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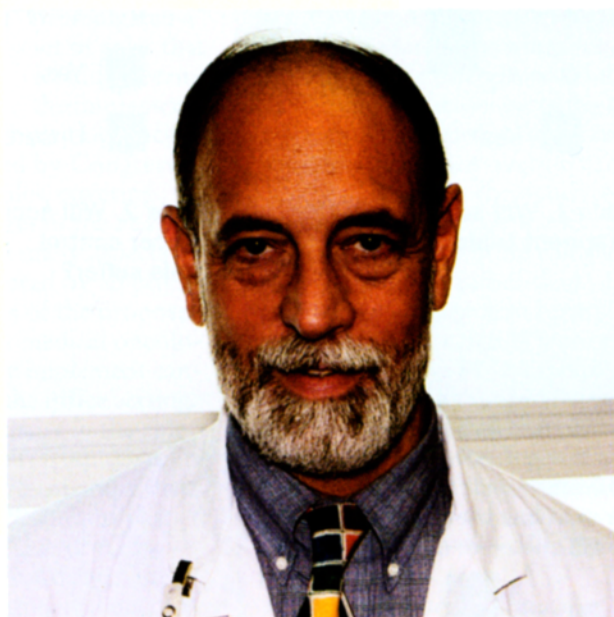


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An Interview with ACCC President

Robert L. White, M.D., F.A.C.R.



Q *You are only the second radiation oncologist to serve as ACCC president in the Association's twenty-four-year history. What do you expect your term will signify for the specialty of radiation oncology and the Association as a whole?*

A We all want to be able to provide the best possible care for our patients. Seamless cooperation among specialists from the three primary medical areas of oncology management—medicine, surgery, and radiation—is essential for providing optimal patient care. As resources and dollars shrink, all oncologists must develop a greater sense of interdependence.

Specialists in radiation oncology are an integral part of the oncology team and will continue to serve our

patients in the cancer community and to optimize the interdisciplinary care of our patients. As the second radiation oncologist to serve as ACCC president, I hope I will represent my specialty well by incorporating the issues of all the members of the oncology team.

Q *You have been very committed to the team approach in oncology care. What impact are managed care and other market forces having on this team approach?*

A At the present time, managed care and other market forces have fragmented patient care in many markets. In some cases general practitioners who are not trained or experienced in oncology

are managing multidisciplinary cancer care. The development of multidisciplinary patient care guidelines may help to defend the role that all oncologists play in optimizing patient care and improving outcomes for patients with cancer.

Q *What challenges do you foresee for the Association and its members? How will ACCC help its members meet these challenges?*

A The challenge before us for the next several years is to continue to provide the best possible care for our patients in the community setting. There are many obstacles in our way: managed care, declining reimbursement, and increased regulation. By developing

standards for cancer programs and patient care guidelines, fostering multidisciplinary team approaches, and providing a forum for networking and problem solving, we will continue to help our members meet these significant challenges.

Q Will you initiate a specific agenda during your term as president? What will be your major areas of focus?

A My main areas of concentration will be to increase multidisciplinary cooperation and to continue marketing the benefits of community cancer care.

Q You have a long history of involvement within ACCC, as chairman of ACCC's Program Committee, member of the Guidelines Development and Strategic Planning Committees, and past-Chair of the Radiation Oncology Special Interest Group. How have these positions helped prepare you to assume leadership of the Association?

A When I first joined ACCC, my interest was focused on radiation oncology. I became chairman of the Radiation Oncology SIG. Over the years, through the networking and interdisciplinary interaction that takes place throughout the Association, I have become more aware of the global issues involved in the interdisciplinary management of care provided to patients with cancer. A broad background in oncology and years of interaction with all the important elements within ACCC have helped prepare me for this leadership role.

Q In addition to your work as a radiation oncologist at the Washington Hospital Center Cancer Institute in Washington, D.C., you also hold teaching positions at the George Washington University Medical School and Howard University School of Medicine, both in Washington, D.C. What insights do these teaching experiences reveal about the

future of radiation oncology? What are your students' greatest concerns and expectations for the future?

A Most of the students with whom I have had the opportunity to teach and interact are focused on learning the art and science of radiation oncology to provide good care for their patients. They want to be the best physicians they can be; their goal is certification in the specialty of radiation oncology.

Another primary concern of most of my students is their ability to earn an adequate living in a profession they enjoy. Most of my students do not understand the importance of socioeconomic issues regarding the specialty and the field of oncology. I try to provide some exposure to these important issues. I also try to stress the importance of being a good citizen within the specialty as well as being a good physician. I encourage participation within the community hospital setting and in national professional, clinical, and socioeconomic organizations as an important part of shaping the oncology field for the future.

In many ways the opportunity to teach young students brings more insights and joy to the teacher than to the students. It continues to be a pleasure and a privilege to help shape the minds and the experiences of young physicians entering the field.

Q A recent annual survey of ACCC institutions shows that, while the majority of ACCC members participate in clinical research protocols, overall participation declined slightly for the second year in a row. What can ACCC do to reverse this trend?

A The ability of community cancer programs to participate in important oncology clinical research is a major goal of the Association. Eighty-five percent of all cancer care provided in this country takes place at the community level; thus, it is essential that research takes place in those settings. The difficulty has been the unwillingness of the insurance

industry and managed care companies to pay for clinical research.

What ACCC members can do as a collective body is to call for improved design of clinical trials. The demanding requirements for conducting clinical trials often unnecessarily add complexity and costs. Minimizing administrative burdens such as paperwork and strict eligibility requirements are examples of how this process can be enhanced to ensure that this important function will continue in the future. Moreover, we must continue to work for appropriate coverage of trials by payers.

Q By the year 2005, oncology is predicted to be the largest component of health care in the United States. Will community cancer centers be ready for this challenge? What must ACCC do to help them prepare?

A As I mentioned, the majority of cancer care is provided in the community. As the population ages and cancer incidence increases, community hospitals will shoulder a tremendous amount of this burden. Community cancer care will have to maintain a high level of quality to be able to meet this challenge.

In my tenure as president, ACCC will continue to promote issues central to us all:

- obtaining adequate reimbursement that provides for quality care for patients with cancer
- building interdisciplinary cooperation
- promoting participation in clinical research
- advocating for and supporting national and state legislation that benefits patients with cancer and their families.

Our journal, *Oncology Issues*, and multiple national and regional conferences are just some of the mechanisms through which we help you, the membership, prepare for the many challenges ahead.

It is with great humility and pleasure that I am able to serve in a leadership position with the Association of Community Cancer Centers. ■