

18-3

SPEECH

BROWN UNIVERSITY MEDICAL SCHOOL

COMMENCEMENT

PROVIDENCE, RI

MAY 29, 1990

C. EVERETT KOOP, MD

GREETINGS, ETC.

I AM DELIGHTED AND HONORED TO BE INVITED TO SHARE WITH YOU THIS SPECIAL DAY, THE DAY YOU RECEIVE YOUR DOCTORATE IN MEDICINE, THE DAY WHEN ...AT LONG LAST...YOU GET TO BE CALLED "DOCTOR".

I CAN RECALL THAT FEELING AS THOUGH IT WERE ONLY YESTERDAY--INSTEAD OF 49 YEARS AGO-- THE DAY PEOPLE FIRST CALLED ME "DOCTOR KOOP". AND IT WAS ESPECIALLY FITTING THAT THE FIRST PEOPLE WHO CALLED ME "DOCTOR KOOP" WERE MY PARENTS AND MY WIFE.

**MY HOPE FOR YOU IS THAT WHEN YOU ARE AT MY END OF YOUR
MEDICAL CAREER, YOUR MEMORIES WILL BE AS REWARDING AS
MINE.**

**AND LET THE PLACE OF HONOR IN YOUR MEMORY BE FILLED
WITH THE PEOPLE WHO HAVE MADE IT ALL POSSIBLE:**

**YOUR PARENTS... REMEMBER THEIR ENCOURAGEMENT AND
SACRIFICE, THEIR LOYALTY AND COMFORT...DON'T EVER FORGET
THEM.**

**YOUR SPOUSE, FLANCE, THAT ONE PERSON WHO HAS GIVEN YOU
STRENGTH THROUGH LOVE. THEIR KIND OF GIFT IS PRICELESS.
I KNOW. MY WIFE AND I WERE MARRIED JUST BEFORE THE
START OF MY SECOND YEAR IN MEDICAL SCHOOL, AT A TIME
WHEN IT WAS ALMOST FORBIDDEN TO BE MARRIED IN MEDICAL
SCHOOL.**

AND DON'T FORGET YOUR CLASSMATES AND FRIENDS...THE PEOPLE WHO SHARED WITH YOU THE SAME AGONIES AND ECSTACIES, THE LONG DAYS AND LONGER NIGHTS, OF A MEDICAL EDUCATION.

AND FINALLY, DON'T FORGET YOUR COUNTRY. THAT'S RIGHT, YOUR COUNTRY. MANY OF YOU ARE HERE WITH SOME KIND OF HELP --DIRECT, SUCH AS A FEDERAL STUDENT LOAN, OR INDIRECT, SUCH AS SUPPORT FOR THIS SCHOOL AND ITS FACULTIES' INDIVIDUALRESEARCH EFFORTS.

BUT I'M NOT TALKING ABOUT MONEY ALONE. THE CITY OF PROVIDENCE, THE STATE OF RHODE ISLAND, AND THE UNITED STATES OF AMERICA ALL HAVE LAWS THAT HAVE MADE THIS SCHOOL AND THE QUALITY OF ITS EDUCATION POSSIBLE. THIS SUPPORT AND THESE LAWS ARE BASED UPON A FOUNDATION OF GREAT IDEALS, IDEALS THAT YOU WILL TRANSLATE INTO PROFESSIONAL PRACTICE, IDEALS ABOUT THE WAY TO ACT AND THINK AS A PROFESSIONAL PERSON IN AMERICAN SOCIETY, IDEALS THAT AFFIRM YOUR RIGHT TO QUESTION CONVENTIONAL WISDOM, TO WORRY ABOUT HUMAN DIGNITY, TO STICK TO WHAT YOU DEEM TO BE RIGHT, EVEN IN THE FACE OF MAJORITY OPPOSITION, IDEALS THAT JOIN YOU TO YOUR PATIENTS AND TO THE REST OF AMERICA, IDEALS THAT ARE VITAL TO MEDICINE BECAUSE THEY TRANSCEND MEDICINE.

**IT STILL SURPRISES ME WHEN STRANGERS SPEAK TO ME, BUT I
HAVE BECOME A RECOGNIZABLE FELLOW. WALKING ALONG THE
STREET IN WASHINGTON, IN THE NEW YORK SUBWAY. PEOPLE
COME UP TO ME:**

"HI, DOC!", OR "KEEP UP THE GOOD WORK!" OR,

**"I KNOW YOU! YOU'RE THE ATTORNEY GENERAL. KEEP AFTER
THOSE TOBACCO COMPANIES."**

**IF MY PLANE IS DELAYED, I OFTEN END UP HOLDING OFFICE
HOURS IN THE AIRPORT WAITING AREA.**

"YOU ARE THE ONE WHO FINALLY MADE ME STOP SMOKING!"

**OR EVEN, "SAY, I HATE TO BOTHER YOU, BUT I'VE GOT THIS PAIN
IN MY ELBOW..."**

**ONCE - AFTER HEARING AD NAUSEAM ABOUT SAFE CIGARETTES
AND SAFE SEX - A MAN OFFERED TO CUT ME IN ON HIS
INVENTION FOR SAFE HAMBURGERS.**

ON A NUMBER OF OCCASIONS I'VE BEEN RECOGNIZED BY A
STRANGER,

AND THEN PLEASED BY SOMEONE SAYING TO ME,

"I WANT TO THANK YOU FOR MAKING ME PROUD, ONCE AGAIN,
TO BE A DOCTOR."

I'M PLEASED, OF COURSE, BECAUSE I'VE GIVEN MY LIFE TO THIS
PROFESSION, AND IT HAS BEEN GOOD TO ME.

BUT SADDENED TO SENSE A NEED
FOR RESTORATION IN A FELLOW
PHYSICIAN

I WAS ONCE CALLED A DOCTOR'S DOCTOR AND A SPECIALIST'S SPECIALIST, BUT NOW I'D LIKE TO SPEAK --LIKE AN OLD FAMILY DOCTOR--DIRECTLY TO THE CLASS OF 1990, AND I INVITE THE FRIENDS AND FAMILIES OF THE GRADUATES TO LISTEN IN ON THE CONVERSATION I'M ABOUT TO HAVE WITH THESE YOUNG DOCTORS.

THIS IS A SPECIAL DAY ... AND A MAGICAL DAY. RIGHT AT THIS MOMENT, IT STILL FEELS LIKE THE LAST DAY OF YOUR MEDICAL SCHOOL EXPERIENCE.

**BUT BEFORE MANY MORE TICKS OF THE CLOCK, THIS DAY WILL
ONCE AGAIN BE AN OPENING DAY ... THE FIRST DAY OF THE
NEXT STAGE IN YOUR VOCATION OF MEDICINE.**

**AND I USE THE TERM "VOCATION" ADVISEDLY, BECAUSE OF ITS
ROOT TERM OF "CALLING."**

OURS IS A CALLING.

IT IS NOT A BUSINESS.

**YOU COULD HAVE CHOSEN TO MAKE MONEY DOING OTHER
THINGS.**

**YOU --AND I-- CHOSE MEDICINE BECAUSE IT COMBINED A QUEST
FOR KNOWLEDGE WITH A WAY TO SERVE, TO SAVE LIVES, AND
TO ALLEVIATE SUFFERING.**

**THE MEDICAL WORLD INTO WHICH YOU GRADUATE IS VASTLY
FROM
DIFFERENT ~~THE~~ THE ONE I ENTERED A HALF-CENTURY AGO.**

**WHILE PREPARING FOR THIS OCCASION, I TRIED TO RECALL
THOSE DAYS WHEN I WAS IN MEDICAL SCHOOL. IT WAS BEFORE
THE AGE OF ANTIBIOTICS ARRIVED. IN FACT, I WAS ALREADY
PRACTICING MEDICINE WHEN PENICILLIN FIRST BECAME
AVAILABLE.**

AND THERE WASN'T MUCH OF IT.

**FOR A WHILE, DURING WORLD WAR II, I HAD IN MY SMALL LAB
REFRIGERATOR THE ENTIRE PENICILLIN SUPPLY FOR ALL OF
PHILADELPHIA.**

THINGS HAVE CHANGED. I VENTURE TO SAY THAT 90 PERCENT OF WHAT YOU HAVE LEARNED IN YOUR COURSE OF STUDY FOR YOUR MEDICAL DEGREE IS DIFFERENT FROM WHAT I LEARNED IN MY YEARS OF EDUCATION AND TRAINING AT DARTMOUTH, CORNELL, AND PENNSYLVANIA.

THAT'S AN AWESOME FIGURE.

AND IT'S BEEN A CHALLENGE FOR MY GENERATION TO KEEP UP WITH THAT 90 PERCENT THAT'S NEW.

I'M THANKFUL THAT I WAS ABLE TO BE PART OF SOME OF IT:

**I WAS ABLE TO BE AMONG THE FIRST HALF DOZEN SURGEONS
WHO BEGAN A NEW MEDICAL SPECIALTY: PEDIATRIC SURGERY.**

**I WAS PRIVILEGED TO BUILD THE NATION'S FIRST NEONATAL
INTENSIVE CARE UNIT.**

**YOU PROBABLY CAN'T IMAGINE MEDICINE WITHOUT PLASTICS,
BUT I THINK I WAS THE FIRST PHYSICIAN TO USE A
POLYETHYLENE LINE INTRAVENOUSLY IN A PATIENT. I HAD
KNOWN THEY HAD BEEN USED IN CATS....THAT'S WHERE I GOT
THE IDEA.**

**SO NOW YOU MUST BE AMAZED AT HOW RECENTLY PLASTIC WAS
FIRST USED.... OR HOW OLD I MUST BE.**

**MEDICINE TODAY IS AT BEST AT A CROSSROADS, AT WORST IN A
CRISIS. I THINK THE PROBLEMS LOOM LARGE FOR ALL OF US.**

**BUT YOURS IS NOT THE FIRST GENERATION OF DOCTORS FACING
A STIFF CHALLENGE.**

**EACH GENERATION THAT MOVES INTO MEDICINE MOVES,
UNWITTINGLY, INTO AN AREA OF CONTROVERSY.**

**BUT SOMEHOW YOUNGER ENTERING PHYSICIANS DON'T SEEM AS
CONCERNED AS THE OLDSTERS WHO TALK WITH FURROWED
BROWS.**

**THESE PHYSICIANS, MY AGE OR A LITTLE YOUNGER ARE
UNHAPPY BECAUSE THE WORLD AROUND THEM HAS CHANGED
VERY FAST.**

THE GOVERNMENT INTRUDES IN THEIR PRACTICE AS NEVER BEFORE.

THEY GRUMBLE ABOUT NEEDING TO CALL UP AN INSURANCE OFFICE TO SEE IF A RECOMMENDED PROCEDURE WILL BE PAID FOR.. AND THEN TO FIND THE PERSON THEY ASK DOES NOT EVEN KNOW HOW TO SPELL THE PROCEDURE.

THESE PHYSICIANS DON'T LIKE WHAT THEY SEE, SO THEY HAVE THEIR EYES ON RETIREMENT.

THEN THERE IS A YOUNGER AGE GROUP, YOUR PARENTS' AGE. THEY DON'T LIKE THE CHANGES EITHER, BUT THEY KNOW THEY WILL HAVE TO ADAPT, AND THEY AREN'T TOO HAPPY ABOUT IT. THEY ARE THE ONES WHO TRY TO TALK YOUNG PEOPLE OUT OF GOING INTO MEDICINE. SHAME ON THEM. I'M GLAD NONE OF THEM DETERRED ANY OF YOU.

**THEN THERE IS YOUR AGE GROUP, THE YOUNG PHYSICIANS.
YOU HAVE GROWN UP WITH THE NEW SYSTEM, YOU ACCEPT AS
NORMAL THE PROBLEMS YOUR PARENTS AND GRANDPARENTS
GRUMBLE ABOUT. YOU STILL HAVE THE ENERGY AND OPTIMISM
TO MAKE THINGS HAPPEN.**

**THE FUTURE OF MEDICINE IS IN YOUR HANDS....AS NEVER
BEFORE.**

WE NEED YOU.

WE NEED YOU TO MAKE A DIFFERENCE.

WE NEED YOU BECAUSE THE AMERICAN PEOPLE ARE DEEPLY CONCERNED ABOUT THE STATE OF OUR HEALTH CARE SYSTEM. HERE ARE A FEW OF THE PROBLEMS FOR WHICH YOU WILL FIND SOLUTIONS:

IN THE LAST FEW DECADES AMERICAN MEDICINE HAS BROUGHT US TO THE PLACE WHERE WE ROUTINELY EXPECT MIRACLES TO HAPPEN -- EVEN THOUGH THE REAL WORLD OF MEDICINE ISN'T ALWAYS ABLE TO DELIVER.

WE HAVE THAT SITUATION RIGHT NOW WITH AIDS.

**IN OTHER WORDS, WE HAVE A CLEAR GAP IN OUR SOCIETY
TODAY BETWEEN WHAT WE WOULD LIKE TO SEE HAPPEN IN
HEALTH CARE ... AND WHAT CAN REALISTICALLY HAPPEN IN
HEALTH CARE.**

**MANY OF OUR GREAT EXPECTATIONS COME FROM OUR ABIDING
FAITH IN EVER-IMPROVING MEDICAL TECHNOLOGY.
BUT NOW, I BELIEVE THE PUBLIC WONDERS IF MEDICAL
TECHNOLOGY MIGHT BE A MIXED BLESSING.**

WHAT WE HAVE IS A RISE IN THE NEW TECHNOLOGIES

AVAILABLE TO PHYSICIANS ...

**BUT, AT THE SAME TIME, A DECLINE IN THEIR SIGNIFICANCE FOR
A SUBSTANTIAL NUMBER OF PATIENTS.**

**YOU WILL HAVE TO DEAL WITH THESE ISSUES AND THEY WILL
STRAIN YOUR SENSE OF ETHICS.**

THE GROWING GAP BETWEEN OUR ASPIRATIONS AND OUR
RESOURCES
~~ABILITIES~~ WILL BE COMPLICATED FOR YOU BECAUSE OF
COMPETITION BETWEEN THE EVER-GROWING NUMBERS OF
ELDERLY FOLKS AND THE SHRINKING NUMBERS OF YOUNGSTERS
UNDER EIGHTEEN.

DURING MY 8 YEARS AS YOUR SURGEON GENERAL I DEALT WITH
ADVOCATES FOR CHILDREN AND I DEALT WITH ADVOCATES FOR
THE ELDERLY. THEY ARE BOTH VERY DEDICATED AND VERY
PERSUASIVE GROUPS. AND BOTH WILL BE QUITE RIGHTLY
COMPETING FOR A LARGER PIECE OF A SMALLER PIE. THEY ARE *BOTH*
WORRIED THAT THEY WON'T GET THEIR SHARE WHEN IT IS
DIVIDED UP.

**THERE'S SOMETHING TERRIBLY WRONG WITH A SYSTEM OF
HEALTH CARE THAT SPENDS MORE AND MORE MONEY TO SERVE
FEWER AND FEWER PEOPLE.**

YOU'LL HAVE TO TRY TO FIX THAT, TOO.

**COSTS CONTINUE TO CLIMB, AND THE AMERICAN PEOPLE HAVE
NOT BEEN ASSURED, IN ANY RATIONAL AND MEASURABLE WAY,
THAT THE HIGHER COSTS OF A HEALTH CARE WILL IN FACT BUY
THEM A PROPORTIONATELY HIGHER QUALITY OF SUCH CARE.**

You'll have to fix that, also

**REMEMBER THAT MONEY IS MORE IMPORTANT TO YOUR
PATIENTS THAN IT WILL EVER BE --OR SHOULD BE-- TO YOU.
PEOPLE ARE GENUINELY CONCERNED, EVEN FRIGHTENED, BY
THE COST OF MEDICAL CARE.**

**I URGE YOU DEAL WITH THAT PROBLEM HEAD-ON.
TALK WITH YOUR PATIENTS AND THEIR FAMILIES ABOUT THE
COST OF THE TREATMENT THEY ARE ABOUT TO RECEIVE.**

DISCUSS WHAT THINGS ARE COVERED BY INSURANCE, AND WHICH ARE NOT. MAKE THEM AS KNOWLEDGEABLE AS YOU CAN.

THEN, TOO **THE HEALTH CARE MARKETPLACE IS NOT FREELY COMPETITIVE AND, HENCE, IT HAS VIRTUALLY NO MODERATING CONTROLS WORKING ON BEHALF OF THE PATIENT.**

IN HEALTH CARE, RIGHT ACROSS THE BOARD, PRICES HAVE GONE UP IRRESPECTIVE OF THE QUALITY OF CARE BEING DELIVERED OR OF ANY OTHER MARKETPLACE CONTROL.

**AND, TRY AS THEY MIGHT, I DON'T SEE THE MEDICAL
PROFESSION ACHIEVING MUCH SUCCESS IN SELF-REGULATION.**

**THE HEALTH CARE SYSTEM IN AMERICA TODAY IS A TERRIBLE
MORAL BURDEN FOR SOCIETY TO BEAR, IN THAT THE SYSTEM
DOES NOT RESPOND AT ALL TO SOME 12 TO AS HIGH AS 15
PERCENT OF OUR POPULATION.**

AND IT IS A TERRIBLE ECONOMIC BURDEN FOR SOCIETY TO
BEAR, IN THAT THE SYSTEM SATISFIES ITS OWN UNCONTROLLED
NEEDS AT THE EXPENSE OF EVERY OTHER SECTOR OF
AMERICAN SOCIETY.

~~NEEDS TO CHANGE~~ THAT SYSTEM. HAS TO BE CHANGED
NOT JUST A LITTLE CHANGE HERE AND A LITTLE CHANGE THERE.

WE NEED TO BRING ABOUT A PROFOUND CHANGE, ACROSS-THE-
BOARD, IN THE WAY WE MAKE MEDICAL AND HEALTH CARE
AVAILABLE TO ALL OUR CITIZENS. WE NEED YOUR
PARTICIPATION IN THAT PROCESS, TOO.

YOU CAN DO IT.

YOU'VE HEARD THAT THERE IS A LEADERSHIP VACUUM IN
AMERICAN MEDICINE TODAY.

WELL, FILL IT. ^{BY} DON'T BE TEMPTED ~~FOR~~ A "QUICK FIX" SOLUTION.

THERE IS A
~~THE~~ GROWING INFATUATION WITH FOREIGN NATIONAL HEALTH
SERVICES, ~~IS~~ BASED MORE UPON DISSATISFACTION WITH OUR
SYSTEM THAN UPON UNDERSTANDING OF ANOTHER ONE.

MOST AMERICANS DO NOT REALIZE THAT ANY NATIONAL HEALTH SERVICE, IS BASED UPON PLANNED SCARCITY.

EXPERIENCE THE WORLD OVER HAS SHOWN THAT WHEN GOVERNMENT ECONOMIC CONTROLS ARE APPLIED TO HEALTH, THEY PROVE --IN TIME-- TO BE DETRIMENTAL.

EVENTUALLY THERE IS AN EROSION OF QUALITY, PRODUCTIVITY, INNOVATION, AND CREATIVITY. THIS IS ESPECIALLY TRUE OF RESEARCH. THEN, LACK OF RESPONSIVENESS TO PATIENTS. FINALLY, RATIONING AND WAITING IN LINES.

**NONETHELESS, WE NEED TO CHANGE THE WAY WE DO THINGS.
WE HAVE THE PARADOX OF TOO MUCH CARE AND TOO LITTLE
CARE FOR DIFFERENT SEGMENTS OF SOCIETY AT THE SAME
TIME. AS HIGH-TECH MEDICINE GROWS OUT OF CONTROL,
UNBRIDLED BY INFORMED PURCHASERS, MANY PEOPLE ARE
DENIED BASIC PREVENTIVE AND PRIMARY CARE.**



**TEN YEARS FROM NOW YOU WILL BE DOING ONE OF TWO
THINGS:**

**EITHER YOU WILL BE WORKING WITH THE PUBLIC TO FREE US
ALL FROM A HASTILY IMPOSED NATIONAL HEALTH SERVICE,
OR,**

**YOU WILL BE PRACTICING MEDICINE IN A WAY VERY DIFFERENT
THAN ~~FOR~~ IT IS DONE NOW, AS PART OF THE BEST SYSTEM OF
MEDICAL CARE IN THE WORLD, BUT ONLY AFTER A DECADE OF
DIFFICULT/CHANGE.**

THE OPPORTUNITY IS NOW.

THE TIME IS SHORT.

THE STAKES ARE HIGH.

THE ALTERNATIVES UNDESIRABLE.

**IT REMAINS TO BE SEEN WHETHER OR NOT AMERICAN MEDICINE
SEIZES THIS ONE AND ONLY OPPORTUNITY, WE'LL SEE. LEAD**

IT YOUR VOICE AND YOUR ENERGY

**IN THE MEANTIME, WHILE WE WAIT FOR NATIONAL OR EVEN
STATE LEGISLATIVE SOLUTIONS, AS PHYSICIANS, AS WELL AS
CITIZENS, WE NEED TO DO SOMETHING FOR THOSE AMERICANS
WHO, UNDER OUR PRESENT SYSTEM, ARE DENIED ACCESS TO
REASONABLE CARE.**

**WE CAN DO OUR PART BY REVITALIZING THE PRACTICE OF
OFFERING FREE CARE TO APPROPRIATE PATIENTS.**

IN THE EARLY YEARS OF MY PRACTICE, BEFORE
BEFORE MEDICARE

~~BECAUSE~~ MEDICARE --AGAIN, I GUESS I SOUND LIKE AN OLD-
TIMER -- I FOUND MYSELF EXTRAORDINARILY FORTUNATE IF I
GOT PAID FOR 60% OF WHAT I DID.

BUT I WAS HAPPY IN MY PRACTICE, MY PATIENTS APPRECIATED
WHAT I DID, AND I CERTAINLY ENJOYED WHAT I DID FOR THEM.

**I SEE NO REASON WHY CERTAIN FREE CLINICS COULD NOT
OPERATE UNDER LAWS THAT FORBID LITIGATION.**

GIVING, CHARITY, HAS ALWAYS BEEN PART OF OUR CALLING.

WE OUGHT TO FIND WAYS TO DO IT WITHOUT PENALTY.

**I BELIEVE THE PHYSICIANS OF MY GENERATION HAVE A
STRONGER SENSE OF THE "ART" OF MEDICINE, AND TEND TO
GIVE LESS VENERATION TO THE "SCIENCE" OF MEDICINE.
MAYBE WE CONDUCT OURSELVES THAT WAY BECAUSE WHEN WE
WERE FIRST STARTING IN PRACTICE, THE SCIENTIFIC
UNDERPINNING FOR OUR PRACTICE WAS, TO BE HONEST,
RATHER MARGINAL.**

**BUT WHAT'S THE REAL SIGNIFICANCE OF THE STATEMENT THAT
"PREVIOUS GENERATIONS OF DOCTORS PRACTICED THE ART,
RATHER THAN THE SCIENCE, OF MEDICINE?"**

**PRIMARILY, I BELIEVE IT MEANS THAT WE SAW MEDICINE AS A
RELATIONAL ENTERPRISE.**

**WE ASKED THE KINDS OF QUESTIONS THAT REFLECTED
CONCERNS ABOUT RELATIONSHIPS:**

HOW DID WE REACT TO PATIENTS?

HOW DID WE TREAT THEM?

HOW DID THEY RESPOND TO US?

DID WE CARE ABOUT THEM?

DID WE CARE ABOUT THEIR FAMILIES?

**WE HAD TO BE PEOPLE-ORIENTED BECAUSE, WITHOUT THE
BENEFIT OF C.A.T. SCANS OR N.M.R.s, JUST ABOUT EVERYTHING
WE LEARNED ABOUT OUR PATIENT CAME FROM THE TAKING OF
GOOD HISTORIES . . . THROUGH SENSITIVE DEALINGS WITH
FAMILY MEMBERS.**

**FOR ME THAT WAS THE FUN OF MEDICINE. EVERY PATIENT WAS
A CHALLENGE.**

**TODAY, YOU HAVE ALL THAT TECHNOLOGY TO HELP YOU OUT. IF
A PATIENT IS UNCOMMUNICATIVE FOR ANY REASON --INCLUDING
THE PATIENT'S AGE --YOU'RE NOT TERRIBLY UPSET BECAUSE
YOU'LL GET MOST OF THE INFORMATION YOU WANT FROM A
VARIETY OF MACHINES, LABORATORIES, AND TECHNICIANS.
NO DOUBT THESE DIAGNOSES ARE SPEEDY AND ACCURATE.
THE SCIENTIFIC ADVANCES IN MEDICINE IN THE LAST
GENERATION ARE MAGNIFICENT.**

**THEY HAVE PROLONGED MANY LIVES. WE HAVE ALL MADE FULL
USE OF THE ADVANCES IN MEDICAL SCIENCE FOR OUR PATIENTS**

...

AND OURSELVES.

**BUT THE SCIENCE OF MEDICINE SHOULD NOT ECLIPSE THE ART
OF MEDICINE. IN OUR SCIENTIFIC PROGRESS SOMETHING MAY
HAVE BEEN LOST . . . SOMETHING VERY IMPORTANT TO THE
CONTINUED STRENGTH OF THE MEDICAL PROFESSION: THE
RELATIONAL BOND BETWEEN PHYSICIAN AND PATIENT.**

WE NEED TO RESTORE THE DOCTOR-PATIENT RELATIONSHIP AND WITH IT, THE DOCTOR MUST REASSUME HIS OR HER POSITION OF RESPECT FOR ETHICS, MORALITY AND INTEGRITY.

WE NEED TO GET AWAY FROM THE CONSUMER-PROVIDER MENTALITY.

"CONSUMER" BRINGS TO MIND SOMEONE SHOPPING FOR GROCERIES OR CHECKING OUT THE FEATURES OF A NEW CAR.

"PROVIDER", ON THE OTHER HAND, SOUNDS LIKE A GARAGE ATTENDANT PUMPING GAS.

IF THE PATIENT THINKS OF HIMSELF PRIMARILY AS A CONSUMER, GETTING THE MOST FOR HIS MONEY, SHOPPING AROUND FOR A DOCTOR WHO CHARGES \$5 LESS FOR AN OFFICE VISIT, HE AUTOMATICALLY PUTS THE DOCTOR IN THE ROLE OF THE SELLER, GETTING THE MOST FOR HIS SERVICES.

IF THE DOCTOR IS PRIMARILY CONCERNED ABOUT COLLECTING HIS FEE, HE AUTOMATICALLY AROUSES THE CONSUMER MENTALITY IN HIS PATIENT. WE CAN'T HAVE PATIENTS WONDERING IF THEIR TREATMENT IS DETERMINED BY THE DOCTOR'S FINANCES.

**IF PEOPLE REFER TO YOU AS A "HEALTHCARE PROVIDER",
CORRECT THEM. REMIND THEM YOU ARE A DOCTOR, AND THAT
YOU WORK, NOT WITH CONSUMERS, BUT WITH PEOPLE WHO ARE
YOUR PATIENTS.**

**WE MUST VIEW OUR PATIENTS AS HUMAN BEINGS, AS ALLIES,
WORKING WITH US IN THE STRUGGLE AGAINST DISEASE.**

**TREATING OUR PATIENTS LIKE ALLIES IN THE FIGHT AGAINST
THEIR DISEASE MEANS BEING CLEARER AND MORE COMPLETE
ABOUT INFORMED CONSENT.**

THAT MAY MEAN TELLING MORE ABOUT WHAT WE KNOW IN
SOME CASES, SHARING OUR UNCERTAINTIES IN OTHERS.

IT MEANS COMMUNICATING CLEARLY WITH ORDINARY PEOPLE
WHO ARE UNDER GREAT STRESS.

IT MEANS KNOWING WHAT WE DO SO COMPLETELY THAT WE
CAN MAKE IT CLEAR TO PEOPLE WHO DO NOT COME FROM A
MEDICAL OR SCIENTIFIC BACKGROUND. YOU NEED TO *KNOW*
~~UNDERSTAND~~ THAT IF THEY DON'T UNDERSTAND, IT'S YOUR
FAULT, NOT THEIRS.

**EARLY IN MY OWN PEDIATRIC SURGICAL PRACTICE, I
DETERMINED THAT I WOULD MAKE MY PATIENTS' PARENTS
ALLIES WITH ME AGAINST THEIR CHILD'S SURGICAL PROBLEM.
I'VE SAT DOWN AND TALKED WITH THE PARENTS OF MY TINY
PATIENTS.**

**WE'VE SWEATED OUT THE HOURS TOGETHER IN RECOVERY.
WE'VE BEEN ON THE PHONE TOGETHER WITH COMMUNITY
SERVICES AND VOLUNTARY AGENCIES TO SEE WHAT KIND OF
HELP WILL BE OUT THERE WHEN THE FAMILY TAKES ITS BABY
HOME.**

HAS IT BEEN WORTH IT? YES, IT HAS. . . ON MANY LEVELS.

HUNDREDS
**FOR ONE THING, I'VE GOTTEN TO KNOW ~~DOZENS~~ OF
COURAGEOUS, GENEROUS, COMPASSIONATE FAMILIES.**

**I MAY HAVE HELPED THEIR CHILDREN OVERCOME SOME
DISABILITY. . . BUT THEY ALL HELPED ME OVERCOME
PESSIMISM, DEFEATISM, FRUSTRATION, AND DISCOURAGEMENT .
. . FEELINGS THAT ARE COMMON ENOUGH AMONG HARD-
WORKING PHYSICIANS.**

I DID THIS SIMPLY BECAUSE I THOUGHT IT WAS GOOD MEDICAL PRACTICE, BUT IT ALSO HAD THE UNFORSEEN DIVIDEND OF HAVING NO ONE SUE ME FOR 40 YEARS WHEN I WAS IN PRACTICE.

I'M SURE THAT BOTH THE DOCTOR AND THE PATIENT WOULD PREFER TO HAVE THAT OLD RELATIONSHIP OF TRUST THEY USED TO HAVE.

**UNLESS WE RESTORE THE DOCTOR-PATIENT RELATIONSHIP, WE
HAVE LOST OUR WAY COMPLETELY.**

IT CAN BE RESTORED.

**BUT IT WILL TAKE COMMITMENT/ BY PEOPLE ON BOTH SIDES OF
THE STETHOSCOPE.**

LET ME CLOSE BY SAYING:

I HAVE NEVER REGRETTED GOING INTO MEDICINE.

I'D DO IT AGAIN TOMORROW.

I'M GLAD YOU ARE DOING IT TODAY.

I ADMIRE YOU. I ADMIRE YOUR ENTHUSIASM ... YOUR OPTIMISM

... YOUR VIGOR ... AND I ENVY YOUR OPPORTUNITY.

MAY GOD GRANT THAT YOU USE THEM ALL TO MAKE A WELCOME

DIFFERENCE.

THANK YOU.

#####