

A Name Change for ACPA?

All of us who are members of the American Cleft Palate Association have been aware for a long time of the groundswell for a change of name for the Association. We have been equally aware of thoughtful, if at times rather emotional, resistance to any change at this time. However, the Council has now been petitioned by 11 members to bring the question of a name change to a vote of the Association. The Council *must* comply with this request as required by Article XVI of our Constitution.

It is important for the members of the American Cleft Palate Association to be very sure that no one is attempting to "railroad" a change of this type through the rather intricate workings of the Association. However, in order to be responsive to the attitudes of its members, the Association's Council must continue to consider and reconsider this important issue. For this reason, two strong spokesmen for opposing points of view were asked to prepare statements for publication as Guest

Editorials in the *Cleft Palate Journal*. As Editor of the *Journal*, I am pleased to publish the enthusiastic statement of R. Bruce Ross, D.D.S., who favors a name change, and the testimony of Hughlett L. Morris, Ph.D., who is a strong advocate of keeping the name as it is.

It is our hope that these two statements will provide our members with new ideas on both sides of this issue and that, when the question comes before the membership again, the final decision—whatever that may be—will be based upon the careful thinking of the members of the Association.

The *Cleft Palate Journal* does not endorse either of these statements but presents them here for information and in order to provide a foundation for any discussions which you may wish to have and for the voting soon to take place.

Betty Jane McWilliams
Editor, *Cleft Palate Journal*

The Case for Name Change of ACPA A New Perspective

R. BRUCE ROSS, D.D.S.

If an organization is to remain vital and stimulating for its members, it must have the energy and foresight to adjust when the situation demands. We have often considered the desirability of changing the name of the American Cleft Palate Association to the American Craniofacial Association or some other appropriate designation. Such discussions and eventual decisions provide an excellent opportunity to evaluate our association, its goals, and its future.

There was a time when treatment was limited and results were usually poor for children with many of the craniofacial anomalies so that interest in them was more academic than practical. Today, however, advances in sur-

gical techniques and the formation of teams of specialists have solved many of the old problems but have led to the discovery and creation of many new ones. The clinical management of craniofacial anomalies is at the stage that cleft palate management was about 30 years ago. The team approach to cleft habilitation has been the model in most craniofacial centers and has proven invaluable. Even more important, many of the same people are involved. This is a critical point. At the heart of most teams who are treating craniofacial anomalies successfully are people who are active members of the American Cleft Palate Association.

A craniofacial team, however, requires ad-

ditional specialists beyond those normally found on a cleft palate team. It is important to the habilitation of children with craniofacial anomalies that their clinicians communicate and interact with each other and with their counterparts in other clinics. The usual method of doing this is to form an organization to share experience and knowledge and to stimulate new approaches. ACPA serves this purpose at the present time but is somewhat limited by the need to attract new specialists who could provide new breadth in the organization and contribute to greater interaction among specialists. We need more pediatricians, ophthalmologists, neurosurgeons, developmental biologists, teratologists, and many others.

It is my belief that ACPA is the organization best suited to focus on the multidiscipline approach to the management of all craniofacial anomalies, including cleft lip and palate. If we do not act, the role will fall to some other organization by default. Potentially valuable members will join other organizations, while many of our present members will be forced to choose or, at least, will have divided loyalties with divided support. There are only so many meetings one can attend and so many organizations one can support.

The increase in treatment capabilities has another implication for clinicians who are involved only in cleft palate programs. It is incumbent upon them to recognize other anomalies and know something of the current treatment modalities so that these patients can be referred on to appropriate clinics or centers. If ACPA does not advance into full recognition of the craniofacial component of our association, I am afraid we will lose much of that component, to the detriment of all.

The fear is expressed by the small minority opposing change that cleft lip and palate with all its unsolved problems would be pushed into the background in favor of more exotic and exciting conditions. This could not happen. ACPA people are involved with cleft lip and palate more than they are with all the

other anomalies combined. This is true even in the large craniofacial centers where clefts comprise the largest population of patients. We will continue to be a clinically oriented organization, and that demands continued concern with cleft lip and palate.

The question is not whether there should be a change in the American Cleft Palate Association. That has already happened. We have made the transition from the organization I joined 20 years ago, when we were concerned almost exclusively with cleft lip and palate, to an organization concerned with all craniofacial malformations. It has been a slow and very gentle change as successive annual program committees and Journal editors, charged with accepting the best material of most interest to the members and readers, gradually included more and more papers on subjects not directly concerned with cleft lip and palate. One has but to attend an ACPA meeting and note the interest in these papers to realize that the membership has accepted the drift with enthusiasm. The commitment to all craniofacial anomalies has been irrevocably made.

It remains to change once again (for the fourth time since its founding) the Association's name to truly reflect the nature of our organization and the interest of its members. Unfortunately, it is impossible to change names in a slow and gentle manner. It must be done in an instant—"The king is dead, long live the king." Nostalgia is a powerful motivator, and the desire to hang on to good old things may cause many of our members to resent a change. I predict, however, that, from such a change, the organization would derive new energy and enthusiasm without sacrificing the aims and general direction of the old. It does not make sense to preach isolation while practising expansion. Let us formalize our commitment by identifying ourselves and serving as the focal point for the habilitation of individuals with any craniofacial anomaly with special emphasis on cleft lip and palate.

The Case against Name Change of ACPA

HUGHLETT L. MORRIS, Ph.D.

There are several important reasons for retaining the present name of the American Cleft Palate Association. All relate primarily to the identification of the organization and to the continuity of that identity.

1. Identification is, of course, the central issue, affecting both members and the public.

a. The name of the organization ought to reflect, in the clearest possible manner, the central and unifying interest of its members, the interest that distinguishes it from other organizations. Without question ACPA members have interests in a wide variety of topics; however, those topics are satellites clustering around the central interest of cleft lip and palate. While many members frequently give clinical, research, and teaching time to related disorders and to related areas of consideration, the large majority focus their activities on cleft lip and palate, and that focus has been the greatest strength of the organization. Changing the name of the organization would diffuse and subsequently weaken that focus.

b. There is great justification and need for an organization that focuses on the birth defect of cleft lip and palate. The defect continues to be one of the major birth defects, both in frequency of occurrence and in severity of disorder. The segment of the population who are affected (patients and families) need and deserve a strong professional organization that is recognized for expertise in that specific disorder. A change that removes the generally-acceptable terminology for the defect from the name of the organization weakens that recognition factor.

c. An objective of a professional organization such as ACPA ought to be the realistic integration into society of individuals with the disorder. In general that is accomplished by communication to the public about the disorder, treatment methods, and reasonable goals for habilitation. The first of those three is probably the most important, and is best achieved by simply doing every thing possible to acquaint the public with the term *cleft palate*. A change in the name of the organization to a more generic term, but one that also

is more obscure to the public, will not serve that important purpose.

d. The argument that the present name of the American Cleft Palate Association is unnecessarily restrictive is not persuasive. There are other, more useful, methods for indicating satisfactory latitude of interest by the organization and its members. Some are already in use. For example, the first sentence of the preamble to the Association's Constitution establishes interest by members of the organization in "the person with a cleft palate and associated deformities of the mouth and face. . ." In addition, the subtitle of the *Cleft Palate Journal* reads: *An International Journal of Craniofacial Anomalies*. Finally, at the recent annual convention, 21 of 56 papers and posters had titles that did not contain the words cleft, lip, or palate, and they ranged in subject from methods for writing clinic reports, to various aspects of craniofacial anomalies, to EMG studies, to adenotonsillectomy, to the abnormal mandible, to sleep apnea. How much greater latitude is needed?

e. In most discussions about a name change for ACPA, some terminology that includes *craniofacial disorders* is usually suggested. The idea seems to be that the term craniofacial disorders is more inclusive, and that it clearly includes cleft palate (and cleft lip). The trouble is that, in general, that term is usually associated with such severe disorders as Apert's and Crouzon's anomalies. Consequently, the implications are that the central interest of the organization with such a title and that the central activities of its members are directed to those disorders and others like it. While many ACPA members may be interested in these disorders and may examine and treat such a patient on an occasional basis, their predominant clinical interest is cleft lip and palate. One reason that is true is the relatively rare occurrence of CFA disorders, certainly much, much rarer than cleft lip and palate. Another reason is that there is a clear trend for CFA disorders to be treated by only those management teams which are comprehensively staffed, well equipped, and

widely experienced for this kind of health care. This trend is proper, and highly commendable. The members of ACPA ought to assume leadership in the national health community in fostering such a delivery system for these disorders, and to refrain from providing primary health care for these patients if they lack the necessary expertise. The implication to the public that all members of the organization are qualified by training and experience to diagnose and treat these disorders is misleading and should be avoided.

2. While secondary to the matter of identification, the issue of continuity is nevertheless relevant and important.

a. The Association has made considerable headway in establishing identity on the national scene and in certain federal governmental circles, as well as internationally. A name change will certainly threaten that continuity, at least for several years.

b. The *Cleft Palate Journal* is well established, and is recognized as the periodical in the health sciences community as the vehicle for dissemination of information about cleft palate and related disorders. A name change

for the Association would probably lead to a need for a change in the journal's title. Common knowledge about such matters of journal indexing indicates that changes in a periodical's title leads to considerable confusion, and should be avoided if at all possible.

Conclusions

The present name of the American Cleft Palate Association clearly and accurately reflects the central interests and activities of its members. The name is not restrictive and allows needed latitude to include interest and expertise in related disorders and processes. Continuity on the national and international scenes is important, and should be disregarded only under very special circumstances. Any name that includes the term craniofacial disorders is misleading about the general clinical practice and interest of most of ACPA's members, and will indicate a more specific level and kind of expertise than presently is the case. The use of that term in the Association's name will actually be misleading to the public.