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# Common Sense and Surgical Research

Melvin A. Block, MD\*

Surgical research can provide critically needed information, both in clinical and experimental settings. Our institution has been fortunate in that large numbers of patients have permitted us to gain perspectives of both common and unusual disease states, a broad comprehension of their clinical course, meaningful reviews of effects of surgical treatment, and prospective studies of the influences of new surgical procedures. To experience is to know. Yet the acquisition of such experiences requires careful, time-consuming analysis. For example, histologic features indicative of neoplasia in certain endocrine lesions do not correlate with their clinical behavior. Common sense dictates that facts speak for themselves, and clinical management must be appropriately altered.

It is hoped that the incentive for clinical research is not and will not be compromised by regulatory invasion of the time and attitudes of physicians. The insidious and increasing constraints on time and effort by bureaucracy speak to the contrary, however. Is it common sense to require the childlike discipline of mandatory signatures that confirm that a physician actually visits his patients in the hospital or that a treatment which is also indicated elsewhere in the record was actually performed? Common sense dictates that time expended on such activities must be subtracted from more productive efforts, such as clinical research. On the other hand, reckless spending policies of government, in part, lead the young physician to assume that money flows from a bottomless spring and that multitudes of expensive tests are necessary for patients or for research.

Federal policies and activities during the past four decades appear to have enormously altered attitudes and the atmosphere in research and medicine as a whole. The attitudes range from an outlook that any problem can be solved if only enough money is expended to dominance of the dollar rather than scientific matters in patient care. Economic instability in recent years has particularly played a role in deteriorating patient-physician relationships. Does this make common sense?

Henry Ford Hospital has again been fortunate in recent years to have received funding from the Ford Foundation for experimental research. Some of the fruits of that support are evident in the reports of surgical research in this issue.

Studies designed to answer specific technical problems as well as those dealing with fundamental issues are reported herein. In particular, these papers illustrate major ingredients for research—people with ideas, ingenuity, an infinite capacity to work, as well as financial support. It must be realized and common sense requires that in this age private support must be supplemented by governmental resources in order to permit significant inroads into fundamental problems. Common sense continues to be necessary to ensure useful studies.

Clinical surgery has made tremendous advances in the past five to ten decades. The annual reports of the Department of Surgery of our institution mirror these changes, as evidenced by tabulations of operative procedures. From listings particularly of excisions of small lesions in the twenties to the first heart operations in the early fifties to the sophisticated vascular and heart operations currently performed, these developments can only be considered as evidence of miraculous change. Chapter Ten of *Surgery in the United States, A Summary Report of the Study on Surgical Services for the United States* is a revealing and somewhat surprising accounting of advances provided by surgical research since 1945. From personal experience, there is practically no operative procedure I now perform which is identical to that which I was taught. Nevertheless, further reflection can convince us that we are really still in the dark ages relative to potential advances in the surgery of transplantation, malignancies, cardiovascular disease, trauma, ensuring safety of all surgery, etc. Common sense will be required in the development of future individual and national priorities to provide necessary incentives and resources.

Questions are now being raised as to how and when new surgical operations should be applied clinically. Must all new operations be tested exhaustively in animals first? Logic and humanitarian factors indicate that this should be the case, although experience has demonstrated that species differences and other variables do not always permit this. Clinical trials require great care in design to be effective. There is a fear that excess regulation will stalemate surgical research and progress. The potential impact of government here is inestimable. The reduction of the level of research from the sophisticated and unusual to the mediocre and ordinary must be prevented. On the other hand, rigorous attention to disciplined research must be assured. Again, may common sense prevail!

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