Invited Address to the Indiana University School of Medicine Class of 2005

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Good evening Dean Brater, fellow faculty, distinguished guests, and most especially, Class of 2005, our honored graduates.

It is a pleasure and deep honor to be here addressing you tonight. I must admit, I am quite nervous; I have given many talks, maybe hundreds, but this one has disturbed my sleep, and not because our Dean is here, or many of my own mentors, teachers, colleagues and friends. It is your presence here, Class of 2005,
I have thought hard and solicited suggestions from many sources.
The consensus from all – keep it short;
From the students – stories might be ok
From faculty – no platitudes, please

For myself – no powerpoint tonight – figure you have had more than enough for the time being.
I have thought a lot about my own medical experience, internship especially, and life beyond, and at the heart of these experiences lie stories.
People tell us stories of the most personal nature; sometimes straightforward, often times not.
Our ICM I students this year – a terrific group – remarked several times that they were surprised that perfect strangers would offer them the most intimate details of their lives- just because they asked.

So – our patients tell us stories – which we call Histories.
And we tell each other our patients' stories – which we call consultation or conference.
And finally, we tell ourselves these stories back, with an interpretation – perhaps a diagnosis, a treatment plan-
These stories are accompanied by any one or more – emotions and values (which we usually ignore, at the risk of our healing values)-
Sometimes – satisfaction at being correct, at knowing, at being helpful;
Sometimes regret – for being unable to know or help
Anger – at our own impotence or ignorance, or at an obstreperous patient
And occasionally gratitude – for the trust given, and forgiveness we experience.

We tell and receive these stories in order to make sense of our experience, to perceive the meaning in our lives and work.

I want to share three stories, which have special meaning for me. The persons involved taught me powerful lessons and I am indebted.

The first – I was a new junior student on call as an extern in St. Francis Hospital ER (in those days, we did not have a required selective in ER, and it was considered especially helpful if one could land such a position).
I had just gone to bed, about 2 am – ER staff called and told me there was an RHC on the 4th floor – go up and do it.
I was sleepy – uncertain – what is an RHC?
Heavy sigh – somebody died, respirations have ceased – go up and pronounce.
Wide awake now – umm, what do I do?
The physician realized my inexperience and kindly outlined the pe steps – then said don't worry too much – the nurses are pretty good at this.

So up I went and into a dark single room – tiny wizened man in bed, sheet to chin, frail arms exposed; single light at head of bed. I was so nervous –
Started as I usually do with a formal introduction (just in case…) – And then, a rustle from the dark corner, and a tiny elderly woman emerged from the shadow, blanket around her shoulders. I gasped – she said – Oh, my dear, is he all right?
I was pretty sure he wasn't but was unprepared to speak so soon to his wife. So I shook my head, and took her hand and asked if she would mind waiting with the nurse for a few moments while I examined him (couldn't bear to do it in front of her).
She nodded, and passing, patted first his arm, and then mine, as if in comfort – and said "he's been sick for so long…" smiled, left.
I pulled myself together, went through the exam – the nurses were right, but I thought there should be something other than this silence to mark the passing of man.
Out to the nurse – called the attending who declined to come in and said I could tell his wife the patient was dead. So I found her sitting in the dark lounge, alone, looking at the night lights through the picture windows. I sat down next to her with no idea of what to say – but she made it easy. "He's gone, isn't he?" I nodded, she teared, and so did I. I asked if there was someone to call and she said her son was on the way. She said – we were married over 50 years. I didn't know what I was supposed to do, but I knew what I could NOT do - I could not leave her, so I listened in the dark as this woman, no longer a stranger, told me the story of their courtship and lives together. There was no way to help except to listen, and witness.
This was the first time I felt the possibility of being a healing presence.

The second story is harder to tell – I don't come out very well in it. With this patient I felt something I never expected to feel – anger, fear, resentment.
I was an intern at Riley on the teen unit – my patient was a bitter young man. At 16 his osteosarcoma had caused an amputation of the right leg at the hip. The first time I saw Brian he was in the central dayroom playing pool with another patient. Both were bald, negotiating IV poles and lines, and Brian was balanced on his one leg and crutch, expertly using a cue – he was a deadly good aim: an excellent pool player, a really miserable patient.
He was very ill, chemo not working – and he was so angry that he cursed and screamed at nearly every one who went into the room – occasionally threw things at me, although nothing sharp. The only person who visited was his grandmother – and there was one nurse he adored and absolutely trusted, Kathy. I used to try to time my work rounds to hers – Brian would ignore me, while I had to draw blood or do other unpleasant things if Kathy were there.

I understood intellectually that he was suffering, but still my feelings swung between fear of his outbursts and resentment at being treated meanly. It felt very personal – I could not help him and only seemed to annoy him.

One night I was on call, exhausted, and got the dreaded page from teen unit – Brian was vomiting blood and what could I do about it. This was serious – we were shifting from aggressive therapy to comfort measures only. I went in, dreading the whole encounter on every level. The scene was grim, but eventually whatever we tried worked and he stopped vomiting. The nurse, not Kathy of course, and I sponged him, changed linen etc. and tried to make him more comfortable. He seemed ready to sleep and I thought, truly, he would prefer me gone. As I started to ease out he said – do you have to go? Could you stay? I was shocked – nodded and sat down in the chair at his bedside. For the rest of the night we dozed, I think, in between episodes of wretching.

It was a turning point in our relationship – I had not thought possible. I think we each were so desperate that night in our own ways, and finally connected at some very basic point.

All these years later, I think of him with a mixture of admiration, regret and gratitude: admiration for the ferocious determination he had to live in the face of an unrelenting cancer; regret for my colossal failure of empathy and patience; and gratitude for the moment of connection and peace.

And finally – fast forward to the first month as faculty member in dermatology – another July, 1st month for residents too. I was so excited and happy to be back here.

A Wednesday afternoon, I was only modestly behind – Bill, new resident, came into the staffing room very excitedly announcing – we have an admission. Well, I thought – we'll see about this. Dermatologists are allowed 1-2 admissions/year… Really he said – this is an 82 year old man with osteomyelitis of his right foot, sent by surgeons with x-rays and everything. Patient would not consent to surgical debridement and IV antibiotics – so they sent him, not knowing what else to do.

Mr. B had twinkling eyes, a heavy Eastern European accent, and a really awful looking foot. He had cut the top of his shoe off – otherwise he could not have fit into it. After introductions I said – please tell us about this foot.

"Well Doctor, (smiling) in 1932 I escaped from the Russians." I sat down. 20 minutes later we were up to 1946. I was aware of the passing time, but couldn't figure out what to do about it. (When the first year students worry about not controlling an interview, I share this story – always make them feel better).

Eventually we got up to the present – reviewed his X-rays, the recommendations of surgery – he understood, he said, what we were proposing and what we feared for him, including death by sepsis – but still he refused. Now, standing up since I thought we were nearly done – May I ask why you refuse? Because, Doctor, I will not leave my wife. Bill looked impatient, I sat back down. Tell me about your wife. She is very sick, I think she will die soon. She doesn't speak good English and I will not leave her. I will do anything else, including standing on my head in the corner, if you tell me.

So – we negotiated aggressive outpatient therapy and a return visit for 1 week later. On the way out of the room, the resident flung the chart into my hands and said – "I will not put my name in this chart – this is malpractice. You MUST admit him." I said – would you have him arrested? Because I think that is what it would take." He stalked off to another patient, I finished the chart. Eventually, Bill and I were able to share our mutual anxiety for Mr. B, our regret that he was

making a dangerously imprudent choice, and finally, to acknowledge with respect, the love and loyalty which framed his choices. It was an important moment of connection, and I felt self-consciously the role of mentor. (At least Bill no longer thought I had lost my mind).
Happily, miraculously, Mr. B improved dramatically and cared for his wife for many months until she died, at home.

These and countless other experiences (which mercifully I will NOT share tonight) have helped me come to understand something about our profession, about what it is to be a human being, and what it means for me to try to be a teacher and healer.

I have only a few more comments left – and please forgive me if they sound a bit proscriptive.

This – medicine – is good work, intrinsically, and it is an instrumental good.
There are many seductions ahead for you – remember, always, that you have a choice about how to think about every aspect of your lives.

1. About time – all of us routinely groan that we have no time to do X – go through informed consent, visit our dying patients and speak to their families, take our children to Brownies, exercise, whatever. In fact, time is what we do have – even next year as interns, when you will reach the limits of your physical, mental and spiritual endurance. We choose how to spend our time.

2. About money – try to keep perspective. You will be targeted for charities, for investment opportunities etc. How much do you need? What should you give? How much is enough? What makes one feel rich, or still wanting?
Even with decreasing reimbursements and other shifts in payment schedules, all US physicians still make more than 95% of people in the rest of the world. Surely, we can live with that.

3. Choose your professional partners as carefully as your life partners. You will spend more time with the former and be identified with the practice. Try to find the persons who will help you be the best physicians, partners, parents, teachers, etc that you can be – if you are lucky enough, work with them, marry them.

4. Be aware that you are regarded as community leaders, by virtue of your intellect and education. Accept the challenge. Knowledge is power, and a professional uses his/her knowledge for the good of others. Be discerning – one of the darkest moments in medicine has to be the contribution German physicians made to Nazi atrocities. How did that happen?
In less dramatic terms – work for your children's school, for environmental commissions, to help inform public health policy, to decrease disparities in healthcare and to improve the treatment of the most vulnerable and marginalized among us.

And finally, a word about love. In 28 years of school, training and practice I have heard only three people speak of love – for patients, for the work, for the ideals of the life chosen.
I hope you love your lives as healers. Please let us know how you get on. Congratulations to all, and good luck to the mini-marathoners tomorrow – especially Team Dermatology!

I offer final words from that famous doctor, Dr. Seuss:
Be who you are and say what you mean, for those who mind don’t matter; and those who matter don’t mind.