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## Commentary

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### **Humor, Humility, and a Little Bit of Hubris: Why they may be relevant to an incoming class of 60 medical school freshmen.**

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President Mortimer, Dean Hammar, colleagues, incoming Class of 2001, guests. I am deeply honored to be asked to give this address and I thank you for that privilege.

Please understand that my comments are specifically directed at these young people. Anybody else can listen in if they want. And so, to the students: Aloha and welcome.

You have heard and will hear more about the symbolic significance of the white coat. I will only add that in my view the white coat was first instituted as a symbol, not only of cleanliness and neatness, but also as a great leveller, so that all medical students, residents and physicians would be considered equal in the eyes of the patient. This soon broke down, however, probably because younger-looking faculty didn't want to be confused with residents or, heaven forbid, medical students. So faculty deliberately wore longer coats, with the chief walking around with the longest coat of all, reaching his ankles. As a matter of fact, when I first came here in 1975, I altered that tradition somewhat; I find long coats bulky and uncomfortable, and therefore ordered short white coats for myself. When I wore one the first time, I was told by a colleague that I needed a longer coat because otherwise I would be mistaken for a student. I might add that I've aged considerably since then and I doubt that the confusion would exist today. Over the years, however, I've considered that remark a real compliment.

Now, let us get on the substance of this talk. Today is the start of the payoff for long and arduous pre-med studies. You got in to medical school, and I congratulate you. As a matter of fact, this represents one of the five great milestones in your life: The other four are birth, marriage, death, and the day you pay off your student loan. In the four years ahead, you will look back upon this ceremony and realize that as of this date, August 8, 1997, you began the process of forgetting everything you learned in college. You will find slipping away from your mind the carefully memorized names of Hawaiian monarchy, English romantic poets, and the body parts of frogs. Instead, a whole new array of facts and skills will be yours to assemble and to integrate; my task today will be to try to put some of your new experiences in

perspective.

Normally, students who attend a commencement or convocation address remember very little of what the speaker has said; they can hardly wait to get to the post-ceremony parties and start their new lives. One hopes that there is a slight difference here today, if only because you may wonder if there is something I will say which will get you through the first hurdle you face: called the triple jump exercise. As some of you may know, this simple exam is a combination oral and written evaluation of your progress, and is really not as forbidding as it sounds or as it may have been described to you.

You will be getting all kinds of advice over the next four years; some good, some scary, and some good and scary. I don't know where mine will fit, but I offer it with the full knowledge and expectation that much of what I say will be forgotten immediately. I do want you to remember a few vital points however: they are important and are simply this: That you must approach these next four years remembering what I call the three H's: humor, humility, and a tiny bit of hubris. But before we get into these three H's, let me offer some preliminary musings on the medical school experience, in general.

How does one describe the process of turning students into physicians? Very bright medical educators have been examining this issue for many years and they have come up with one conclusion: They don't know. It is really impossible to fully understand this transformation from student into physician—and yet it is as real as the nose on my face, which my children describe as copious. Somewhere between the middle of the third year and the end of the



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fourth year of school, the student becomes, in fact, a learning physician. This is a mysterious transformation characterized by a confident approach to the patient and an ability to collect, synthesize and integrate the accumulated data, although somewhat slowly. This almost magical event occurs in virtually everyone. We don't know why or how it happens, but you will all undergo it, and I continue to be amazed by it. I would suggest, however, that there is one aspect of it over which you may have some control, and that is that each time you become a physician for a patient, you remember the basic underlying processes, the basic pathophysiology, that have made that individual a patient. Unfortunately, problem-based learning, of which I am a real fan, requires that you learn much of this basic science outside of the classroom, at home or in the library. I cannot stress how important this is for you. For example, it is as vital that you understand the hemodynamics of congestive heart failure as it is for you to appreciate the community resources available for helping that patient. We must not let the pendulum swing so far back that we forget that the practice of medicine, after all, is both a science and an art. It is true that as medical technology has expanded over the past 30 years, we surely have neglected the art part; there are too many physicians who demonstrate less humanity than they should, and who have become excessively entranced by the gadgetry of medical care, to the detriment of human relationships and the patient-physician interaction. The learning of empathy—what Martin Buber has called “the I and thou” has, in great part, suffered. But you can develop an empathic connection with the patient, and still have a thorough understanding of the science of that patient's condition. Unfortunately, today that balance is sometimes out of kilter. But if you don't know the basic science, if you don't understand why a patient has complaints, then being a humane, compassionate and empathic caregiver will not be enough for your role as a physician.

It is as harmful to the patient for whom you care, for you to forget the science of his disease as it is for you to forget the art of taking care of her. This requires that you couple your humanity, compassion and empathy with a thorough understanding of the pathophysiology of the patient's disorder.

I must confess also my concern for what I feel is the excessive concentration on so-called alternative medicine, about which many of us hear so much from the media. It is easy to believe that someone has discovered a mysterious method of relieving pain, quelling anxiety, and curing disease. The fact is that true cures, the real breakthroughs, are always dependent on hard scientific achieve-

ments. The advances in public health and the extension of our lives have been due to science: antibiotics, the heart-lung machine, potent vaccines, cardiac pacemakers, new drugs, and the revolution in molecular genetics are just a few of the accomplishments derived from laboratory science and controlled clinical testing. They were not produced out of thin air by untested, non-scientific remedies marketed to an easily seduced and unsophisticated public. They have had to show their value in the only arena that really counts: the randomized, controlled clinical trial. You must now become the defenders of clinical science, requiring that all so-called cures be supported by firmly-based evidence, and not by anecdotes. Such testimonials are characterized by the fervor of their proponents, and not by the demonstration of any scientific rigor.

If, during your careers, you become firmly convinced that some form of alternative medicine works, then I challenge you to explore why. Research is never easy, and breakthroughs in medicine require hard and sometimes disappointing effort. But that's the only way we will make the necessary advances in our health care.

Now let us get back to the three H's which I mentioned earlier. Let us start with the last of these. How many of you know what the definition of hubris is? Well, I'll tell you. It is really just an exaggerated pride or self-confidence.

And how does hubris apply to you? Well, as fearful as you may be of what is to come, I can assure you that all of you, with perhaps a tiny exception, will graduate as physicians four years hence. You are an intellectual elite; you represent the top 0.5 percent of academic capability in this country. Of the thousands of medical students with whom I have had the privilege and pleasure of associating over the past 36 years, virtually all have mastered the enormous volume of facts and skills required for them to become physicians. You can do it and you will do it. I can guarantee you that. And so you are entitled to a tiny bit of hubris— not enough to distort your personalities and make you unpleasant, but sufficient so that you are aware of your capabilities. Self-confidence is important; self doubt must be abolished.

The second of these H's is humility. And even though I just told you, you are the smartest group of students extant, you are now entering an entirely new and different arena. Your teachers will expect you to perform and they will not lower their standards in any way to accommodate your potential underachievements. As accomplished as you might have been in English or history or art or chemistry, or pharmacology or genetics, your knowledge, or if I may use a term with which you may be familiar, your database, is negligible now. In fact, you are essentially a tabula rasa, a blank slate.

And so the message is clear. You must learn how to learn, and you must accept the techniques that are provided for you as vehicles for your learning. This medical school discarded the traditional lecture format several years ago. Instead, it adopted the problem-based learning system, about which you may have heard. Now, I hope you agree with some of the concepts inherent in PBL even though you may not feel that the system as it is designed is ideally suited to your particular capabilities. I can assure you that there has never been a medical student anywhere who has not thought that they could

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formulate a particular course better than their teachers. And please remember that your teachers were all students of medicine or of the basic sciences at one time in their past. They have been there; they know what you will be going through. I believe that you will find PBL a good way to learn, particularly if it is front-loaded with critically spaced and relevant lectures.

Finally, and perhaps most important; you must not ever lose your sense of humor. I mean humor in its broadest conception: not only must you be able to laugh at yourself and your colleagues, but you must also approach your work within a proper perspective. Your mindset should not be one that says I will work my tail off and I don't have time for any kind of recreation. This spells disaster. The socialization that is absolutely essential if you are to maintain some degree of a well-rounded student life is yours for the asking. You need to get out, have a few beers with your colleagues, run, surf, play tennis, and take some of the weight off your life on a regular and recurring basis. If you do so, you will lead a more enriched, fulfilling and successful student life.

Be prepared to laugh at yourself—remember that your colleagues and your teachers may laugh at you but they don't do so out of any feeling of derision. Laughter is a great leveller, and if we are unable to laugh at ourselves, then we are unable to laugh at the world or even understand it.

And so my message to you today really centers on five issues: first, that the equilibrium between the art and science of medicine is vital; second, that alternative medicine must be judged by the same rules

that we use for traditional medical practice; and third, fourth and fifth, that a little bit of hubris, some humility, and a great deal of humor are essentials in your approach to medical student life. I wish you Godspeed, good luck and I'll see you on the wards.

#### Editor's Note:

This presentation was given at the White Coat Ceremony for incoming medical students on August 8, 1997. Irwin J. Schatz MD, MACP came to Hawaii from the University of Michigan to serve as Professor and Chairman of the Department of Medicine at our Medical School in July 1975, a position he held for 15 years. Dr Schatz has also served on the Editorial Board of the Journal.

Dr Schatz's 1997 presentation is far from the introduction made to my Medical School Class of '59. Our Professor of Anatomy introduced himself, then welcomed the 150 students by saying, "Gentlemen and ladies (there were 15), look to your right, now look to your left. At the end of this year, one of you will not be with us." And he was not kidding!

Only two of the three survived that first year. Today, the University of Hawaii Medical School, and most of the medical schools in the US, screen students very carefully before accepting them, and the faculty tries to keep the attrition rate "a tiny exception." Mahalo, Dr Schatz.

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