local area network, installed new PC software, and are in the process of rebuilding our electronic backbone in Anaheim. Dr. David Crippen chairs our newly enlarged Electronic Communication Committee. I have charged this committee with a complete remake of our presence on the Internet. We will develop the finest World Wide Web pages available to provide our membership with timely and useful information from the Society, as well as links to all known critical care information sources. We will explore innovative ways to make critical care list servers informative without being excessively burdensome to the subscribers. We will provide on-line

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membership services and expand the publication features that are suitable for the Internet. In short, our goal is to be the first place you will look for information on the Internet. Electronic transmission of information, by E-mail or other means, will become your first line for timely communication with our full-time staff and our volunteer leadership.

This has been only a cursory overview of the important activities of your Society. More than 53 committees, subcommittees, task forces, and boards work within six divisions. Moreover, there are over 400 volunteer leaders in a society of nearly 9,000 members—the equivalent of 4.5% involvement. I ask you, what could we do with 20%, 30%, or 40% involvement?

I mentioned Sir Edmund Hillary and his vision of conquest. I have spoken of volunteerism within this organization but what of Bill?

In my younger days, I was an active mountain climber. Bill is a friend and companion who taught me about risks, volunteering, trust, cooperation, and team work. Bill, now an academic theologian, was a classmate and co-student advisor with me during my undergraduate college days. We often shared dinner together and afterward would spend hours debating philosophy—he, the religious scholar, and I, the logical scientist. One summer Bill taught me the fundamentals of rock climbing: 1) always set a good belay; 2) never more than two on a rope; and 3) the leader never falls. I did okay with rules one and two, but unfortunately, I forgot rule three. I took a 20-

foot fall in the middle of a granite face. As I plummeted down the rock, I felt the rope tug and heard the unmistakable sound of a piton snapping out of the crevice, then a second and a third. I was falling head first, out of control, and gaining speed; he was on a six-inch granite ledge, loosening the belaying rope. As I tumbled past, I heard him say, "Don't worry, I've got you." The nylon rope stretched tight as I crashed against the rock. My 20-foot fall turned into 40 feet as Bill gradually tightened his belay and slowed me to a stop 20 feet from the ground.

This, my friends, is trust. Belief that one has the knowledge, the skill, the ability, the judgment, the foresight, the concern, the integrity, and the desire to do what is right in a given situation. Bill showed those characteristics and I trusted him with my life.

Who are the stewards we are to trust to look after our precious volunteer time? Elected leaders; Council and Executive Committee; appointed volunteer leaders on our committees, task forces, and boards; and the paid professional staff in Anaheim, whose commitment, dedication, and long hours make the operation of the Society possible. These are the people we must trust and hold responsible for the wise allocation of our volunteer time. These are the people who will need your help during the following year. I hope you will trust these leaders to see that your volunteer work will not be wasted, that your skills and talents will be utilized appropriately, and that you will be placed in positions for which you are best suited.

There is one more volunteer who has had a profound effect on my life

and who this Society owes a huge debt of gratitude. For enduring my long hours in the office after patient care is done, my travel to countless meetings during weekends off the hospital call schedule, and my missing more dinners and social plans than I can remember because of conference calls and preparation for Society affairs—we owe our gratitude to my climbing partner, sailing partner, crew, first mate, captain, travel planner and companion, my closest friend, and the love of my life, my wife, Nancy St. Clair.

Cooperation, trust, teamwork, volunteerism—characteristics that make this Society what it is today—the largest multidisciplinary organization in the world dedicated solely to critical care.

In conclusion, I want you to know that I am aware of your time commitments. Each of us has family, relatives, and friends; each of us has a career, with paperwork, patients, and problems; each of us has personal interests—arts and humanities, recreation and hobbies. Each of us has a mountain to climb. Whether it be the Rockies, the Alps, the Andes, the Himalayas, or the mountains of paperwork on our desks, the challenges are there. Each of us is going to be that guy in the bed.

I, like you, have recognized that there is a better way to care for the critically ill and injured patient and that the supreme goal of this organization will be to do our best for the guy in the bed. Volunteering your time now can and will make a difference.

Loren D. Nelson, MD, FCCM

1997 President

Society of Critical Care Medicine