

The Next Steps: Thoughts of a Medical Student-Watcher

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During your next steps on the pathway to becoming physicians, you will become virtually full-time inhabitants of the health-care system. You must be looking forward with excitement to interacting with patients in actual clinical settings and learning from the clinical wisdom of some really smart faculty physicians, residents, nurses, other members of the health-care team and yes, even from your classmates who now become your partners in learning and health care. You must also be feeling a sense of accomplishment for navigating successfully, so far, a challenging pre-clerkship curriculum. But perhaps you are concerned that you will have forgotten a substantial amount of what you learned even before you meet your first patient. History, however, is on your side. Thousands of Einstein students who came before you, experiencing the same mixture of emotions from pleasure and confidence to anxiety and worry, completed their clerkship year successfully, oftentimes brilliantly, and went on to become outstanding physicians.

This ceremony marks not only transition to clerkships; it signifies passage into a lifetime of clinical medicine or biomedical research. Using a word that has penetrated popular language thanks to President Obama's writings and speeches, this transition is an *audacious* event. The word *audacity* embraces a number of behaviors and feelings—self-reliance, confidence, tenacity, absence of fear, a strength of mind and spirit that enables you to deal with difficult situations. Indeed, audacity will be and must be demonstrated daily during your clerkship year and beyond. That's a transition!

In this transition

- May the acquisition of information presented in slides, lectures and syllabi in 18 biomedical science courses be transformed into a passion for continuing to learn the scientific foundations of clinical medicine, using your own sources of reliable information.
- May the knowledge and skills you acquired in the Introduction to Clinical Medicine (ICM) course be applied to communicating with patients in the best possible ways, taking the time to listen to patients' stories in all their unfolding mystery, putting patients at ease and comfortable with your presence before applying stethoscope to chest or pressure to abdomen.

In this transition

- May the soundtrack of your life consist no longer of lectures and conferences based on paper cases, but rather of information presented at a patient's side by residents, attending physicians, and patients themselves.
- May the movie in your head consist no longer of thousands of PowerPoint images and words in syllabi, but rather of real patients discussing real problems, physician-teachers engaged in clinical decision-making, and articles in peer-reviewed journals.
- May the tapestry of your life be woven of the threads of learning as you develop a personalized, self-created medical school in which you become self-educators. May you be surrounded by learning—from patients, from teachers, from peers and colleagues.

In this transition

- As you learn new clinical skills and acquire knowledge about diagnosis, therapeutics, patient management and clinical reasoning; as your days grow longer and busier and you are inundated by clinical data, pay heed to the thought of T. S. Eliot: find the wisdom that often gets lost in knowledge, find the knowledge that often gets lost in information.
- As you gather and analyze scientific information about your patients, may you avoid "scientizing" them at the expense of their humanity. In the words of Albert Einstein: "It would be possible to describe everything scientifically, but it would make no sense. It would be a description without meaning—as if you describe a Beethoven symphony as a variation of wave pressure."

In this transition

- May you never reach a point where you practice arrogance-based medicine, cannot admit mistakes, are afraid to say I do not know the answer, or suppress humility.

It is, in fact, with great humility that I, as a medical student-watcher, describe my hopes for how you will think, feel and behave in your audacious transition to

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the clinical phase of your education. I am also realistic about the challenges you will face:

- Challenged by the high rate of scientific discovery and development of new technology.
- Challenged to maintain appropriate balance between the practice of medicine as science and as art; the art can be overwhelmed by an abundance of technology-based clinical information and comprehension of disease mechanisms at the molecular and even atomic level.
- Challenged to integrate information from many different knowledge domains in the biological, social, and behavioral sciences; and develop coherent understanding of this information.
- Challenged by global issues in a world where not only molecular malfunctions and microbial invasions diminish people's physical and mental well-being, but also famine, natural disasters, wars between and genocide within nations, terrorism, ecological and climate change, and the burden of disease imposed by extreme poverty and absence of the most basic human services in so many places on this planet.

I expect you to deal successfully with these challenges and new ones still unknown. Your teachers and peers; your experiences in health-care settings locally, nationally, and globally; your participation in research, student organizations, and numerous programs outside the required curriculum—really, Einstein's total learning environment—have and will continue to hone your independent learning skills, nurture your altruism and humanitarian spirit, and prepare you well to join the human struggle for good health in a complex world.

Am I being too sanguine with respect to your ability to deal successfully with all the challenges I have described? I'm certain you'll be at ease with medical science and technology as you progress in your clinical education. But will you also maintain commitment to compassion and caring, caring not only in the sense of caring for a patient, but caring as a healing force? Why do so many eminent men and woman of clinical medicine and science feel compelled to urge medical students on occasions like this to understand that medicine retains the status of an art even while taking justifiable pride in the progress of medicine as science? From Francis W. Peabody of Harvard in the early decades of the last century to Rene Dubos of Rockefeller University to Rachel Naomi Remen of U.C. San Francisco School of Medicine and founder of the Healer's Art program taken last year by 26 students in your class.

The concerns these and so many others have expressed about the erosion of the artful practice of medicine are

validated in a recent article titled, "Is There Hardening of the Heart During Medical School?" In this article, the authors describe a substantial decline in empathy as defined by an individual's vicarious emotional response to perceived emotional experiences of others. In which year did the greatest rate of decline occur? The one you are about to start.

But hardening of the heart is reversible. The behaviors of a large number of physicians, many of whom will be your clinical teachers and many of whom you already know, indicate that they emerged from their medical education and residency training without deterioration of the passion for healing and service to humanity they started out with. But most of these physicians admit the going was rough, and there were times they had to cling for dear life to their humanistic spirit and altruism. Why must this be so? And what of physicians who did not emerge from the system unscathed?

Seeking out causes of hardening of the heart disease, Remen has written and spoken extensively about a hidden curriculum conveying to students that being a whole human being is somehow unprofessional. She is critical of a system that represses human strengths—the heart, the soul, intuition—aspects of healers that are resources in times of stress and crisis, enabling them to understand and strengthen others. Medical schools, says Remen, should support and nurture the wholeness in students so that they can reclaim their role as healers. In this wholeness, cynicism is buried, all matters about life and living are connected, medicine is seen as a mosaic—colorful, rich, complex—encompassing myriad behaviors and domains of knowledge, and above all—compassion and caring.

Permit me a brief diversion. If, according to Buddhist teachings, compassion is the "quivering of the heart in response to pain or suffering," the practice of compassion by physicians can indeed contribute to burnout.

"My candles burns at both ends; they will not last the night," wrote Edna St. Vincent Millay.

Dr. Remen holds well-attended workshops for physicians who experience burnout from many aspects of their work, including compassionate interactions with very ill patients. Reducing the problem to its utmost simplicity, one needs to find just the right balance between compassion and dispassion in patient encounters. But in this balanced state, one maintains one's wholeness; one does not withhold. Robert Frost writes:

Something we were withholding
made us weak.
Until we found out that it was ourselves.

Let me return now to what medical schools can do to educate the so-called "complete" physician. James S.

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Gordon of Georgetown University wants them to establish an environment that enables students to explore their own needs for meaning and purpose in their lives; explore their own capacity for self-care, self-awareness, and mutual help; manage their own stresses effectively; regard one another with love and respect; balance and the need for scientific study and expertise with introspection and personal experience; balance the acquisition of knowledge with the necessity of wisdom.

Perhaps Remen's concept of wholeness and Gordon's concept of self-awareness can best be expressed by poetry, forms of expression that are often statements of personal truths. Here's a poem written by a first-year student at UCSF. It's actually this student's rewriting of the Hippocratic Oath. Listen.

I dedicate this to my future patients.
 May you find in me the Mother of the world.
 May my hands be a mother's hands,
 May my heart be a mother's heart.
 May my response to your suffering
 Be a mother's response to your suffering.
 May I sit with you in the dark
 as a mother sits in the dark.
 May you know through our relationship,
 That there is something in the world that can
 be trusted.

This medical school provides a kaleidoscope of opportunities through which you can develop your wholeness and search for meaning and purpose and in the words of Walt Whitman "re-examine all you have been told at school or church, or in any books, and dismiss whatever insults your soul." These opportunities have the potential to strengthen your moral compass, widen your circle of compassion, and increase your view of the range of services you can offer as physicians. They encourage you to think how to be agents of change in medicine—whether it be social change or change through scientific discovery. A substantial number of students here today have already participated in these programs. But there are still more ahead, and you will want to plan for them as you progress through the clerkship year.

As I near the end of this talk, I leave you with a description of the kind of physician we on the faculty want you to become and that you yourselves want to become. And I cannot find any better description than one written about 16 months ago by a student in your class. Listen.

"I aspire to be a physician who impacts people's lives in good, lasting ways, builds cultural understanding within the medical community, effects positive change by providing care to those who are underserved, remains humble in the face of what she does not yet know and cannot control, but has the courage to do all that she can, to heal."

In another section of her essay, the student writes:

"To be truly good in any profession, and especially in medicine, I think, is to constantly strive for improvement, to be wary of complacency. As I continue to cultivate my intellect, to be inspired, and to work hard to realize my dreams, I hope to be a lifelong student, teacher, receiver, giver, and ultimately—a true healer."

In ending this talk and building on the student's words I've just quoted, I'd like to make a proposal. I propose that one important measure of success of our medical school is our graduates' sense of mission and purpose to do good in the world—that is, their desire, individually and collaboratively, to improve the health of the poor and the marginalized in their communities, in the nation, and in nations beyond our borders and across the oceans. It matters not whether a student becomes a primary care physician or biomedical scientist, surgeon or psychiatrist, pediatrician or radiologist, geriatrician or cardiologist—there is opportunity for all these practitioners of medicine and science to serve the underserved through direct patient encounters, research, or being catalysts for social change—through dissemination of knowledge in schools, the media and Internet; through advocating for changes in health-care access and affordability, changes in the way we care for the frail elderly, the physically disabled and chronically ill; changes in the way we treat our planet and use our natural resources.

If every one of you would take responsibility for one small part of any of these ways of improving the health of the people—all the people—you would be, in the words of Mahatma Gandhi, the change you want to see in the world. You would be what you wanted to be when you first thought about applying to medical school, with open minds and open hearts.