

## **Commencement Address to Class of 2009**

by Dr. Daniel Van Durme

Welcome, parents, friends, guests and most especially students. To the students, my most heartfelt and sincere congratulations! I am humbled and deeply honored to be asked to speak today and to be able to share a few thoughts with the students. The rest of you are welcome to listen in, but this is for the . . . doctors.

Four very short years ago, on May 16, 2005, you were graduating college and making plans to start medical school in a couple of weeks. Most of you were both thrilled and terrified. Would you be as successful in medical school as you were in high school and college? Could you do it? Did you have what it takes? And what is IT anyway? Throughout medical school we endeavored to fill your head with factoids, teach you how to think and reason, help you develop your skills at communication as well as clinical skills and generally keep you so busy that you had little time to think and worry about whether you COULD do it, right up until now when it is clear that you DID do it. Congratulations, bravo and well done!

I would like to share some thoughts about what and where you are going from here. After all, this is called a commencement ceremony. Think about it for a moment; although you are graduating, we call it commencement because something is about to commence, to begin. That is the next stage in your development to ultimately be a practicing physician. I know that I currently stand between you and your diploma, so I will try to keep things brief. But I also know that Dr. Littles needs a bit more time practicing the correct pronunciation of many of your names.

I want to share some words, some thoughts that will have meaning for each of you. Even though you are budding young surgeons and psychiatrists, pediatricians and pathologists and ophthalmologists and orthopedic surgeons, there are some universal truths that I hope you carry close to your heart. The practice of medicine, whether it be in the laboratory or the operating room, the office, the bedside or the nursing home, is about one thing. The patient. Serving the patient,

providing care for and truly caring for the patient. We need the science and we need the tools, we need the genome and imaging, but why? To care for the patient.

In order to do this, to care for the patient and do it well, I would encourage you to constantly hone both your science and art of medicine. Develop your competence, your clinical expertise, your fund of knowledge and recognize this as essential but insufficient by itself. You MUST also develop and maintain your compassion, your altruism, and your communication skills. Yes, your PEARLS and SOFTEN skills. For these two aspects are like the twin snakes that form a double helix, entwining the winged staff that forms the caduceus, one of the symbols of medicine.

Both the science and the art are essential. To have great compassion and caring without clinical skills is like being a charlatan or a quack. You could be a great talker but not be able to provide high-quality, effective care. While having great technical skills without the heart will make you an emotionally cold and distant mechanic for the machinery of the body. Not only will your patients be unhappy but so will you.

As you strive to constantly develop these complementary goals, you will quickly learn that each one drives the other. If you truly care about your patient and have great compassion and treat them as you would want your one loved ones treated, then it will motivate you to work harder to improve your other skills – to take a BETTER history, do a BETTER physical exam, to look up the BEST diagnostic and treatment options. And when you are dedicated to having the best possible clinical expertise and best outcomes, you will quickly realize that when you really care and really listen to your patients, they will open up to you more. You will become a brilliant diagnostician because you were the one who allowed and encouraged the patient to disclose the key sign or symptom. Your patients will feel better even as they walk out the door, long before they even filled the prescription, because your caring has allowed the history and physical to be not just a diagnostic process but truly a therapeutic process as well.

There is an old adage in medicine – people don't care how much you know until they first know how much you care. I encourage you to care deeply about your patients, for there is where the true joy and satisfaction of medicine is found. There will be some who will tell you to keep your distance and not get too attached to your patients. They will praise the value of objectivity in part to protect yourself when your patients do not recover and die. However, "objectivity" can be a code word for treating someone like an object and not a living, breathing and feeling person. Similar to another old adage, I would encourage you to remember that "It is better to have cared and lost, than never to have cared at all." Your patients want and NEED to see that you care. In order to avoid burnout and cynicism, you need to care. Only by caring can we as physicians always "win." We cannot always cure, we cannot always have the right diagnosis or the best treatment, we cannot save every patient, for everyone dies eventually. But we can always CARE.

And when we provide our care, it must be for the whole patient. Not just the disease of the day or the organ that happens to be failing, but the whole person. As doctors you will be healers. Ancient healers served dual roles in addressing both the physical and spiritual health of their people in order to make them whole. Indeed, the words "heal," "health," "holy" and "whole" all have the same roots in Old English. Look for how that diagnosis or disease state is impacting the person, their life, family and community. By understanding and addressing these aspects, your patient is far more likely to follow your treatment recommendations and get better quicker. So as we care, regardless of whether your chosen field is broad or narrow in scope, remember to care for the WHOLE patient.

In some leadership and other success programs, they use the phrase KNOW-BE-DO. There are things we need to KNOW, there are ways that we need to think and feel or BE and behaviors that we must DO. KNOW – BE – DO.

Your knowledge will grow continually. When I said at the beginning that you will no longer be called a student, it did not mean that you get to stop learning.

Medicine changes far too rapidly, so we all continue our education every day in residency and practice for the rest of our careers. There is a never-ending stream of what we need to learn and to KNOW.

How we must BE is defined by how we think and feel. It is an attitude of being caring, kind and compassionate as well as an attitude of being committed to excellence in everything.

I add a few comments on what you and we – all of us in medicine – must DO. We must act as servants. We must serve the needs of our patients. There will be times in residency that you will feel that you are serving the chart and you are overwhelmed by forms and paperwork. Your patient or their family will have questions or want to talk to you and you will feel as though they are getting in the way of your real work, which is completing your charting. But the patient's (and family's) needs are what your real work is. They need to be served. Talk to them, listen to them, answer their needs. Serving your patient may be as simple as fluffing a pillow or getting them a glass of water, or may be holding the basin while they vomit or holding their hand while they cry. It means going the extra distance for a patient and calling an insurance plan to convince a bureaucrat of the need for certain coverage. These are the things we must DO. While being mindful of your obligations to your faith and family, we all must sacrifice our time and efforts to do the tangible things our patients need.

I would also encourage you to serve patients by serving society. By choosing to become physicians, we have chosen to enter into a contract with society. We are given trust and many rights and privileges, and in return we are obligated to many varied behaviors and activities. I want to remind you of the readings of your first year of medical school when you learned of the work of the American College of Physicians and others who developed the Charter on Medical Professionalism. One of its key principles was that all physicians must be committed to the principle of social justice. We are obligated to promoting justice in the health care system and working actively to eliminate discrimination in health care, whether based on race, gender, religion, ethnicity or socioeconomic status.

Every person here knows that our current health care system has many, many problems. Major changes in the system are being debated now at the local, state and federal level, and there is no doubt in my mind that you will ultimately practice in a system that is markedly different from that of your teachers. You can serve society by reading, learning and discussing these issues with everyone you can. Encourage active dialogue and participation in the democratic process by writing or calling your elected representatives, who will be making profound decisions about how we address issues like 50 million Americans without health insurance. You can also serve in immediate and tangible ways as well to improve access to care. Talk to your residency faculty about the policies of the hospital or clinics, both written and hidden policies, that may be contributing to health disparities in the communities served by the residency. During your residency, you can volunteer at free clinics or homeless shelters. If your residency program does not have a relationship with these types of facilities, then help to create it. Just as many of you have created new programs during medical school, you can be the leader or the catalyst within your new communities in just two months.

You have all heard that a key element of the mission of our school is to educate and develop physicians who are responsive to community needs, especially through service to elder, rural, minority and underserved populations. We know that the majority of you will not be practicing full time in rural Wewahitchka caring for elder migrant farm workers, but every single one of you can serve those who need you most. Whatever your specialty and location, you can donate some of your time and talent to populations of greatest need. In those settings you will find the patients who are forever grateful. You will develop relationships with patients and like-minded doctors, nurses and other professionals that will bring a degree of job satisfaction that can be found nowhere else. You will find in these settings the words of Confucius, who said “choose a job that you love and you will never work a day in your life.”

As you soon take on the title of Doctor and the role of servant, I want to welcome you in your transition from student to resident to colleague and peer. I wish all of

you the best and I wish all of you great joy and happiness. As the great philosopher, theologian and Nobel Peace Prize-winning physician Albert Schweitzer said, "I don't know what your destiny will be, but one thing I do know: the only ones among you who will be really happy are those who have sought and found how to serve."