

## Theodore Coutsoftides, MD Colorectal Surgery

*Please give us your professional history and perspective on the current state of medicine.*

In the late 1970s, after completing general surgery and colorectal fellowships at the Cleveland Clinic, I came to Southern California to set up a colorectal program at the VA hospital, then spent two years full-time on the UCI faculty. In 1979 I opened my private practice at St. Joseph Hospital as a general and colorectal surgeon. In 1990, realizing the need for a more didactic program, I switched to only doing colorectal work and have done that ever since. Since then the volume and quality of the program have increased tremendously. We are the only hospital in the county, except at the University, with a dedicated colorectal program. More than 95 percent of the colorectal cases here are done by **Drs. George Moro, Anita Gregory** and me. A lot of areas didn't exist when we started, such as treatments for incontinence and constipation. And, because we have a dedicated program with a comprehensive team approach, we're able to participate in national research protocols for treatment of various stages of colorectal cancer (CRC), as well as prophylactic treatments of colon polyps, etc. Currently we're participating in at



least a half dozen trials. Surgery remains the mainstay treatment for CRC. However, the procedures are often less invasive and medications are greatly improved.

In my 30 years of practice I've been on "the trip of a lifetime." I have thoroughly enjoyed building the Colorectal Program and believe it can grow more. Physicians here have been trail blazers and have historically worked well as a team in spite of our differences. I hope that will continue – I want to have good care when I'm older! Although I hope to take more time off I plan to keep working. I have a very busy practice, seeing about 60 patients a week.

Medicine is changing dramatically, with more government oversight and less reimbursement. It's unclear which will be the preferred model of care in the future. I hope physicians have the option to practice the way we think is most effective, in equally supported but different models. The changing environment and struggle over who will control the pie pits doctors against doctors, government, hospitals and insurance companies, which is hard on everyone. As long as that uncertainty exists there will be tension. But unless doctors take the lead and have input into future care

delivery, we'll have to take what we're given.

In the United States physicians have always stretched the envelope and tried new things, but if you look at what happened in England, which went to a national health system in the 1950s, you see that they stopped being innovators. My hope is that will not happen here. This country has to come to grips with social issues. We concentrate resources on end-of-life care due to family expectations and legal issues, rather than on preventive efforts. In other countries care is more equally distributed and people aren't afraid they'll lose their homes to pay for their medical care. With healthcare reform we won't have the Cadillac of care but care would be more equally distributed.

*How do you spend your time off?*

I enjoy time with my family, especially playing with my first grandchild, a three-month-old baby girl. To decompress I like to travel, and at least once a year I go back to see family and friends in Cyprus, where I'm originally from, and Israel, where my wife is from and I went to medical school. We have also enjoyed visiting Europe, although on my last trip to Greece a couple of years ago I developed a back infection and had to fly back for surgery. Thanks to the excellent work of **Dr. Jeffrey Deckey** I fully recovered.



A PUBLICATION FROM THE ST. JOSEPH HOSPITAL MEDICAL STAFF OFFICE

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