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CUMC Commencement notes. 2/5/79

Medicine in past has evoked images of magical potency in the capacity to relieve pain, avert death and restore health. Indeed, in most of the world, medicine is still practised as magic.

The very deflation of myth, part of the construction of effective therapeutics on a scientific basis, has put medicine into the most conflicted position it has had in American history. Physicians are still the most admired members of the community, according to all objective polls; yet they are under unremitting attack for failing to deliver a magical healing, and offering powerful instrumental and chemical tools instead. The same abjuration of divine power, on the part of the physician, has sharpened ethical controversies on the proper use of biological knowledge -- when the doctor no longer is willing or authorized to decide, who then is? So doctors face suspicion about the motive and effectiveness of their ministrations, and harassments that range from malpractice liability, questions about their incomes, demands for legal due process in securing so-called informed consent for every action, government control over what drugs are authorized. Many of these attacks are a litigious disputation for sharing some of the power vacuum; all have some substance in a society that insists on the democratization of decision-making in every sphere.

.... These questions have come to a head in controversies about whether we really need more doctors: one widely quoted economist puts it that every doctor graduated imposes about \$250,000 per year in social costs (in supporting services as well as his own income), and in a tone that implies grave doubts whether this doctoring has any value.

In these circumstances, it would not be surprising if some of you young graduates had internalized these doubts, wondered about the worth of your own careers.....

Care vs. cure : an illegitimate antinomy

True caring is not only listening to the needs of the individual patient, it is taking care to learn enough to know what is best to do... That learning is institutional as well as personal... The most humane-minded physician should be the most concerned about the opportunities for research advancement that face us today, and the impediments to their realization

Outlook ... We do face the opportunity to relegate atherosclerosis, cancer schizophrenia to the medical curiosities that TB and malaria are today...

[handwritten addend: How to face innovation responsibly?

Do CME -- and not on the ski slopes! cf Gary Trudeau -- looking back]

Lacking in medical education and institutional arrangements are an adequate interface between clinical learning and practice; basic science; preventive health science; rational policy choice and resource allocation. The measures now being pursued around the 68th St. Corner may do something to formalize a broadening of education that is now the personal responsibility of each of you for your further careers.

_000901 CUMC commencement May 1979.

This was a experience

I was totally blindsided about the fact that this was the closing of the CUMC school of nursing, and that was the main thing on the audience's mind. My lighthearted remarks intended to show affection and respect must have seemed utterly callous.

I had been asked to address the medical students, and I did so; but it should have been more obvious to me what was going on during the proceedings per se.