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FROM THE DESK OF THE PRESIDENT

Trouble on the Bridge

As I approach the mid year as the presiding officer of the North American Spine Society, I wish to share some observations and reflections. It has truly been a privilege to serve in a leadership role in a society committed to improving itself and spine care. This commitment is validated by the development of evidence-based guidelines, multidisciplinary educational offerings (from Puerto Rico to Hawaii and in a state-of-the-art facility in Chicago), and the heightened emphasis on professional growth. While the majority of NASS membership is surgical, its diversity of membership and promotion of a multidisciplinary approach to spine care elevates its presence and credibility in our nation's capital. In this season of change, the North American Spine Society stands in an unprecedented position to influence health policy.

To leverage this opportunity, I have encouraged our Society and its leadership to build bridges among our diverse membership and their constituent societies. Building bridges facilitates the flow of ideas and resources between communities otherwise separated by physical or ideological barriers. As we merge our unique cultures and become more unified in our pursuits, our efforts gain momentum.

Change is upon us. Some perceive this change as a threat. Others see an opportunity for growth. In part, both are right. In the face of mandated change, we must seek to preserve what is good in spine care and evolve in problem areas.

I wish to acknowledge and respond to voices on both ends of these bridges. Some ask us to retreat from our pursuit of transparency and accountability. They warn that these changes will stifle new technology development and devalue industry-based advances in spine care. At the other end of the bridge, alarmed voices decry a culture so polluted by greed and bias that a purge with

complete personal and societal divestiture of real or potential conflicts is required.

Both sides passionately decry the threat posed by the other. Both cite credible evidence to validate their claims. Each side believes that resolution and growth require the other side to capitulate. Yet, our history and literature suggest that pursuit of either extreme ultimately destroys the bridge, resulting in fragmentation and isolationism.

From distinct points in our diverse spine communities or the ends of our bridges:

I hear:

...that the North American Spine Society is no longer a surgical spine society. Its mission to advocate for surgical care has been diluted or emasculated by diversity.

...that the medical and interventional members of our society and their initiatives are not recognized and are, in fact, subordinate to surgical care special interests.

I hear:

...that society and industry relationships are so conflicted and detrimental that they must be purged from leadership and from societal functions.

...that government regulation and new technology development costs imposed by these regulations fuel the economic burden of health care and devalue spine care providers.

I hear:

...that rigid scientifically derived evidence is the only platform upon which quality and cost-effective care can and should be provided.

...that rigid scientifically derived evidence is impossible to obtain and that innovation and advances in our field will only be achieved in a hybrid or experience-based environment.

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As voices rise with their multitude of concerns, I hear a cacophony. These voices are rising from all of the communities within NASS. As they become more intense and even extreme, the spine care community risks becoming fragmented, weakened, and even fully disconnected.

Conversely, if we focus on our collaboration and the greater spine care community, we can leverage this greater size and strength into meaningful impact in health care economics and policy. At the risk of sounding cliché, together we are strong. Fragmented, we are doomed. Participation, leadership and a willingness to serve the greater spine care community are key elements to growth and strength. Bomb throwing and extremism are universally destructive.

I invite and implore all of those voices of concern to join in the bridge building effort. Volunteer and participate as an active member of NASS or a constituent so-

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ciety in the spine care community. Work to collaborate, not to divide and isolate. Give your leadership constructive ideas. Maintain a high level of professionalism in your own practice. Seek to suppress the intense competition among individuals and societies. No one individual or element of our spine care profession wins alone. We succeed from the center of a strong bridge.

The North American Spine Society has a rich heritage as a surgical spine care organization that broadened its approach and the relevance of its mission by embracing approaches and members from other disciplines. NASS also carries rich

traditions of industry collaboration and evidence-based patient care and member education.

NASS's current mission seeks to strengthen the bridges between these groups and to lead with a dedication to quality, professionalism and advocacy. Together, from the center of this bridge, we can declare that members of our North American Spine Care Societies provide the best care and that its value should be recognized. The realization of this mission will require effort and dedication from all of our constituent spine care communities. Building bridges, not barriers.