I Promise to Be the Best Surgeon

Remembering Claude H. Organ, Jr

Nikole A. Neidlinger, MD; Rose B. Ganim, MD; Jessica E. Gosnell, MD

Ironically, Dr Claude Organ passed away only hours prior to our 18th annual department dinner, a tradition started by Dr Organ to celebrate the graduation of his chief residents and to welcome the incoming residents. It was with laughter and tears that we as his trainees remembered him that night. Those of us who were fortunate to train in his program knew from the start that the man was a legend; after all, he was the reason most of us chose the residency program. Dr Organ had been an icon for generations of young surgeons, with countless editorial positions and invited lectureships around the world. Many of us had sat in his office in silent amazement as he casually answered phone calls after phone call from world leaders of surgery (many of whom we knew of only from textbook titles and meetings) as they unceremoniously made the big decisions, exchanged jokes, and selected fellows and junior faculty. When with Dr Organ, the icon of American surgery, we felt like small pawns in the chess game of surgery. We also felt very privileged to have a master of surgery as our chairman.

Despite all of his accomplishments, Dr Organ would repeatedly tell us that his legacy would not be the book chapters, articles, leadership positions, or named lectures. This puzzled us, for we knew, as most do, about the 300 plus scientific articles he authored, the barriers he broke, and the organizations he served, including his position as President of the American College of Surgeons. His legacy, he said, was us—the residents he trained. In fact, he wanted his presidency to be remembered as the “Year of the Resident.” From Dr Organ, we learned to accept nothing less than excellence, in the way we spoke, behaved, and most importantly, treated our fellow human beings.

Dr Organ taught us from our first day as interns how to speak as surgeons, an art in itself. Each and every morning at 7 AM, our chairman met the residents for “morning report.” Though morning report started at 7 AM, he was quick to remind us that “on time” meant we were there at 6:55 AM, sitting, and quietly prepared. He was always in coat and tie and we always had our white coats buttoned up. At morning report, the resident presented every single patient evaluated by the surgical service the previous day. This included trauma patients, consultations, and emergency department referrals. Occasionally there might be coffee or food offered, but he would remind us “cogitate, do not masticate.” Scholarly thought was what Dr Organ appreciated most.
A typical presentation would go something like this:

“The first emergency room consultation was a 67-year-old man with a 3-day history of abdominal distention and pain, associated with nausea, vomiting, and obstipation. He has had no previous surgeries . . .”

“What? Is there such a word as surgeries?”

“I believe so, sir.”

With disappointment, “There is no such word as surgeries. All care given by a surgeon is surgery. The procedure is an operation.”

“Yes, sir, the patient had no previous operations. On physical examination, the belly was distended . . .”

With pained expression and furrowed brow, “Belly? Belly? Is that the same thing as the abdomen?”

“Yes, sir, I meant the abdomen was distended. We also appreciated on physical examination the presence of a tender umbilical hernia.”

“Did you operate on this person?”

“Yes, sir, we did.”

“Why did you operate on him?”

“Well sir, he was distended, not passing gas, and . . .”

“Why did you operate on him? Is distention an indication for operation?”

Hesitantly, “Um, no, sir.”

“What are the 5 reasons to operate?”

The chief resident interjects Dr Organ’s mantra—“Bleeding, obstruction, localized infection, malignancy, and perforation. Sir, we operated for obstruction.”

Satisfied, “Was it an epiplocele?”

Puzzled look—“The hernia sac contained a segment of omentum, sir.”

Grinning and satisfied, Dr Organ would exclaim, “So it was an epiplocele! Next!”

“Sir, the next patient is an 18-year-old man with 2-day history of abdominal pain localized to the right lower quadrant, anorexia, and fever.”

Dr Organ would then quote Dr Fallis, “Well you know with abdominal pain, it’s appendicitis against the field. Did you operate on him?”

“Yes, sir, and he had perforated appendicitis.”

“Perforated? I’ve never seen a perforated appendix. Have any of you seen a perforated appendix?”

Again, puzzled and thinking it is a trick question, “Um . . . yes, sir.”

Shaking his head, “Well, I’ve never seen one. How did you handle the stump?”

These sessions went on through every patient, allowing Dr Organ to coach us over years how to carry ourselves with composure under less than comfortable conditions. Despite our sustained level of anxiety, tachycardia, and occasional abdominal pain (even stress induced irritable bowel syndrome on occasion), most residents realized how unique it was to have such close contact with a chairman, how invested he was in our education, and how much we learned. And it was this questioning that not only prepared us every day for the oral board exam, but also, and certainly more importantly, taught us the significance of speaking like a surgeon. In the rare event that jargon or slang was used at morning conference, he would ask us without fail why we would choose to “associate with the lowest common denominator.”

In addition to teaching us to articulate like a surgeon, Dr Organ demonstrated by who he was what it meant to be a professional. He was quick to remind us that when we were called by another service for consultation, “Do not ask for the serum selenium level, just go and see the patient.” He constantly instructed us to be complete physicians, rather than technicians. He reminded us that as surgeons we are “internists who can operate.” We were expected to practice medicine, and that we did so “before 8 AM.” It was also instilled in us by Dr Organ that the art of surgery, without being subject to the rigors of scientific investigation, was a lost art. “In God we trust, but everyone else must have data.” During his tenure as chair at the University of California San Francisco-East Bay program, he facilitated the research programs of over 30 residents in prominent laboratories all over the country.

Operating with Dr Organ was a dichotomy of terror and reward. We knew that it was crucial that we were absolutely certain of all of the preoperative patient data, including the most recent set of laboratory values, physical findings, and family history. Prior to operating with Dr Organ, we read, read, and read some more. He was the kind of boss that we wanted to impress because we felt genuinely privileged to work with him.

One year, Dr Organ met with all of the interns separately. Each of us was given a textbook in which he had inscribed “I promise to be the best surgeon” that he dated and signed with us. We all somehow felt chosen, even when we later realized that everyone had been given the same book, with the same inscription. Like all great teachers, he knew how to inspire. He also made us diligent by refusing to accept mediocrity. In the operating room, he taught us the 3 necessities of all good operations: lighting, exposure, and judgment. He taught us to always have an instrument in both hands, to be a 2-handed surgeon. If we forgot, he would remind us “there are no good 1-handed lovers.” Everything he said had the aura of legend and history about it, so that we felt compelled to write everything down for later review. So many of us took to recording his many “bon mots” or clever remarks during conferences, that he began to remind us not to “take notes of what I say, take note of what I say.”

Dr Organ also instilled in us the importance of family. He came to our weddings, knew our parents, and welcomed us into his family and their lives. Routinely, he would ask our spouses, parents, and partners to come by his office to spend time with them, to thank them for supporting us through the marathon of surgical residency, and to discuss with them our career opportunities. Many of us can easily recount conversations with Dr Organ in which he gave all manner of personal advice, usually delivered in surprising and hilarious quips. There are more than a few residents who attribute their marital success to Dr Organ’s influence. He always wanted to ensure that every surgery resident had the support that they needed and that their families were included and supported as well. He often counseled us to “play when you’re tired, work when you’re
Claude H. Organ, Jr, MD, as Resident Advisor

Alden H. Harken, MD

In the late afternoon of Saturday, June 18, 2005, our 7 chief residents convened at the Claremont Hotel in Berkeley, Calif, to celebrate their traditional graduation dinner. News circulated that Dr Organ had just died. One of the chiefs broke down. I was surprised. My guess is that he had not cried in 30 years. Dr Organ was surprised. My guess is that he had not been that smart. He later explained that you want to relate your observations and advice were sensitive and thoughtful but spiked with subtle wit.

On delightfully frequent occasion, Claude would invite me in or drop by my office. He was always embarrassingly sensitive to any potential inconvenience. He loved to talk about local, regional, and national surgical issues. He also delighted in sharing his liberal political views, teasing his more conservative colleagues, or sharing a recent quip from Molly Ivins. He was always gratifyingly protective of me and the residents. His observations and advice were sensitive and thoughtful but spiked with subtle wit.

In creating an extraordinarily successful surgical residency program, Claude Organ's accomplishment is reminiscent of Barbara Jordan's 1977 Harvard commencement address in which she said: "What the people [surgical residents] want is simple. They want an America [surgical residency] as good as its promise." Dr Organ provided that.

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It was logical that he pass his professional baton to this new wave of young surgeons at exactly this moment. He was intensely proud of his residents. And, it was clear that he was much more than a department chair to them. But, it was tough love. Excellence was the only acceptable standard, and either you measured up or you did not—there was no gray zone.

Fifteen years ago, Dr Organ saw an opportunity to coalesce 3 struggling surgical programs into a single residency unit within the University of California system. By virtue of his leadership at the American Board of Surgery, Philadelphia, Pa, and the Residency Review Committee for Surgery, he (not the program) was trusted. Claude insisted on a formal university base and complete university integration. I would not have been that smart. He later explained that you want to relate most formally with the group whose goals are most concordant with your own. This has subsequently proven a blessing.

Indeed, as blessings go, Claude and his wife Betty were happily religious. Claude loved to quote scripture to seal an argument. The implication, of course, was that he had recently descended from the mountain top, that he had possession of the Tablets, and that, as he spoke as an extension of the Lord, he was the reluctant but committed purveyor of truth. This dialectical strategy proved persuasively overwhelming to all but the rare opponent.

Claude loved to spend time with the residents as an advisor, mentor, counselor, and friend. His door was always open. On frequent occasion as I passed Claude's office, I noted a resident engrossed in conversation. He will also live on in the patients we treat and the future surgeons we train. We would like to extend our deepest sympathies and our heartfelt appreciation to Dr Organ's family, and to thank them for sharing Dr Organ and themselves with us over the years. We are forever in their debt. As his disciples, we have dispersed around the country, passing on his lessons and quotes to the next generation of young surgeons. Some of us are finishing residency or fellowship, and others just beginning our careers as junior faculty in academic medical centers. We are however, united in our training, our memories, and the guiding principles of scholarship, compassion, and excellence, instilled in us during our tutelage under Dr Organ. If we are indeed Dr Organ's legacy, it is our responsibility, indeed our honor, to do him proud. He expects no less.

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