# The President's Perspective: Perseverance and Bridging the Gap in the World of Medicine

Maurice K. Chung, RPh, MD, FACOG, ACGE

## INTRODUCTION

The two things often stated to be guaranteed in life are death and taxes. However, I strongly believe that a third is change; it is the manner in which we recognize, embrace, and use change that leads us to excel. As physicians pushing the horizons of the medical field, I am sure we have all faced challenges that, although initially frustrating, made us stronger and more experienced.

I faced such challenges when I began my practice 20 years ago in Lima, Ohio. In the early 1990s, I began diagnosing women who came to me complaining of pelvic pain with endometriosis and, with the techniques I learned from Drs. Camran Nezhat, Farr Nezhat, Harry Reich, and Charles Koh, I treated these women by using laparoscopic laser ablation of the endometriosis. However, my colleagues in the local medical community did not use laser ablation and also did not believe that all of these women had endometriosis. They demanded I stop using this technique (the standard practice at the time) and forced me to excise the affected tissue and confirm the diagnosis by pathologic examination. Although the extra scrutiny was unfounded, I became a more skilled laparoscopist and can now thank my colleagues who doubted me because excisional laparoscopy later became the better treatment option for endometriosis.

As I continued to perform laparoscopy and excise endometriosis to treat women with chronic pelvic pain, I noticed that my patients were returning to me after some time with the same pain I thought I had treated. After much time spent learning from researchers, other physicians, and physical therapists, I concluded that many years of medical school and subsequent training were not enough to help me provide adequate treatment for these women. I began thinking "outside of the box" to treat these patients for their pain.

Address correspondence to: Maurice K. Chung, MD, Alliance for Women's Health Inc., 310 S Cable Rd Lima, OH 45805, USA. Telephone: (419) 222-9100, Fax: (419) 227-3085.

DOI: 10.4293/108680812X13517013316915



First, I noted the overlap in overactive bladder and interstitial cystitis in patients with voiding dysfunction. Then I found that patients with chronic pelvic pain had endometriosis and interstitial cystitis, conditions I collectively termed the "evil twins." Thus, "*I see you see, you don't see the IC I see*" was implemented into my practice. Ten years ago, interstitial cystitis, or painful bladder syndrome, was not widely recognized, and my local medical community often questioned my diagnosis and treatment. Today, after much campaigning, it is a commonly accepted diagnosis, and many women are finding relief for their symptoms. As fulfilling as it was to find a disease that could be treated, I knew that it was not the only explanation for chronic pelvic pain. Currently, my research has shown that pudendal neuralgia is one of the now "evil triplets" that should also be considered when patients complain of chronic pelvic pain.

I have had many mentors in my career, one of whom was the past President of the SLS and IPPS—James Carter. He made a difference by taking "the road less traveled" and thinking beyond his comfort zone. This pioneer was confronted daily about his non–medical textbook treatments. Yet, at the end of the day, what was most important to him was that his patients improved.

While also following this less-traveled pathway, I have incurred criticism and doubt from my colleagues, but this did not deter me from altering my practice or from seeking new treatments. I challenge all of us who encounter obstacles and difficult colleagues in all areas of the medical field to first listen to our patients and understand what they are trying to tell us. Return to the basics of medical treatment options and think of the human anatomy as a whole, with all parts connected to one circuit. It is vitally important for us to open our eyes, ears, and minds because "… the eye doesn't see what the mind does not know; what the eye doesn't see and the mind doesn't know, doesn't exist" (*Lady Chatterley's Lover*, D. H. Lawrence).

## BRIDGING THE GAP, OR BUILDING THE BRIDGES

As I mentioned earlier, the third challenge is CHANGE: The practice of medicine is changing, not only in the United States but in the rest of the world as well.

In the United States, we have the best resources in research and clinical medicine, even while we complain that the practice of medicine is becoming more difficult. In fact, when patients arrive in the emergency department, they are not left untreated and they always receive the best and most appropriate care. We should be proud of this.

Through our system of medical education, we produce a fair number of doctors every year. This is a good thing, but in some areas of medicine it may dilute the clinical experiences of graduates. Newly trained surgeons simply do not have sufficient case lists compared with graduates from some other countries. The reduction in resident work hours and the increasingly hostile environment associated with malpractice have both been contributing factors.

The world is becoming smaller; the Internet and improvement in our airway system make it possible for many of our international colleagues to attend our conferences. We should welcome this change. This is the time for us to look back; there is a bigger world out there. We should form alliances, connections, collaborations, and affiliations with these colleagues. Not only could we learn from each other's experiences, we could also promote better medical education in the rest of the world with topics such as operating room and patient safety.

When I first applied to medical school, I had a goal: to connect the East and the West by incorporating the practice of medicine of both China and America. The Chinese have vast clinical experiences (just in sheer numbers), and we in the West have the resources. It makes perfect sense for us to be affiliated and collaborate. In 2012, after much discussion, and through the efforts of Professor Xianbo Fu of the Peking Medical University and the Vice President of the Chinese Laparoscopy Society, Professor Liu from Shanghai, the *Journal of the Society of Laparoendoscopic Surgeons* (JSLS) and the *Chinese Journal of Minimally Invasive Surgery* (CJMIS) have established an official affiliation. We will be encouraging our Chinese colleagues to submit more written articles to *JSLS*, and we will choose the best articles to be translated and published in *CJMIS*. As well, we will hold a joint scientific meeting every other year in China starting in May 2013.

The Global Society of Endometriosis, Pelvic and Pain Surgeons (GSEPS), an affiliate of SLS and the International Pelvic Pain Society (IPPS), was formed in 2009 to promote the medical educational exchange in Asia. Small groups of surgeons in multiple specialties traveled to China to provide workshops, seminars, and surgical care in certain cities. With the help of our Honorary Chair and the President of Peking Medical University, Professor Qiao, and the Director of Gynecology, Professor Honyan Guo of Peking Medical University, we established the First Treatment Center of Excellency for Endometriosis and Pelvic Pain in China. We also held our third Global Conference for Pelvic Pain and Minimally Invasive Surgery in Beijing. While working with Professor Xiang Xue in Xi'an, SLS/GSEPS also held a meeting in Xi'an in May 2012. Those were landmark meetings, which led to the formation of the first two Centers of Excellency of Endometriosis and Pelvic Pain in Beijing and Xi'an, China.

In July, SLS also participated in a conference held by Professor Chen from Changchun, China. That meeting was well attended.

After the conference was over, I intrigued Professor Chen with my vision. He is now in the process to establish the First Center of Excellency in Minimally Invasive Surgery approved by the Ministry of Health of Jilin Province.

Before my presidency, I established the affiliation of SLS and the Society of International Gynecology Endoscopy (ISGE), which presented an opportunity for SLS to connect with our gynecologist colleagues around the world. Through one of my friends, Dr. Juan Diego Villegas, the President of Colombia's Gynecology Laparoscopic Society, SLS also became Colombia's affiliate.

Another newer development is that we are in the midst of forming an affiliation with the *Chinese Practical Journal of Obstetrics and Gynecology*, the third largest obstetrics-gynecology journal in China, and we are also working with the Asian Pacific Association of Gynecologic Endoscopy and the American Association of Gynecologic Laparoscopists (AAGL) to form an alliance. We have a subchapter in Italy as well.

This year we have a joint meeting with the two robotics societies. Our work is not yet finished, but through affiliation and collaboration, we can strive for a better future by promoting free global exchange of ideas, information, progress in medicine, and friendship, as well as bridge the gap in the world of medicine.