

June 1, 1992

Dr. William T. Butler
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Dear Bill:

I am writing this letter as a follow-up of our recent conversation concerning the residency programs in Vascular Surgery and General Surgery.

As you know, in a letter dated March 14, 1992, written to Dr. J. F. Howell, the Residency Review Committee indicated that accreditation of the Vascular Surgery Residency Program at Baylor College of Medicine is withdrawn, effective June 30, 1993. Among the reasons given for this action were noncompliance with certain Special Requirements. All but one of these requirements have since been corrected. The one that remains uncorrected is as follows: (Referring to the Services at The Methodist Hospital)

"The general vascular surgical service is not organized as an identifiable unit to which all patients with vascular disease are admitted so that the teaching patients may be centralized and utilized most efficiently."

Obviously, this cannot be done without the cooperation of The Methodist Hospital.

In an effort to obtain this cooperation, Dr. Howell and I met with Mr. Larry Mathis and discussed this matter at some length, but without resolution.

Although the General Surgery Residency Program has received approval for another two years, a warning was given regarding certain deficiencies in meeting Special Requirements. All except one of these are readily corrected, and that one is concerned with the rotation of the residents at The Methodist Hospital, where the residents are perceived as being "involved primarily in a service function rather than in education."

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For many years the surgical residency programs were based primarily at the Ben Taub and Veterans Administration Hospitals. After affiliation agreements were made between Baylor College of Medicine and The Methodist and St. Luke's Hospitals, we were able to obtain approval for these hospitals to be included in the surgical residency programs, for rotation of junior residents.

In recent years, however, the requirements that must be met for approval have become much more restrictive and more rigidly structured, with more precise indexing of the specific activities and teaching experience of the residents. This includes not only the total number of patients operated upon by the residents, but also specific categories of different types of surgical cases. In the Ben Taub and Veterans Administration hospitals, all the surgical services may be considered "identifiable" for residency training, since the residents are assigned to certain specific patient areas, floors, or wards, and the patient care is the responsibility of the residents under faculty supervision, of course.

At The Methodist Hospital, however, it is not possible to give the residents similar responsibilities, since all the patients are private patients under the care of their private physician.

Whereas I believe the teaching experience that the junior residents receive during their rotation at The Methodist Hospital in association with the private physician or faculty member to whom they are assigned is valuable, it no longer meets the specific requirements that the Residency Review Committees have imposed in recent years.

In light of the above, I believe it is urgent to review and reconsider the teaching responsibility of The Methodist Hospital in its affiliation agreement with Baylor College of Medicine. Among possible solutions to this problem is the establishment of a Residency Teaching Service of approximately 20 beds at The Methodist Hospital. Most of the patients who would be admitted to this service would be supported by Medicare or Medicaid and some by possibly other inadequate insurance programs. Accordingly, it would be necessary for The Methodist Hospital to subsidize a portion of the cost of this Service. The Residents would then have an "identifiable" residency service similar to their responsibilities at the Ben Taub and Veterans Administration Hospitals. Their management of the patients on this service would similarly be under the supervision of the faculty. They would also be associated with faculty members in the care of their private patients.

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This method of providing a surgical residency service in a private hospital is similar to those that have long been established at other centers such as The Mayo Clinic, The Cleveland Clinic, the Massachusetts General Hospital, The Johns Hopkins Hospital, and many others.

In this connection we are obligated to provide a progress report to the Residency Review Committee in General Surgery by August 15, 1992, which would indicate how the program has addressed the areas of concern listed in the Committee's accreditation letter of December 3, 1991.

This is a matter of great import and serious consequences both for Baylor College of Medicine and The Methodist Hospital. Unless we can find a proper solution to this problem, there is a distinct possibility that the surgical residency program at The Methodist Hospital will not be approved following the next survey in 1993.

All faculty members of our Department of Surgery join me in assuring you of our desire to work with you in resolving this serious problem.

Sincerely yours,

Michael E. DeBakey, M.D.
Chancellor and Chairman
Department of Surgery

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