As immediate past president I have been asked to write one final presidential column. I have chosen to address three separate issues.

The first is a personal note and reflects my feeling over my recent personal tragedy. I wish to use this column to express a sincere and deep appreciation to our many beautiful friends in ALIMDA who were so supportive to me after Mary's sudden death. The support one receives from friends is truly sustaining and will long be cherished. Mary was a unique person and contributed enormously to me and to ALIMDA in the planning and the development of our annual meeting.

The dedication of our 1982 Transactions to her is indeed a worthy and valued tribute. Her death from a totally unsuspected intracranial saccular aneurysm further emphasizes our fragile existence. As medical underwriters it is a condition that remains virtually out of our ability to identify and predict. It is my fervent hope that research -- in part stimulated by Mary's death -- will provide some clues as to who harbors potentially lethal lesions; lesions that now appear amenable to the progressing laser surgery.

The second portion of this column will be devoted to suggesting an expanded role for Medical Directors in the socio-economics of medicine. Experiences this past year, especially incident to ALIMDA's election to the AMA House of Delegates, emphasizes that Medical Directors are indeed on the "cutting edge" of medicine and insurance.

Changes in both industries during the 80's promise to be marked and challenging. I must urge each and every ALIMDA member to go that extra mile and extend himself or herself to become involved in local, state, and national medical organizations.

As the compression of health financing becomes more evident, confrontation with our full-time clinical colleagues may develop. An established credibility in the local medical community should go a long way in resolving conflicts.

We, as knowledgeable Medical Directors, need to be in the forefront of assisting our clinical colleagues to resolve third party problems. We must reflect dispassionate objectivity and maintain flexibility in the give and take of meaningful negotiations. It is my belief that those of us who have existed for some years in the corporate setting have acquired skills of flexibility that are often absent from our clinical brethren. This ability to identify and resolve issues without defensive hostility must be shared and stimulated in our clinical colleagues. Our value to our patients, our policyholders, and to our companies can only be enhanced by pursing such activity.

The third and final issue that I wish to address is the quality of the Medical Directors' contribution to the public and to his company, especially as we reflect the ultimate authority and expertise on mortality and morbidity. We have all been overexposed to the litany that Medical Directors must become good officers of a company by understanding management skills and the full significance of "bottom-line" performance. Certainly we all endorse the need for these skills in our Medical Directors, however I would like to urge each of us to continue to be the best medical underwriter from a pure quality standpoint.

I am more than a bit concerned that as competition forces more and more tough business decisions motivated strictly by bottom-line psychology our basic reason for existence of rendering an important insurance service may be lost. I would urge all to critically analyze management decisions that impact on your function especially as medical underwriters and if we perceive that quality service is sacrificed for bottom-line performance then we have failed our public. As informed Medical Directors we must continue to demonstrate leadership that will temper such direction.

In conclusion, it has been an honor and a privilege to serve as President of ALIMDA and I am most confident that the leadership has now passed to a most capable Medical Director, Hal Kost. I wish him the best.

Paul Metzger