

Southern Medical Association : A Unique Organization -Needed Now As Ever Before



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Submission: March 25, 2026; **Published:** April 15, 2026

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Abstract

The Southern Medical Association [SMA] has a long history [1906] as a regional medical organization whose mission is foster multiple medical specialties to discuss important medical problems , incorporate surgical and medical research to improve medical care, and be a means of mentorship for the next generation of healthcare professionals. The evolution of the SMA over 120 years is presented. It details changes over time, responding to a better understanding of medicine and surgery and changes in the culture . It has maintained its mission to bring together multiple disciplines, to rationally discuss important health related issues for the betterment of people and society in general.

Keywords: Southern Medical Association; Medical organization; Medical care

Abbreviations: SMA: Southern Medical Association; FDA: Food and Drug Administration; AI: Artificial Intelligence

Early 1900's - a time much like now

The turn of the twentieth century is very similar to today . It was a time of immense change in society. The technological revolution resulted in improvements in transportation [cars and trains], communication [telegraphs and telephones], and food [candy and sliced bread]. Medicine improved based what was learned at northern and southern institutions. John D Rockefeller [1] discovered oil in the USA ,and simultaneously perfected its efficient production. He was also able to successfully market the product. This hydrocarbon can be converted to several fuels. Through organic chemistry over 6000 everyday products now exist which has changed the world [2]. He became one of the richest persons who has ever lived [3]. He saw human health as a major focus of his philanthropic projects establishing public health schools at Harvard & Johns Hopkins [4] that led subsequently international efforts to combat infectious diseases through public sanitation and vaccines. He championed the standardization of medical training based on The Johns Hopkins Hospital and idea of clinical rotations. Abraham Flexner in 1910 recommended ways to improve medical education [5]. Unfortunately, despite improving medical education in many ways, it is now recognized

that a major negative effect by closing 82 'insufficient 'medical schools ,with only 66 remaining. Historically black medical schools , which were the only entry point at the time for qualified applicants decreased from 7 to 2 Thus, racial disparities in medical education were created , that persist to this day [6]. Because of fraudulent medical practices ['snake oil'] earning money with unproven and sometimes injurious methods [7] the Food and Drug Administration [FDA] [8] was created to improve the quality of the food supply and drugs available to Americans.

The Center for Disease Control [CDC] was subsequently established [9]. The MMWR [12/24/1999] lists the 10 major achievements public health successes during the 20th century that it is responsible for (Table 1) [10]. Improvements were made to improve peoples' health : transportation, work conditions and environment etc. These measures along with better health care have resulted in declines in heart disease and stroke. However, recently we are seeing a decline in average life expectancy in the USA [11] which was 47 in 1900, 68 in 1950 ,and 79 in 2014 . However, it has continued to decline putatively influenced by the Covid pandemic and drug related deaths [12,13]. Bowman

[14] notes that citizens in Spain and Switzerland live 5 yrs longer than the USA despite spending less on healthcare . The USA trails multiple other modern countries using several indexes [infant mortality , rise of multiple chronic diseases etc.] [12]. Multiple causes have been cited, although their relative importance is presently undetermined and will require further research in multiple fields . There is data that geographic , and structural issues in the US leads to disparities that need to be addressed [12, 15-18]. There is evidence life style choices [diet ,exercise and traditional vices [smoking and alcohol] are also important [19-22]. The government for the most part has managed these issues in a top - down fashion . Alcohol restriction and anti-obesity measures such as the food pyramid have been unsuccessful [23-25].

Table 1: Medical and Public Health Achievements of the Twentieth Century.

Vaccinations
Motor Vehicle Safety
Control infectious diseases
Less deaths from Coronary Vascular Disease and Strokes
Safer Foods
Healthier mothers and babies
Family Planning
Drinking water Fluoridation
Found tobacco a Health Hazard

The Twenty First Century

We are now living at a time similar to Rockefeller’s : massive technological changes having a profound effect on people and society in general . Concurrently, alternative medical regimes are popularized. There are significant differences between today and , however . The world’s population then was 1.6 billion compared to 8.3 billion now [15]. Additionally, the less developed world has the fastest population gains. Communication has logarithmically improved because of digital technology , the internet and artificial intelligence [AI] [26,27]. There always been hucksters often peddling unproven ‘cures’ for profit. However, unlike earlier times many are untrusting of traditional medical claims. Both sides of the political spectrum are seeking non-traditional medical care because they think that the current model is lacking . Lawrence Grouse [28] likens the current quandary in medicine similar to the issues that President Eisenhower warned, in his military industrial complex speech of 1961 when he cited the dangers of government influenced by large multi-national corporations [29]. Medicine over 60 years has become more controlled by the federal government. In 1970 total spending on healthcare was \$ 7.8 billion ,while in 2024 it ballooned to \$ 5.3 trillion [30]. Other sectors of our society i.e. news media, education, entertainment etc. have consolidated, and in many ways are participating in varying to support governmental initiatives [i.e. during Covid

years].

The worldwide culture today in many places, has ideological groups not able to even agree what the facts are [31-33]. Returning to training and practicing MD’s, in the past, they received such inducements as travel, business lunches etc. Once these were federally regulated, the pharmaceutical and medical device companies began giving money for research to professors, especially those who were editors of major medical journals [34]. Dr Angell a former editor of the New England Journal in 2009 [35] summarized these issues which were previously voiced by her mentor Arnold Relman two years earlier [36]. How is one to use up to date evidence, if it may be suspect ? The amount and validity of evidence is a major issue. Some have questioned research since many published studies cannot be duplicated elsewhere [37,38]. Peer review is also under assault because a new drug / device may be recommended by 5 positive studies ,while 10 negative studies go unpublished. “Reporting bias” is a serious problem and has been discussed for centuries [39,40]. Freshwater et al recently showed that 70 % of research published in 5 plastic surgery journal [2002-2022] was tainted by design issues [41]. Roger Bacon a father of empiricism [42] used science to obtain new knowledge.

He noted that there was a tendency to report positive results over negative [43] and there other sources of bias. Even Robert Boyle, a progenitor of technology had expressed similar views [44]. Today these problems are more acute. Knowledge i.e. data is accumulating at an ever faster pace because of advances in human communication, and scientific discoveries. Mortimer J Adler [45], a noted 20th century intellectual opined that knowledge and understanding are both needed in interacting with the world. However, at some point, further knowledge no longer improves understanding a phenomenon. Not all things need to be studied in further depth, because everything in this world has a cost whether money , time or resources are expended. Improved connections, more specialized collaborative education and more sophisticated research tools have improved the medical and allied sectors. However, since we are early in this era, issues such as coordinating care, ordering tests and specialist referrals need to be done with the patient in mind. Patient autonomy is respected; their time is seen as valuable, and empathy to the emotional effects this episode has on the patient and their family is mandatory. All care givers must maintain adherence to Hippocrates’ first principle [‘do no harm’] [46] and the ‘Golden Rule’ [47].

History of the Southern Medical Association

The Southern Medical Association was founded in 1906. It’s primary purpose was as a scientific body of physicians and surgeons, to foster the art and science of medicine through education. It’s purview encompassed members professional journey, from trainees to practitioners [48]. It continued to evolve, responding to scientific and cultural influences. It’s

membership has expanded in expertise and the inclusion of non-medical professionals i.e. statisticians, music therapists, wellness specialists etc. Membership now extends well beyond the South . Business services are now an important part of the SMA, ranging from insurance products and CME opportunities. Thus far, thousands of hours of education, 46,000 scientific peer-reviewed publications, and \$3.5 million of financial have resulted. A supportive, collegial atmosphere is also a crucial ingredient for its success.

SMA as one model of 21st century medical education

Table 2: Factors that make mentors essential in medical education.

Complexity of data
Volume
Diverse sources
Requires advanced statistical methods
Historical context important
Realize new problems with quality control
Teaching clinical practice
Mental factors
Dexterity factors
Discipline and control issues
Philosophical issues
Teaching research methods
Scientific method
Hypothesis
Experimental design
Management of project
Analysis of data
Present findings
Talk
Written paper
Teaching Teaching methods
Teaching business methods

Howard Gardner of the Harvard Business School in 2006 published “Five Minds for the Future” a seminal work for the 21th Information Age [49], where he argues the importance of each of these skills to flourish in this new epoch of human history. Others agree [50]. The structure and history of the SMA shows it values the ‘tools’ of discipline, synthesis, creativity, respect and ethics. Having attended the last two meetings [MFA], I was struck by the energy of all participants ,who all share the common purpose of improving the human condition. Debate was encouraged, but everyone adhered to the SMA tradition of civility. There is renewed interest in the importance of joy in human life [51,52]. Archimedes in antiquity uttering ‘eureka’ after a discovery [53]. Not long ago, CS Lewis discusses joy in several of his works [54,55]. Neuropsychologists, recently have studied joy and the

emotional effects of music [56,57]. It is not an exaggeration that I both observed joy and fellowship ,and emotionally experienced it. Mentorship has always been importance in medicine [58 ,59]. artists [60], builders [61]. Even lawyers [62], business men [63] have emphasized it’s importance in development [personal and professional]. Mentorship is even more in medical education today for multiple reasons (Table 2). First, data [knowledge] is rapidly accruing at an exponential rate [64].

The sources are diverse in specialty, geographic locations, and socioeconomic levels. This necessitates several other considerations. Second, teaching medicine requires inculcating mental skills [memory, thinking, synthesis and creativity]. Third, this enterprise requires philosophical inquiry [multiple areas i.e. metaphysics, logic, epistemology, ethics ,aesthetics etc.] [65]. Fourth, learning these skills requires disciplined , motivated and resilient people [54,55]. Teaching research methods and the scientific method is crucial for medical education – an axiom that SMA has emphasized since its inception. The doctor of this age must also be a teacher, and knowledgeable of best business and management practices. The traditional medical model i.e. history, physical, analysis of data and treatment is still applicable today [66]. Newer technological techniques including AI need to be utilized by the doctor to aid clinical course, but I think human interaction is still essential. Professor Salvatore Mangione at Jefferson Medical Center has spent much of his career addressing this concern [67,68]. Recently, MFA has discussed this issue [69], and delved deeper in the into the pro and cons of Artificial Intelligence [70]. History has shown that technological advances require time to evaluate efficacy and deficiencies [71]. Moreover, people over millennia have adapted to the effect of analog virtual reality.

Early philosophers including Socrates ,thought that humans had all the tools needed to live in the physical world and mental capabilities to ponder deeper questions [72]. He argued that externally recording thoughts i.e. writing would weaken human memory [the first cyborg debate]. The introduction of writing [broadly defined] allowed important data access to only a few [rulers, clergy etc.] for millennia. Inventors over centuries made tools from the printing press, telephone , to tv etc. changing the average person’s person experiences ,which also transforms how people think, feel and act [73 -74]. All these changes, externally and internally evolved at a pace that allowed humans to adapt over centuries. Moreover, these chances hastened by the Industrial Revolution were mechanical. People not only knew how these devices performed ,but understood how. This fact encourages active agency. Gasoline powered cars are an example.

They allow greater freedom of movement, can be modified depending on the task i.e., drag racing , car shows and hauling. More importantly , most people can afford them ,some have more. Weather conditions rarely effect their reliability. Finally, because of mechanical components, maintenance and repairs are simple,

most of the time. This car analogy is appropriate for evaluating the pro/cons of digital virtual reality which is being hoisted upon us quickly and in most sectors of our lives. People do like the advantages of navigation aids and enhanced entertainment options in most cars today. However, enhanced safety and convenience has a price. Repairs, now are complex, sometimes running day. There are other issues concerning civil liberties, that these cars are involved in, which will not be discussed further. However, there should be debate on the pace of digital introduction today - it's needlessly disruptive, overly totalitarian in execution, and a significant factor in cultural upheaval leading to tribalism and lack of civility. Returning to medicine, we need to take steps dealing with these changes that are occurring. The next generation, health care providers need to learn how to maximize advantages, while still maintaining the excellence and compassion for patient care.

Conclusion

I think the future of fruitful collaborative enterprises are organizations, where participants are actively engaged, respectfully pursuing a common goal 'The Truth'. It can never be achieved in an imperfect world, but serves as a goal in a journey we all in. The SMA since its inception embodies these ideas.

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DOI: [10.19080/GJO.2026.28.556248](https://doi.org/10.19080/GJO.2026.28.556248)

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