

2018 ASSH Presidential Address: Joy of Hand Surgery

Editor's Note: This Presidential Address was presented by Dr. James Chang at the 73rd annual meeting of the American Society for Surgery of the Hand on September 13, 2018, in Boston.

Thank you. It has been incredibly fun serving as your 72nd president. I have really enjoyed getting to know many of you personally and making progress on issues and projects we care deeply about.

I want to start by acknowledging our 13 Council members, 49 committees, and 431 volunteers who have helped tremendously. Our CEO, Mark Anderson, has expertly guided a staff of 22 employees at the Hand Society Central Office. Just think about that—22 professionals who have chosen, as their career, to work at the Hand Society in order to make things better for our 4,400 members, current and future trainees in hand surgery, and of course, our hand surgery patients.

I feel nervous and humbled to give this lecture on the Joy of Hand Surgery in front of so many with talent and experience. To help me prepare, I have thought about the last 20 years of Presidential lectures. I have heard Peter Stern talk about Generational Differences,¹ Richard Gelberman talk about the Research Imperative,² and Bob Szabo talk about the Future of Hand Surgery Education.³ Terry Light had a similar theme to mine about “Finding Joy in Your Hand Surgery Practice.”⁴ This just shows that whenever you think you have a new idea, if you look back in the literature, someone else has probably written about it, and it's often a large, bearded man.

I have gotten great leads for this talk, but the best advice was from my mentor Rod Hentz who said, “Talk about something personal, make a few points, and finish at least 5 minutes early!” I will do that today. I would like to talk about the Joy of Hand Surgery—how we can have it, how we can lose it, and how the Hand Society can help all of us find and maintain passion for our work.

I think it is very appropriate that we are called the Hand Society—a Society, not an organization or a conglomerate. The term “society” comes from the Latin noun *socius*—“comrade, ally, friend.” It is used to describe “a bond or interaction between parties that are friendly.” We as the Hand Society are large enough to be effective, but small enough to be intimate. With this in mind, let me share with you some matters that are personal.

As Dr. Levin said, I am the son of immigrants from Taiwan, graduate students who sacrificed their own academic positions to open a Chinese restaurant in New Jersey. Why? So they could afford to put 4 kids through college. The problem was, the food in the restaurant was really, really bad—that is what happens when an engineer and a librarian decide to run a restaurant for the first time. Still, in that part of New Jersey, no one knew any better, and they were able to turn egg rolls into college tuition payments.

So, I honor my parents for their sacrifices. This was their obsession—my parents struggled and saved in order to provide for a big, happy family.

Imagine their grief, then, when my sister Cecilia took her own life at age 29. It was November 1989. I was a cheery and motivated second-year medical student at Yale when my dad called me with the news. I dropped the wall phone in the kitchen of our house in New Haven, rushed onto the



FIGURE 1: James Chang, MD, ASSH President 2018 (photo credit: Nicole Renn, ASSH).

train to New York City, and then sat dazed on the 2-hour Greyhound bus ride to New Jersey.

It was the beginning of winter, and everything was bleak. After escorting my broken parents from the morgue, to the funeral, and to the burial, I returned to Yale and threw myself back into my normal study routine. My friends were quietly shocked that I picked right up as if nothing had happened.

We all know that grief does not work that way—it has a way of working its way to the surface over time. I emotionally crashed 6 months later, not only with grief, but with clinical depression. I felt disconnected from my friends, had no enjoyment from my hobbies, and buried myself in work to keep going. I had lost the Joy of Life.

It was only with weekly therapy, friends, and thankfully, a new love—my future wife Harriet—that I was able to recover and make it to graduation. I learned an important lesson—that no one is immune to mental health issues and that treatment can help.

As an Assistant Professor at Stanford, I went back into therapy for a second time, this time for a different need. Like many young microsurgeons, I was consumed by the thought of failure. You can't hide your dead free flaps. I snapped at my residents, obsessively checked flaps, and could not sleep after a microsurgery case, dreading that phone call about loss of the Doppler signal. Along with that stress, I was overwhelmed with running a laboratory, being residency program director, and having a family with young kids. I was suffering from anxiety and premature burnout—I was so stressed and overcommitted that I had lost the Joy of Hand Surgery.

I remember sitting across from my therapist on a sleek Ikea lounge chair each week. He talked me through various scenarios until I gained new insights. For example, I told him I was deathly afraid of losing a flap or a replant. What would my colleagues think? How would I tell the patient's family? Would I get sued? Would the residents gossip about me?

He paused for a moment and asked me: "What is the national average at the best centers?" I told him that the failure rate was perhaps 5% or more.^{5,6} He then posed a simple follow-up question—"Why do you think you can beat what the experts do? Failure in your work is expected, and it is not a judgment on you. Failure is OK."

Over the past 20 years, that perspective has helped me tremendously, because I have had my share of dead free flaps and failed replants. I have also had poor grant scores, rejected manuscripts, angry patients, and 2 failed startup companies.

PHYSICIAN SUICIDE, DEPRESSION, AND BURNOUT

I have used the words burnout and depression. Burnout is losing the joy of your work and career, while depression is losing the joy of all aspects of your life. It is clear that I have experienced both. I do not think that I am alone. When I talk to my hand surgery trainees and colleagues around the country, I sense that many have, at times, also been stressed, overwhelmed, burned out, or depressed.

My family can personally attest that the worst possible outcome of not addressing burnout and depression is suicide. We as a country are facing an epidemic. According to the most recent data from the Centers for Disease Control and Prevention, there were almost 45,000 suicides in the United States in 2016 (44,965), which, shockingly, is much more than twice the number of homicides (17,250).⁷

It is getting worse—suicide rates increased in all but 1 state between 1999 and 2016, in all ages, genders, and ethnicities. And it is not just occurring in people with serious mental illnesses such as bipolar disease or schizophrenia; the CDC has stated that “in more than half of all deaths in 27 states, the people had no known mental health condition when they ended their lives.”

It is more shocking when one looks at the statistics for “people like us”—physicians. In a presentation at just this past year’s American Psychiatric Association meeting, of all the professions in the United States, medical doctors are most likely to die from suicide. In 2016, the age-adjusted rate of suicide among all Americans was 13 in 100,000.⁸ For doctors, it was more than double that at 28 to 40 doctors in 100,000 (T’Sarumi et al, 2018 American Psychiatric Association [APA] meeting abstract proceedings #227,123–124.). I would like you to stop for a minute and think about those numbers. That is 300 to 400 doctors killing themselves each year, or losing the entire year’s graduating classes at Stanford, Yale, and Harvard medical schools combined. I am sure all of us know at least 1 medical colleague whom we have lost to suicide.

Depression in physicians is more common than most of us think. Only now are data on this trend surfacing. Doctors may be reluctant to admit they have depression owing to the stigma of any such diagnosis. Certainly, that was true for me. When I was at Yale, I ignored it and thought I could “shake it off” myself. At Stanford, I would sneak into the psychiatrist’s office and look over my shoulder to make sure no one saw me coming or going. A recent survey of doctors in a closed Facebook community garnered over 2,000 respondents. About half of the doctors reported symptoms of a defined mental illness, but many in this cohort avoided seeing someone for fear of being stigmatized.⁹ The authors of the study point to this hesitation as a barrier to early treatment.

In a study published in *Academic Medicine* in 2009, out of 2,000 medical students and residents, 12% had major depression and another 9% had minor to moderate depression, for a total of 21%.¹⁰ For our international guests, this is not just an American phenomenon. Increased rates of anxiety, depression, and suicide ideation in physicians have been reported in many other countries throughout North America, Europe, the Middle East, and Asia.^{11,12}

Some doctors commit suicide—300 to 400 a year. More suffer from depression. But many of us now experience burnout. It is the nature of our profession in the year 2018. Let us first define what burnout means. According to Maslach,¹³ the 3 main symptoms of burnout are (1) physical and emotional exhaustion, (2) depersonalization of your patients and lack of

empathy, and (3) reduced sense of accomplishment—doubting the meaning and quality of one's work. Does any of that sound familiar? I ask you to consider how you would assess that in yourself.

Recent studies have reported that more than half of physicians may be experiencing burnout. Dr. Tait Shanafelt, previously at the Mayo Clinic and now at Stanford, published a landmark study in 2015.¹⁴ Over 6,000 doctors replied to his survey, across all medical disciplines. Forty-seven percent of physicians had high emotional exhaustion, 35% had high depersonalization, and 16% had a low sense of personal accomplishment. Fifty-four percent of physicians had at least 1 of those Maslach symptoms of burnout. The prevalence of burnout seems to be going up—with orthopedic surgeons at 60% in 2014, up from 48% in just 2011. Physician burnout has been linked to rising rates of patient dissatisfaction, medical errors, physician turnover, drug and alcohol addiction, and most tragically, physician suicide. In that same Shanafelt et al study,¹⁴ they also link burnout to depression and suicide. Symptoms of depression were reported in 40% of doctors. Six percent of doctors answered yes when asked a simple, unambiguous question: “During the past 12 months, have you had thoughts of taking your own life?” Six percent!

Our Hand Society asked our membership about burnout in a recent survey. Just 4 weeks ago, we received hand surgeon—specific data for the first time from the AMA. Six hundred active Hand Society members responded for a rate of 32%. The details and comments are fascinating, but I will focus on the executive summary. Three of 4 respondents are satisfied with their current job. That is very good. However, 49% of our responding members are experiencing burnout. This is much higher than the national benchmark made up of all physicians.

Is burnout a new phenomenon, or have we always experienced it as hand surgeons? What were our earlier members thinking in 1945 with Bunnell, or in Washington, DC, in 1972, or in Toronto in 1990? We simply do not know. The term “burnout” was coined by Freudenberger in 1974,¹⁵ and was first discussed in the context of surgeons only 9 years ago in 2009.¹⁶

In order to gain some historical perspective, I interviewed 12 of our past presidents. Most had not heard of the term “burnout” until the past 5 to 10 years. What was originally more prevalent in trauma surgery has now permeated other subspecialties including hand surgery. Our past presidents talked to me about the increasing lack of control, the depersonalization of the work, and the daily compromises in care that have to be made.

All of the past presidents interviewed knew someone personally—a student, a resident, or a colleague—who had committed suicide.

Perhaps burnout has always been there, but just now we are talking about it. Or perhaps the work is more stressful now, and the changing nature of health care is responsible for this rise. This is understandable. Hand surgery today is very different from what the founders of the American Society for Surgery of the Hand experienced in 1946. The ASSH Council in 2018 has focused on understanding these changing pressures.

If burnout is new, what is causing this? The field of hand surgery has greatly expanded, with more and more procedures and techniques needing to be mastered. We have gone from one classic textbook, to a much larger 2-volume set, to newer textbooks with unlimited online access. The amount of educational material to keep up with is infinite in the cloud.

Patient volume is overwhelming. Professor Hentz talks about his congenital clinic at Stanford in the 1980s with 8 patients in the morning. There was time for his midclinic espresso break. Now that same clinic for me

is 30 patients in 3 hours, and I come in already armed with a double latte just to get through the list.

Surgeons must keep abreast of new regulatory guidelines including electronic medical records (EMR), ICD-10, and insurance approvals. All of these computer requirements take incremental bits of time that add up to hours more work each day to stay compliant.

None of these were designed to make the doctor-patient experience any better.

Patient expectation is extremely high, with little tolerance for poor outcomes, lengthy recovery time, and inconvenience. We seem to be tracked for everything we do, including many aspects that are outside of our control. When we get a bad review, it makes us feel terrible. Take a look at some of my own reviews. I received a 1 out of 5 in all categories, and I got 2 of those same reviews in 1 week. I don't know about you, but when I see 1 of these bad reviews, I feel a pit in my stomach—I feel that I have failed. Furthermore, those of us who have been subpoenaed or sued know of the emotional and physical toll that it can inflict.¹⁷ And what about the uncertainties of being promoted in academics or making partner in private practice? All of these stressors are additive.

The additional expense and requirements of Maintenance of Certification (MOC) have led to widespread dissatisfaction among physicians. In a recent survey, we asked our Hand Society members what they thought of last year's pathway for their Board's maintenance of certification. Eighty-one percent of members had an onerous or negative opinion of MOC documentation, 82% had an onerous or negative opinion of the cost and effort of the recertification examination, and 68% had an onerous or negative opinion regarding learning material for the recertification examination that might not be relevant. This is dramatic. On a 5-point Likert scale, these are the 1s and 2s—onerous and negative.

These expanded demands of clinical work are conflicting with the ability to simultaneously achieve a satisfying career and personal life. Raising a family has always been challenging, but many doctors are now in 2-working-parent families, with little home support for both young children and aging parents. These stresses are compounded for our female colleagues, who still shoulder a larger responsibility for childcare.

USING THE ASSH TO FIND THE JOY OF HAND SURGERY

Don't worry; this talk is not all sadness and despair. There is hope! Our Hand Society is paying attention and working to address these issues. Over this past year, I have asked our volunteers and Council to help me focus on preventing burnout and increasing the Joy of Hand Surgery for us all.

Burnout was also the topic chosen by 1 of the Young Leaders groups last year. Specifically, they asked us to raise awareness of burnout, and to develop resources for hand surgeons. I was heartened to see our younger members thinking about this so early in their career. As an aside, I was a proud member of the Young Leader class of 2006. For the younger members in the audience, this program offers incredible training and leadership opportunities. I highly encourage all of you to apply.

So, what are we doing as a Society to address burnout? The first important step is awareness. We now know that about half of our Hand Society active members are experiencing burnout. I feel that if our organization, our Hand Society, highlights this as an important issue, then it makes it easier for the individual. That is the key—to be aware when you're beginning to feel

burned out; and to notice when one of your colleagues is exhibiting signs. As I can personally attest, it makes all the difference when others are there.

After awareness come 2 different strategies that our Hand Society has adopted to help members—(1) reducing burdens that are onerous, boring, and repetitive, and (2) providing activities that are new, rewarding, and restorative.

First, burnout can be improved by spending less time on onerous tasks. We simply cannot just tell people to do more—more cases, more paperwork, more recertification. The ASSH actively seeks to help prevent burnout by reducing administrative burdens that require unnecessary time and effort. Here are 4 examples from our collective work this past year. These are real, tangible improvements that will save us time and effort.

In less than a year after it was first discussed by the fellowship directors, the ASSH has created the online fellowship application process to decrease the clerical work of both applicants and training programs. Prior to this, each applicant, in the middle of a busy residency, had to type up an application, assemble it, copy it into 20 or more paper copies, and then go to FedEx to mail them. Two days later, the program director and coordinator would have to open the envelopes, take off the staples, and make multiple hard copies. Imagine the waste of time, effort, and trees when you multiply 20 programs by 200 hand surgery applicants. Thanks to the efforts of Jennifer Wolf, Lee Osterman, Ethan Wiesler, and our great Hand Society IT team, Jake Adler and Gladys Apura, it is now a simple online application system on the ASSH Web site.

In addition, our Hand Society has developed a program to facilitate the learning of basic hand surgery techniques. Each August, as new fellows arrive, there are great differences in baseline technical skills such as microsurgery, bone fixation, and arthroscopy. This is a stressful situation for both the fellows and their attendings who must bring the new hand surgeons up to speed. Imagine if there was a simulation boot camp where each new fellow could learn and practice these basic techniques. Thanks to the Herculean efforts of Ranjan Gupta and his large task force, I am happy to announce the availability of the new ASSH Simulation Curriculum. This is incredible—for around \$500, each program can order a set list of supplies from Amazon and put together an entire simulation curriculum including microsurgery, tendon repair, skin graft harvest, and even wrist arthroscopy. Imagine the improvements in the first few months of the fellowship experience, not only for fellows and faculty but for our patients.

The pressure and effort required to keep our knowledge base up-to-date can contribute to burnout. You already know about Hand-e and all the lectures that are available. This was the brainchild of Past President Ed Akelman and the Young Leader class of 2011, and has been carried forth by Hand-e editor Warren Hammert and his outstanding editorial board. I am thrilled to now tell you that ALL of Hand-e is available as a free app that can be downloaded. Everything you need to know about hand surgery is truly at your fingertips. Hand-e has become the go-to source for all of hand surgery education.

Lastly, we have partnered with the Boards to make MOC more educational and less bureaucratic. Thanks to the efforts of Steve Moran, the Executive Directors of the Boards have heard your concerns and are actively changing the process. I am happy to say that the recertification examination will no longer be the same as the original examination. There will soon no longer be a high stakes examination! The American Board of Plastic Surgery

has already moved to an examination based on questions pertinent to the practicing hand surgeon 10 years out, not obscure facts. Those questions are part of this ASSH recertification study guide. If you review all of these questions, I guarantee you will pass the examination. The American Board of Orthopaedic Surgery is doing something different; it is building a blueprint for the recertification examination that will be matched to this same study guide. And in future years, the recertification examination will be simpler, with a smaller number of questions every few years. Here we have harnessed the organizational power of our Hand Society to affect changes in the Boards to make recertification less onerous. Let us keep working on this in the years to come.

In our recent member survey, respondents pointed toward 4 additional stressors—difficulties with EMR systems, decreasing reimbursement, insurance requirements, and call schedules. This gives our Hand Society more material to work on in the upcoming years.

I have just discussed how burnout can be addressed by reducing time on onerous tasks. It can also be alleviated by increasing time spent on meaningful and restorative activities. Our Hand Society has worked to promote these opportunities, both opportunities to interact and opportunities to serve.

A sense of professional isolation contributes to burnout. We hand surgeons are social creatures—just look outside this meeting hall at the handshakes and hugs that will happen as former colleagues get together. This is one of the main reasons annual meetings still exist. We have been focusing on fostering social communities for other times of the year that make our larger Hand Society into more personal groups of friends and colleagues.

Look at the phenomenon of travel clubs. New ones continue to develop in younger generations of hand surgeons, from Hand Forum, to New Millennium, to Carpe Diem, and to, most recently, Handemonium. These travel clubs provide a forum for sharing personal or professional crises and getting support from your peers.

We have also followed the Listserv and have seen how cases are discussed and how new ideas are propagated. Here are some quotations from Listserv fans, brought to us by David Nelson. Listserv members said it was “the best, most timely collective wisdom, advice and fellowship in hand surgery”; “a place where I can bring problematic issues and get nonjudgmental advice.” I urge you to join the Listserv and to chime in. You will be warmly welcomed by this group.

Based on the success of the travel clubs and the Listserv, Council member Julie Adams and Deputy Executive Vice President Pam Schroeder are investigating the development of focused online social communities. Imagine a web group of fly-fishing hand surgeons, or cycling hand surgeons, or new parent hand surgeons, or even Midwest mustachioed wood-working hand surgeons!

I have just talked about opportunities to interact, but the most dramatic and far-reaching initiative in our Hand Society recently has been the opportunity for us to serve. The Touching Hands Project was originally the brainchild of Peter Weiss. Four years ago, on this very stage, President Scott Kozin¹⁸ made the initial call for international outreach in a very moving speech. The outpouring of interest and support by member surgeons, the international community, and our hand therapists has been overwhelming. In just 4 years, we have grown to 17 trips in 11 countries. Now, back in Boston, I am the lucky President to announce that, based on your generosity and the careful financial stewardship of this Foundation and Finance team, we have

reached our goal of \$5 million in the outreach endowment. This makes outreach a meaningful part of our Hand Society in perpetuity, with at least \$250,000 that can be spent each year caring for the underserved around the world. And how fitting is it that in this year, we just announced the Kozin Award for a deserving young hand surgeon from abroad?! There is so much outreach going on that Fraser Leversedge and this task force recommended that we establish a new Director position to make sure all of the funds are spent wisely for maximum impact. Steve Moran has served us extremely well as the first Outreach director, and now Don Lalonde will now take the reins. Our goal is to involve as many members as possible.

Our hand society not only does cases abroad but is also leading the way in taking care of those in need here in the United States. Many of our members have reached out to provide free surgery in cities such as Atlanta, Nashville, and San Francisco. We are also working with the Indian Health Service to provide expert surgeons for Chinle and other sites in the future. For those who find it difficult to go overseas for a long period, think about getting involved locally.

Throughout our volunteer travels overseas, we have met remarkable young surgeons in developing countries who want to learn hand surgery. Much like how Sterling Bunnell trained the first generation of hand surgeons in the United States, we as a group have the opportunity to train the first generation of hand surgeons in many other countries, where there is no tradition of hand surgery. Here is an example—my guest in the audience today is Dr. Kiran Nakarmi, who has partnered with our Hand Society and a nonprofit, ReSurge International, to start the first hand fellowship ever in Nepal! Look for upcoming opportunities to volunteer to teach the new pioneers, just like Sterling Bunnell did.

PERSONALIZED SOLUTIONS TO BURNOUT

By no means am I suggesting that I have, or our Hand Society has, all the solutions to alleviating hand surgeon burnout. Many have tried to solve this. If you google “Ways to Prevent Burnout,” you can find 5 ways to prevent burnout, 7 ways, and even 11 ways.

On the other hand, I think this list of 35 ways will actually induce burnout! Nevertheless, I have sifted through all of these and have distilled them down to 5 words that highlight strategies to personally alleviate burnout and to retain the Joy of Hand Surgery.

Care

The first word is Care. We all know of the positive effects of paying attention to sleep, diet, and exercise, but it is hard to build these into our busy routines. They can be hard to prioritize. But they matter. Most of us have probably snapped at a colleague or family member after a night on call. We also know how our moods change after a run or a bike ride. Our relationships with our partners and children need continual maintenance. We need to check in and spend time with our family and our friends. For personal care and time away from work, outside interests are critical. Certainly, this has helped me. When I was a junior attending, my wife said, “You should really get some hobbies.” Now she says, “You have way too many hobbies.”

Resilience

The second word is Resilience. Resilience is the ability to adapt when faced with adversity or significant sources of stress—the postoperative

complication, the angry patient, the subpoena for a lawsuit. Research has shown that resilience should be ordinary, not extraordinary.¹⁹ In other words, in our line of work, highly stressful events, mistakes, and failures regularly happen, but we can change how we interpret and respond. That is hard for those who are used to getting straight A's. Author Henry James said: "Excellence does not require perfection." Certainly, this is true in our daily hand practice. Our hand society social communities—the Listserv, travel clubs, and the hallway outside this ballroom—allow us to share our imperfections. Tell a colleague here at this meeting about a complication, and I guarantee they will respond in kind.

Diversification

The third word is Diversification. Diversifying your interests within hand surgery keeps the work fresh. So, consider making a realistic clinical goal every few years—for example, to become better at arthroscopy, to start doing nerve transfers, to write up your arthroplasty cases, or to design a better CMC implant. As Nietzsche wrote, "If we have our own Why in life, we shall get along with almost any How." Let us remember Our Why—and that is to discover, to teach, and to care for our patients. As we go through our careers, these new ideas and projects can remind us why we were attracted to our field in the first place. To support you with your goals, our Hand Society has countless resources in research funding, scholarships, and international opportunities.

Volunteerism

The fourth important word is Volunteerism. Volunteering with our Hand Society has been very meaningful to me and to many people in this room. Remarkably, we are an all-volunteer society. None of the committee members or Council members are paid, but we earn tremendous "emotional currency." You can volunteer by presenting instructional courses, serving on committees, or simply contributing your thoughts on ASSH Perspectives. Case in point—here are your President-Elect Scott Levin and your Vice-President Marty Boyer, who both have done tremendous amounts of work by leading multiple task forces and projects. From this picture, you can see that it was all worthwhile to them.

I personally have found great value in going overseas and volunteering with our Hand Society and other organizations to deliver and teach hand surgery. In these settings, I am instantly reminded about the Joys of Hand Surgery. And I am not alone. I received the following quotation from a recent Touching Hands trip participant: "Prior to this journey, I felt like I was stuck in an eddy like a leaf going round and round and round while this enormous river of life flowed past you guys made me feel alive and productive... We created, for a week, our own little Woodstock."

Bostonian John F. Kennedy established the Peace Corps in 1961. His vision for the Peace Corps can be slightly edited to apply to this exciting period of Hand Society history—"But if the life will not be easy, it will be rich and satisfying. For every [Hand Society member] who participates in the [Touching Hands Project] who works in a foreign land will know that he or she is sharing in the great common task of bringing to man that decent way of life which is the foundation of freedom and a condition of peace."²⁰

This is a call for us to teach. So, perhaps the excitement and joy seen on the faces of our Founders in 1946, as they flew around the country, can be replicated by our generation teaching hand surgery overseas.

Appreciation

I will close with the last word—Appreciation. I have told you about my vulnerabilities and my failures—the stressful cases, dead flaps, rejected papers, and failed companies. It is easy to focus on the negative aspects of our work; however, research has shown that cultivating a sense of appreciation and gratitude will improve our well-being.

So, let me end by describing the Joys that I have felt and have continued to appreciate. In the operating room, I have dissected and followed nerves to distant places, exactly along a path that I read about in anatomy textbooks 25 years earlier. I have seen medical students master placing sutures in perfect geometric patterns to close a wound. I have witnessed the exact moment that a digit comes back to life after the microclamps are removed.

In the research laboratory, I have seen cells that we have transfected, light up in fluorescent hues. I have heard nervous undergraduate students present their papers flawlessly to renowned scientists.

In the clinic, I have seen the trust in the eyes of parents who hand off their child when we operate, and the joy of patients who return back to productive lives, both here in the United States and also around the world.

I know that most of you in this room have also experienced these same moments of Joy. Fortunately for us, these moments are not rare. The challenge for all of us is to remember and to appreciate them. When the late, great Warren Zevon was asked near the end of his life what he had learned from his terminal cancer diagnosis, he said “Enjoy every sandwich.” These words remind us to appreciate the beauty and the taste of the routine things easily overlooked in a busy day, and to make the mundane, special. Friends and colleagues, for our purposes, let me amend this quotation to “Enjoy every trigger finger”!

PERSONAL ACKNOWLEDGEMENTS

Now, please, in the last minutes of this lecture, let me cultivate my own sense of appreciation by honoring those who make it possible for me to continually experience these joys. First, I return to my second year at Yale, when I had reached my breaking point. My wife Harriet helped put me back together then and continues to do maintenance work on me 25 years later. Thank you, my love Harriet. We have 3 daughters: Julia, Kathleen, and Cecilia. These wonderful girls delight me and impress me with everything they do.

My mentors during hand fellowship at UCLA—Neil Jones, Prosper Benhaim, and Roy Meals—and my long-term mentors at Stanford— Mike Longaker, Rod Hentz, and Bob Chase, have taught me the art of not only surgery and research but how to live in this world. I have tried to emulate their generous attitude toward my own promising residents, my dedicated hand fellows, and my brilliant laboratory researchers.

I owe a great deal to my Stanford colleagues in hand surgery, and in plastic surgery. I go to work every day happy to see this group of talented and kind colleagues. We cover for each other without a second thought. I am also lucky to have many of my friends here today. I have enjoyed feeling these friendships getting deeper and deeper with the years.

How do all of us hand surgeons get through the work week? Hopefully you have wonderful Physician Associates and Nurse Practitioners like I do. And I know you feel the same way that I do about your hand therapists. We hand surgeons are so lucky to have an entire profession dedicated to making our outcomes better and our patients happier.

For the past many years, my work life has been managed and enhanced by the 2 Angies: Angela Sotelo at Stanford and Angie Legaspi at the ASSH. I thank them for dealing with all of my obsessive-compulsive tendencies with patience and good humor. All of these people have been a huge positive part of my life, and so have all of YOU—the American Society for Surgery of the Hand. I have found so much joy in the friendships I have made here; friendships that have been enhanced by, and will outlast, all the conference calls, committees, and council meetings.

For those keeping track, like Roy Meals and Bob Slater, who counted my weekly “100 Words” columns this past year and needled me every time the text exceeded those 100 words, I have said Our Hand Society 20 times already. Not THE Hand Society, but OUR Hand Society. It truly is ours. Use this community and get involved to find the Joys of Hand Surgery.

I wish all of you a wonderful meeting. I hope we each experience a moment of inspiration, we reconnect with our friends and colleagues, we sign up to volunteer, and we get refreshed.

Thank you, and I hope you enjoy every trigger finger!

James Chang, MD
72nd President of the American Society for Surgery of the Hand
Johnson & Johnson Distinguished Professor
Chief, Division of Plastic and Reconstructive Surgery
Stanford University Medical Center
Palo Alto, CA

<https://doi.org/10.1016/j.jhsa.2018.09.008>

REFERENCES

1. Stern PJ. Generational differences. *J Hand Surg Am.* 2002;27(2):187–194.
2. Gelberman RH. Hand surgery’s research dilemma: a lesson from Philip Hench. *J Hand Surg Am.* 2012;37(9):1824–1829.
3. Szabo RM. What is our identity? What is our destiny? *J Hand Surg Am.* 2010;35(12):1925–1937.
4. Light TR. Finding joy in your hand surgery practice. *J Hand Surg Am.* 2010;35(2):181–188.
5. Khouri RK, Cooley BC, Kunselman AR, et al. A prospective study of microvascular free-flap surgery and outcome. *Plast Reconstr Surg.* 1998;102(3):711–721.
6. Fufa D, Calfee R, Wall L, Zeng W, Goldfarb C. Digit replantation: experience of two U.S. academic level-I trauma centers. *J Bone Joint Surg Am.* 2013;95(23):2127–2134.
7. Stone DM, Simon TR, Fowler KA, et al. Vital signs: trends in state suicide rates—United States, 1999–2016 and circumstances contributing to suicide—27 states, 2015. *MMWR Morb Mortal Wkly Rep.* 2018;67(22):617–624.
8. 2016, United States: suicide injury deaths and rates per 100,000. (All races, both sexes, all ages.) Available at: WISQARS Fatal Injury Reports—CDC. Accessed March 3, 2018.
9. Gold KJ, Andrew LB, Goldman EB, Schwenk TL. “I would never want to have a mental health diagnosis on my record”: a survey of female physicians on mental health diagnosis, treatment, and reporting. *Gen Hosp Psychiatry.* 2016;43:51–57.
10. Goebert D, Thompson D, Takeshita J, et al. Depressive symptoms in medical students and residents: a multischool study. *Acad Med.* 2009;84(2):236–241.
11. Hope V, Henderson M. Medical student depression, anxiety and distress outside North America: a systematic review. *Med Educ.* 2014;48(10):963–979.
12. Cutilan AN, Sayampanathan AA, Ho RC. Mental health issues amongst medical students in Asia: a systematic review [2000–2015]. *Ann Translat Med.* 2016;4(4):72.
13. Maslach C. *Burnout: The Cost of Caring.* Los Altos, CA: Malor Books, ISHK; 2003.
14. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015;90(12):1600–1613.
15. Freudenberger H. Staff burnout. *J Soc Issues.* 1974;30:159–165.
16. Balch CM, Freischlag JA, Shanafelt TD. Stress and burnout among surgeons: understanding and managing the syndrome and avoiding the adverse consequences. *Arch Surg.* 2009;144(4):371–376.
17. Charles SC, Pyskoty CE, Nelson A. Physicians on trial—self-reported reactions to malpractice trials. *West J Med.* 1988;148(3):358–360.

18. Kozin SH. The richness of caring for the poor: the development and implementation of the Touching Hands Project. *J Hand Surg Am.* 2015;40(2):566–575.
19. American Psychological Association. The Road to Resilience. Available at: www.apa.org/helpcenter/road-resilience.aspx. Accessed September 19, 2018.
20. John F. Kennedy: "Statement by the president upon signing order establishing the Peace Corps." March 1, 1961. In: Peters G, Woolley JT. *The American Presidency Project*. Available at: <http://www.presidency.ucsb.edu/ws/?pid=8513>. Accessed September 21, 2018.