

REFLECTIONS

Whatever Happened to Local Otolaryngology Societies?

Bruce H. Campbell, MD

Institute for Health and Equity (Bioethics and Medical Humanities), Department of Otolaryngology and Communication Sciences, Medical College of Wisconsin, Milwaukee, Wisconsin.

All are needed by each one; nothing is fair or good alone.
Ralph Waldo Emerson

I was an otolaryngology resident 35 years ago when a viral laryngitis left me incapable of speaking aloud. My mentor, a respected, senior member of our local Milwaukee Society of Head and Neck Medicine and Surgery, announced to the audience assembled in the University Club meeting room that, because of my incapacity, he would deliver my presentation in my stead. He gripped the podium and peered at the small crowd of friends, associates, and professional competitors. He knew them all well.

"Colleagues," he intoned, "before I begin, I must tell you something. I have been examining diseased vocal cords for almost 3 decades. I have seen all types of laryngeal pathology and disorders, acute and chronic, malignant and benign. Sadly, this resident..." he paused and swept his hand dramatically in my direction, "...*this* resident has the *worst* case of syphilitic laryngitis I have ever seen."

I was horrified but could not protest. Slowly, his lip curled into a half-smile and the meeting erupted in laughter. The presentation of my small research study lasted only a few minutes, but the good-natured ribbing continued for weeks.

During my residency, my fellow trainees and I looked forward to every gathering of the society, in part because of its informality. We mingled with seasoned practitioners, connected names to faces, learned about their differing models of practice, and heard about their lives outside of medicine. I greatly admired the sophistication of many of the local non-academic physicians. A few years later, as I returned from fellowship to start my academic practice, the society meetings were where I nurtured professional friendships, talked about difficult patients, learned local history, and shared stories with people I might have otherwise met only over the phone.

At that time in the late 1980s, the society was flourishing. It had been established in 1975 in response to a malpractice crisis and nearly every one of Milwaukee's 25 active otolaryngologists had joined and participated. The program committee invited speakers from state regulatory agencies, insurance companies, and law firms. Before long, though, the society began hosting nationally known medical speakers for well-attended dinner presentations several times each year. The typewritten minutes from the first 2 decades report strong participation and lively discussion. Each spring, there was a general interest meeting featuring a speaker, great food, and the presence of spouses. The spring meeting attracted such robust attendance that the executive

committee sometimes worried if there would be enough space for everyone.

The society's most active era continued long after the malpractice concerns dissipated. An ever-growing cadre of community and academic practitioners met regularly to interact with visiting experts and to earn continuing medical education (CME) credits. Younger academic faculty built their local reputations and resumes by serving as officers. Residents attended for free, thanks to the members' generosity.

As time passed, the society's energy waned. The founding members retired, moved away, and died. Despite the growing number of active and retired otolaryngologists in the Milwaukee region (more than 80 in 2018), membership and attendance dwindled. Scheduled meetings were cut from 6 to 4 each year and the spring meeting, which at one time attracted 70 people, was cancelled in 2013 because so few people registered. Personal appeals to attend meetings went unheeded. As of 2015 attendance fell to the point where the society's charter was retired and its funds disbursed. After 40 years, The Milwaukee Society of Head and Neck Medicine and Surgery ceased to exist.

The society's experience parallels that of other groups both inside and outside medicine. For example, North American memberships have declined in service organizations such as Rotary International (down 29% between 2005 and 2014¹), Kiwanis International (down 28% between 2003 and 2015²), and the Masons (down 31% between 2004 and 2016³). Similar trends face churches, arts organizations, and social clubs. The loss has been attributed to a decline in "social capital," a term popularized by Robert Putnam to explain changes in society often brought on by shifts in technology and communication.⁴ In recent years, the American Medical Association's membership has continued to grow (up 2.6% between 2015 and 2016⁵), but the large societies are likely vulnerable to the same pressures as the small.

It is difficult to speculate why specific organizations fail, but several overlapping factors might account for the decline of the society. Workforce demographics evolved over the years as the regional otolaryngology community shifted from solo practice to group practice and from general to subspecialty practice. The society found it increasingly burdensome to offer CME credits and there did not seem to be any viable alternatives to the traditional dinner meetings. The society's younger otolaryngologists were forced to decide between listening to an evening lecture or being present for school concerts, sporting events, or their children's bedtimes. Older otolaryngologists believed they no longer had an obligation to or connection with a society that felt so unfamiliar.

Corresponding Author: Bruce H. Campbell, MD, Department of Otolaryngology and Communication Sciences, Medical College of Wisconsin, 8701 W Watertown Plank Rd, Milwaukee, WI 53226 (bcampbell@mcw.edu).

A year after my poorly timed bout of laryngitis, I presented another small study at the society, this time without mishap. After my talk, an older physician came up and introduced himself. He was retired, having been in a solo private practice for nearly 40 years, and loved these local meetings where he could catch up with his old friends and colleagues. With a chuckle, he confided to me the unflattering nickname that my former chair had earned during internship. Then he asked me, "What are your plans after residency?"

I paused. "I'm still deciding. I would love to do a fellowship in head and neck surgery and then come back here to be near family, but it doesn't sound like they will need me. I just don't know."

He smiled. "Is head and neck your passion?"

"Absolutely!" I responded.

"Then, by all means, pursue the fellowship," he said. "Everything will work out. Here's what I've learned: pick a career that brings you joy. You will wake up every morning, go to the office, and love what you do." He sensed my deep anxiety. "Don't worry," he added. "There will always be enough work. Even if it takes time to get up to speed, your children will always have shoes. We are very fortunate people." I took his advice. He was right.

I understand that things must change, but I miss the camaraderie, the feel, and the experience of our local specialty society. It was an important part of my life as I was developing my identity as a physician. The Milwaukee Society of Head and Neck Medicine and Surgery was the place where I learned it was safe to lose my voice. And—as it turned out—the place where I found it, as well.

Published Online: December 6, 2018.
doi:10.1001/jamaoto.2018.3290

Conflict of Interest Disclosures: None reported.

Additional Contributions: I am very grateful to my writing partners in the MCW Moving Pens and at Red Oak Writing.

1. Rotary International Regional Membership Supplement. USA Canada Caribbean Islands 2013 <https://my.rotary.org/en/document/regional-membership-supplement-usa-canada-caribbean-islands>. Accessed September 10, 2018.

2. Erickson J, Broderick B. Kiwanis International Dues Increase. PowerPoint Presentation to the 2015 Kiwanis International Convention: http://www2.kiwanis.org/docs/default-source/conventions-events/KI-2015/downloads/icon_duesincrease_2015-pdf.pdf?sfvrsn=2. Accessed September 10, 2018.

3. Masonic Services Association of North America. Masonic Membership Statistics 2015-2016. <http://www.msana.com/msastats.asp>. Accessed September 10, 2018.

4. Putnam RD. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster; 2000.

5. Born to Do This: The American Medical Association 2016 Annual Report. <https://www.ama-assn.org/sites/default/files/media-browser/ama-annual-report-2016.pdf>. Accessed September 10, 2018.