Claude H. Organ, MD, FRCSSA, FRACS

James C. Thompson, MD

Other contributors to this collective paean for Claude Organ will cover his immense formal contributions to American surgery: at the college, at the board, as academic chair, and as editor nonpareil of these ARCHIVES. Few, actually very few, leaders have been more innovative, enlightened, enthusiastic, and committed to the improvement of surgical learning and practice as he.

The remarks that follow are personal. I have had the privilege of knowing Claude for 30 years, and as fellow Texans and fellow liberals (not exactly an oxymoron—not, in fact, much of a crowd), we talked a lot. He would phone or I would phone, and we would consider the verities. We talked about evolutions in technical surgery, about surgical education in South Africa (after a visit to Johannesburg, he sent Dilip Parekh to our laboratory), about operating on celebrities, about investing (he told me to buy Berkshire when it was at 17, but I waited until it had doubled 2½ times), about church schools (he had a Jesuitical education), about how hard it is to achieve relevance and fairness in board examinations (we were both admirers of George Cruft), about friends in far places (I told him that I’d seen his photo on the wall of surgeons’ offices in Sydney, in Cape-town and Jo’burg, in LA and New York), about the validity of the Bushs’ Texan credentials, about fads in surgery (from tonsillectomy to adrenalectomy for hypertension to gastric freezing to mandatory drains in abdominal and thyroid surgery), and about Betty (his lifelong compass) and his 7 children (overachievers all—Claude, Jr, a bank executive; Brian, a general surgeon; Gregory, a pediatric surgeon; Paul, a psychiatrist; David, a professor of geography; Rita, a museum curator; and Sandra, a stunning ballerina who used to dance for the Houston Ballet and now has her own company).

Claude was one of the founders and a guiding spirit of the Society of Black Academic Surgeons. He had a lifelong commitment to education of all minorities: he’d roll his eyes, throw back his great head, and chortle that we were all minorities, that some just hadn’t yet learned to accept it. Claude had read Jefferson’s words that all men are created equal, and he believed and practiced them.

He was troubled by the current priorities of our society, about the profligate expenditure of individuals and treasure in war, and about our lack of proper attention to health care. (He was especially troubled by the immense sums siphoned off by drug and insurance companies.)

Overall, however, Claude Organ was a great optimist. He closed his presidential address at the American College of Surgeons urging new initiates not to forget where they came from and “in the serenity and quietude of our profession” to test the depths of truth . . . and to touch the hem of heaven. And that’s what Claude is doing right now.

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Reflections on Claude H. Organ, Jr, MD, From the American Board of Surgery

Ward O. Griffen, Jr, MD; Wallace P. Ritchie, Jr, MD, PhD; Frank R. Lewis, MD

Dr. Claude H. Organ, Jr, was one of the most talented, respected, and honored figures ever to grace American surgery. He was an astute observer of the surgical scene, and his extensive friendships, keen intellect, and incisive insights allowed him to predict or understand events often missed by others. He had a unique ability to define the core of an issue and to address it forthrightly, courageously, and honestly. His sense of humor was subtle, pervasive, and infectious. When Claude would give you a wink and a grin, you knew he was about to unleash some outrageous barb, usually on an unsuspecting colleague who had begun to take himself too seriously.

He was a tireless champion of black surgeons, always with the caveat that they must have equivalent ability and skills. He directly men-
tored many in their academic careers but also constantly worked behind the scenes to create opportunities, particularly for younger surgeons. Many black surgeons in the country probably don’t realize how much they owe to him for his contributions to their success. He was the formative force behind the Society of Black Academic Surgeons and saw it as a unique venue for the exercise and cultivation of black surgeons’ academic talents.

Claude held numerous posts of honor and distinction, but 1 of the most important was his service on the American Board of Surgery from 1979 through 1986. He was chairman of the board from 1984 to 1986 and served at a period of intense board activity, when numerous transitions were occurring. The success with which they were negotiated was due in significant part to his leadership, the respect and affection in which he was held, and his ability to persuade others and achieve consensus.

The first transition that was needed in the early 1980s was in the administrative management of the board itself. Previously the board had functioned in a more informal and less rigorous way, but it was becoming apparent that both the written and oral examinations needed to attain greater objectivity and validity. The administrative management of the board needed to be tightened up with greater physician leadership and presence in day-to-day activities. In particular, the finances of the board needed shoring up because it was approaching insolvency. The first order of business was to recruit a full-time, on-site executive director who could provide the needed leadership and administrative reorganization in the office. Dr Organ, Dr Alexander Walt, and Dr Robert Zeppa constituted the search committee for this post and recruited Dr Ward Griffen from his position as chairman of surgery at the University of Kentucky to become the new executive director on July 1, 1984. Coincidentally, it was the same date on which Dr Organ began his 2-year term as chairman of the board.

The next order of business was strengthening the written examinations. The board hired the first full-time psychometrician for the staff, Tom Biester, and a rigorous mathematical system was introduced for scoring and equating examinations, which ensured that performance from year to year was corrected both for differences in the abilities of the group being tested and for the difficulty of the exam. Many improvements in the written examination had already been instituted by Dr George Cruft, director of evaluation at the board, who had come from the National Board of Medical Examiners in 1974 and brought analytical techniques used by that organization regarding item analysis and scoring after the examination. After Mr Biester’s arrival, he and Dr Cruft further strengthened the process of question development and the rigor of test scoring.

The oral examination was the subject of major concern because the grades of all candidates examined on a given day were not determined until the end of the day, at a time when each examiner had questioned 12 candidates and could remember only the most salient features of examinations conducted 6 or 8 hours before. The grading of a candidate and the pass or fail decision was often determined not by an accurate recollection of the candidate’s performance, but by the power of arguments presented by a particular champion or detractor among the examiners. In the fall 1984, Claude focused on this problem and asked the staff to devise a fairer and more objective system. Dr Cruft and Mr Biester collaborated on the development of the system, which was subsequently implemented in 1985 and persists to the present. This system provides that after the examinations of 3 candidates, the 6 examiners involved meet in a small group and make the pass/fail decisions while the candidates and questions are still fresh in their minds.

The second urgent item was to address the finances of the board, which were approaching insolvency and threatening the pensions of retired employees. Dr Organ, who was a director of several for-profit and nonprofit organizations, and Joseph Ewing, Jr, of the Saul, Ewing law firm, along with Dr Griffen, oversaw the reorganization of the financial structure of the board into cost centers, in which each examination became self-supporting and a clear financial picture could be used to determine the appropriate fees. In addition, for the first time, the board created a reserve fund that allowed financial reserves to be set aside for times of reduced income or major expenditures.

The third contentious issue during Claude’s tenure on the board was the establishment of the vascular surgery certificate. Opinions among directors were polarized and quite strong as to whether a vascular certificate was needed; a majority of the board felt that vascular surgery was an integral part of general surgery and that establishing the separate certificate would serve only to create “franchises” that would exclude general surgeons from vascular practice. Ultimately, the certificate was adopted because of the assiduous efforts of Dr E. J. Wylie, who was convinced that it was necessary for the improvement of the quality of vascular surgical practice. However, the board approved this with the understanding that the vascular certificate would be extremely restrictive, available mainly to academic surgeons who limited their practice only to vascular surgery, and intended as an “elitist” certificate signifying unique vascular surgical achievements, not as a “generalist” certificate. It was estimated by many that no more than 300 to 400 vascular surgery certificates would ever be issued.

The vascular surgery certificate was established in 1982, but it was recognized that there were insufficient vascular surgical fellowships to train the needed number of vascular surgeons, and “grandfathering” of practicing vascular surgeons was initially established until June 30, 1986. As that date approached and it was evident that the needed number of vascular fellowships were still not in place, Dr Organ, during his chairmanship, had the deadline extended to June 30, 1989.

Contention surrounding the vascular surgery certificate did not end with its implementation. Because of
the elitist view of the certificate, several hundred surgeons practicing vascular surgery in nonacademic environments were denied admissibility to the vascular surgery certification process. Each situation had to be reviewed in detail by the credentials committee of the board. Much of this process occurred during Dr Organ’s chairmanship, and he insisted on maintaining the objectivity and fairness of the review process with a detailed review of each case. In retrospect, the elitist view of the vascular surgery certificate was probably inappropriate, but had it been viewed any other way, it is unlikely it would have been approved by the board at the time.

The final contentious issue taken on by Claude during his chairmanship was the issue of allowing doctors of osteopathy to enter the certification process. Since the inception of the board, certification had been limited to doctors holding an MD degree. By 1984, 17 of the 23 member boards of the American Board of Medical Specialties had accepted doctors with DOs for certification, and the federal government had mandated that military residencies must accept doctors with DOs into residency programs. Doctors with DOs had begun to apply for certification, and the board had to confront the issue.

Legal opinions were obtained from Mr Ewing as well as 2 other law firms, and all were in agreement that the board could no longer exclude doctors with DOs. Dr Organ therefore chose to present this issue to the board in January 1985 at his first meeting as chairman. The proposal to allow doctors with DOs who had completed an allopathic residency into the certification process was approved by a 2:1 vote.

Claude’s formal legacy includes outstanding leadership in difficult causes; advocacy for the less entitled; honesty, integrity, and fairness in all his activities; and a dedication to the highest professional ideals of surgery. To those who knew him well, his informal legacy is equally important and includes warm friendships, subtle and infectious good humor, incisive observations, intense loyalty to friends, and a very personal interest in seeing young surgeons of all types succeed. His service to the board was outstanding in all ways, his friendships and warm relations with directors past and present were equally so, and he will be remembered with extraordinary fondness and admiration.

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Claude Organ, Jr, MD

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Dr Claude Organ’s international reputation was awesome. He traveled widely and was always welcome in the four corners of the globe. His many friends in Australia, Africa, Asia, and the United Kingdom remember the thoughtfulness with which he assessed the problems presented to him and the quiet authority with which he gave his opinion. He could be direct, but he had an engaging way of using humor to sweeten the pill.

It was clear that throughout his career, Dr Organ set high standards for himself and his residents, and, despite his belief in affirmative action to assist African American students to gain access to medical school, he would treat all of his trainees in a like manner. Ethnicity was not a good reason for failing to reach the standards set by him.

Dr Organ was a much-loved visitor to the United Kingdom. In 1999, he was invited to tour England, Scotland, and Wales as the British Journal of Surgery Traveling Fellow for the Association of Surgeons of Great Britain and Ireland, London, England. His task was to review our surgical training, our examinations, and the role of women in surgery. He presented a detailed and incisive report to the Association of Surgeons in Cardiff, Wales. In 2000, he received the honorary fellowship of the association. In 2001, he was made an Honorary Fellow of the Royal College of Surgeons of Edinburgh, Edinburgh, Scotland.

Dr Organ was a man with tremendous insight borne of years of experience. His wonderful use of words was derived from a sound classical foundation and evolved into a memorable list of quotable quotes. When describing the difference between general surgeons and specialists, he observed: “Why is heparin so effective from midnight to 7 AM?” and “Humility in surgery is only 1 bad case away.”

On behalf of his many friends in the United Kingdom and around the world, we pay tribute to his great leadership and vision for surgery, which transcends all of the continents and has its basis in the maintenance of the highest standards of surgery.