



The quest for significance

by Sherif Emil, MD, CM, FACS, FRCSC

Editor's note: The following is adapted from Dr. Emil's address delivered at the University of California, Irvine, School of Medicine commencement ceremonies, June 5, 2010.

It is a profound honor for me to be here today at the University of California, Irvine (UCI), to speak to the class of 2010 on their commencement day. This is the most significant event in my medical and surgical career, which spans two decades. It is so significant because the invitation to join you came from medical students, students who give me true hope for the future of medicine in this great country of ours, hope that American medicine's best days are still ahead, that its most lasting accomplishments are still to be realized, and that one day the best health care in the world will be available to all our citizens without regard to financial means, personal circumstances, or status in society.

Medicine's hope for the future

My career in pediatric surgery began and matured at this university. I had wonderful mentors, and superb colleagues. Here, I witnessed

an institution that serves as a source of hope for thousands of patients each year who are not welcome elsewhere. Here, I learned one of the most profound lessons, a lesson that continues to guide me daily as an academic surgeon. This lesson, taught to me by the graduates on this platform, is that medical students are our greatest asset as a medical profession. Their attitudes, their values, their vision matter very much. They—not the pundits, not the economists, not the administrators, not the politicians—are our country's best hope for a health care system built on strong ethical principles. The graduates on this platform today have in many ways served as an example to their mentors. From the pharma-free movement that rejects pharmaceutical financial incentives to physicians, to volunteering in developing countries, to starting a clinic for the uninsured in Orange County, to the struggle for universal health coverage—this class of 2010 has led us in reclaiming our great tradition, and shedding the burdens that often hinder us from being the best we can be as healers.

I first engaged with UCI medical students during an embryology class in January 2005, shortly

after Martin Luther King Day. Embryology is a rather dry subject, and I decided to spice things up a bit at the end of the lecture by putting up a slide of one of my favorite Dr. King quotes: “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” Once the students recovered from their initial shock that a surgeon was speaking about social justice (I still use that term with no hesitation), their curiosity was aroused and I was invited to return. One of the most remarkable experiences of my early career was to watch students become passionate about health care policy, ethics, their future patients, their community, their state, and their country.

The medical school experience

And, so, today we mark a sentinel moment in the lives of 104 individuals who are just heartbeats away from becoming America’s newest doctors. It is a moment of gratitude, a moment of celebration, and a moment of reflection. I remember nineteen years ago, almost to the day, being a new medical graduate myself. Days after my graduation, I wrote an essay published in the *Montreal Gazette*, in which I tried to share my emotions. The following is an excerpt from that essay:

My medical school period, especially the last two years of clinical training, has involved me in the most intense human experiences. I shared the joy and excitement of childbirth and the sadness and pain of death, sometimes within the same 24-hour period. I sensed the terrible fear of a crippled child left alone in hospital and the loneliness and despair of the abandoned elderly in their final days. I worked with cocaine addicts and alcoholics, and saw first hand destroyed lives that were once prosperous, broken families that were once united, and humiliated people who were once proud. Medicine brought me face to face with the ugliness in our society—crime, suicide, rape, child abuse. It took me to the inner city ghettos and the Indian reservations, and taught me that pain and suffering know no racial, political, or economic boundaries. The breadth and diversity of this human experience always reminded me not to take my medical training for granted. Often after 36 hours or more straight in the hospital, I would

leave for an outside world that felt awkward. On the streets, life continued uneventfully and people went about their business as usual. But I often left the hospital in body while my mind was still within the boundaries of suffering and upheaval.¹

The medical school period is indeed one of the most intense human experiences a young person can go through. In my opinion, how one emerges from this experience, and how one molds this experience into their early professional life as a young physician, dictates the type of physician that person will become.

Gratitude versus entitlement

And so, I pray that you, the class of 2010, have emerged from your medical school experience as excited as the day you began, and filled with gratitude—gratitude for the patients who provided themselves as human classrooms, gratitude for your mentors and teachers, gratitude for your families and friends who supported you these past four years, gratitude for the bonds of friendship you have formed, and gratitude for the power to cure and the privilege to heal that will be bestowed upon you today. And as you progress through your medical career, I pray that you will continue to find reason every day to be thankful for the people who trust their lives—and sometimes even more profoundly, their children’s lives—to you every day, thankful for the respect of your community, thankful for a comfortable and secure standard of living, and thankful for living in a free and open society that judges you by the power of your intellect, the intensity of your energy, and the honesty of your purpose. If you often remember to be thankful, I can promise you that gratitude will be your sustenance. Do not allow gratitude to be replaced by entitlement. Those who feel profoundly entitled have difficulty being of profound service. We physicians have much to be thankful for, and in the words of the greatest healer who walked this earth, “From those to whom much has been given, much will be expected” (Luke 12:48).

The essence of medicine

In the last meeting of the American Pediatric Surgical Association, several colleagues shared their relief experiences in Haiti, in the middle of

the most devastating catastrophe in recent human memory. One experience in particular, however, stood out in my mind. It was that of Henri Ford, MD, FACS, surgeon-in-chief at Children's Hospital, Los Angeles, CA. Dr. Ford has attained the highest levels of recognition for his research and clinical practice, and is on the governing bodies and boards of many of the most prestigious surgical organizations. Dr. Ford spoke about the sense of significance he had as a Haitian-American surgeon returning to Haiti in the middle of disaster. It was a sense of significance perhaps never duplicated in a long and illustrious career. He felt that, perhaps, all the accomplishments in his life were for a time such as this, and that he had been given so much and this was a time to give back. In Haiti, Dr. Ford was just a doctor taking care of human beings who needed him. That is where medicine starts, and that is where it ends. Those are the bookends, between which lie all other endeavors of a physician.

Motivation

You have been motivated by the pursuit of excellence. Without true excellence, you would not have been on this platform today. Although you may have some trepidation about the beginning of your residency, you will continue to be excellent. Excellence is part of your fiber. But is the continued pursuit of excellence enough? Is it enough to keep you motivated? Is it enough to keep you attracted to medicine? Is it enough to see you wake up every morning excited about a new day?

In 2005, Josef Fischer, MD, FACS, a pillar of American surgery, stated the following: "There are only four forms of incentive that I, now in my 27th year as a surgical chair, recognize: cash, money, cash money, and anything that can be converted into cash money."² While I appreciated Dr. Fischer's candidness and experience, and while his statement in many ways allowed me to better understand my work environment as a young surgeon, I disagreed. I had to disagree. I have to continue to disagree. Physicians should be compensated well for their delayed gratification, hard work, stressful lives, daunting responsibilities, and the debt burden carried by many. But if we decide that doctors can only, and will only, be motivated financially, then we will violate our core principle embodied in the oath you are about

to take: "I will practice medicine for people, not for things." It is an oath that has kept us a noble and revered profession for centuries; an oath that motivated our predecessors to keep moving forward despite disappointment after disappointment; an oath that has sent volunteer physicians to the far outreaches of this earth to take care of people whose language they could not speak and whose culture they could not understand; an oath that compels relief physicians and surgeons to risk their lives in war zones and violent regions in order to provide help; and an oath that continues to attract the best and brightest to medicine. Therefore, if it is not money or cash or cash money, what can it be?

Significance

I believe the age-old motivator of physicians is significance. I believe that God almighty has endowed us with the desire to be of significance to other human beings. I believe that that desire is exceptionally strong among physicians. I believe that, as doctors, it is more important for us to be significant to even just one human being than it is to be irrelevant to multitudes. The most content and fulfilled physicians I have encountered have not been those who have amassed wealth, but rather those who have made the biggest difference in the lives of others, whether in the African bush, the Indian reservation, the inner city, or right here in Orange County. I grew up with two of those physicians, my parents, who served some of the neediest human beings in Egypt and Nigeria, without ever putting a price on their services. I also believe that the desire for significance can either be extinguished by cynicism, selfishness, greed, corruption, or it can be nurtured to create physicians who are significant to their patients, their practices, their communities, and their country.

And so, Class of 2010, how will you nurture your quest for significance?

The golden rule of medicine

First, observe the golden rule of medicine. Treat your patients as you wish yourself or your child or your parent or your sibling to be treated. There will be some patients who will remind you of that member of your family you may not be so fond of, but he or she is still a member of your family. When you can't cure, remember that you can often

care, and always comfort. Don't worry when you can share your patient's emotions; worry when you can't. The families I have bonded with the most have not been the ones who experienced fast cures, not the ones who underwent pioneering procedures, not the ones who benefited from the latest research findings, not even the ones whose children I saved from certain death. The families I have bonded with the most have been the ones whose children's funerals I have attended. Be significant to your patients.

Second, pay your teachers and mentors forward by teaching and mentoring others. Despite all the advances in technology and teaching science, medicine remains an apprenticeship. We acquire it from our predecessors, and pass it to our successors. You do not have to be an academic physician to teach. Regardless of the practice environment you will find yourself in, there will be someone around you hoping to learn from you. It may be a nursing student, a surgical tech, or a fellow physician. Seek them out, encourage them, inspire them. Be significant to them.

Third, always be inquisitive. Research is the tool by which medicine continues to advance. Some of you will progress to become established and dedicated researchers, but research is a spectrum with plenty of room for different degrees of involvement and commitment. You can choose how much you want to do. Even the occasional case report adds something to the body of knowledge. Keep an open mind, [and] ask the difficult questions. If you have an idea, pursue it. Embrace innovation that truly benefits the patient. Evidence-based medicine is the call of the day. Seek the evidence. Use the evidence. Create the evidence. Be significant to your profession.

Finally, please stay involved in issues of health care policy. If you think we have passed health care reform, and can now rest easy, think again. We have not passed health care reform. We have only passed some health care expansion. It is too early to judge the effects of what has occurred, but it is not too early to be certain that much work still lies ahead. Make your voice heard in the national debate that started in your senior year, and will almost certainly rage on. It is interesting for me, as an American surgeon practicing in Canada, to see the negative depictions of the Canadian system in TV ads and [in the] lay media. My reality

is very different. I can see any patient and any patient can see me—total freedom of practice. My patients will still get the same care and see the same physicians if their parents change jobs or lose their job altogether in a bad economy. Micro-management of daily practice is nonexistent. There are no contracts, authorizations, denials, appeals, reviews, IPAs, HMOs, or PPOs. My relationship with the hospital administration is defined by strictly professional, not financial, standards. However, I do not practice in a medical utopia. The Canadian system has its own set of difficulties, challenges, and shortcomings. Waiting lists are, in many instances, unacceptably long, resources are stretched, many physical plants are outdated, and there is plenty of senseless government macro-management. Canadians are also looking to significantly reform their system. There are many valid points of view in the health care debate. As physicians, we have to join the debate and we have to join it objectively, salvaging it from the bias, misrepresentation, and demagoguery that characterize it. Health care should not be a liberal or conservative issue, for disease, disability, and death do not recognize political affiliations. As a socially conservative Christian, my personal belief that health care is a fundamental human right, best guaranteed through single-payor universal health coverage, stems from my faith, and not despite it. My faith calls for personal morality, but also for societal morality—how do we treat the sick among us, the weak among us, the least among us?

The health care environment in the U.S. contains all the components of a stellar health care system—well-trained physicians, superbly equipped hospitals, the best research infrastructure in the world, more than sufficient capacity, and resources and funding. Throughout the country, we have many examples of what is truly the best health care in the world. But we have not been able to weave these components together into a health care system truly worthy of this nation. We have left too many people behind. Too many people go bankrupt, too many people suffer, too many people die—about 20,000 a year—because of lack of access.³ And while many are left behind, others are excessively treated. Atul Gawande, MD, FACS, found that the per capita expenditures on Medicare patients in the small town of McAllen,

TX, is double the national average, even though these patients had no better outcomes of care.⁴ Dissection of this phenomenon revealed the reason to be that patients received care that benefited the physician and the hospital, not the patients. In McAllen, medicine had become a huge industry. Unfortunately, McAllen medicine is prevalent throughout the country. It is part and parcel of what Thomas R. Russell, MD, FACS, former Executive Director of the American College of Surgeons, lamented as the corporatization of medicine. “Unfortunately, the practice of surgery today is as much a business as it is a science and art,” he wrote in one of his editorials.⁵ This corporatization is pervasive. Too many physicians are resigned to it, too many have yielded to its power, too many have been seduced by its promises. It has resulted in many of the lapses of ethics and judgment that you fought against as students. The fight continues ahead, and in it, your enemies will not be administrators, insurance companies, pharmaceutical companies, or the government. Your enemies will be much more potent: apathy, indifference, loss of vision, loss of purpose. Do not be distracted, do not let up your fight, for we need you—we need you in a time such as this. Be significant to your country.

An American story

My parents sacrificed much to send me, their only child, to America at age 17 to start college. They believed, as had millions before them, that in the U.S. I would enjoy equal opportunity, and equal citizenship. My acceptance to North American medical schools, while still an international student, was near miraculous. I have never taken for granted the opportunities I have enjoyed and the positions I have attained, for I would have most certainly been denied those in my native land. My story is an American story, no doubt the story of many who will receive their medical degree today, the story that continues to make the American experience the most profound in the history of mankind. In many ways, though, I am an improbable commencement speaker. I did not cure a disease or invent a drug or device. I did not start an organization or win an international prize. I am only here because I was able to tap into a deep desire to do good in these young physicians. But I am just another physician trying

to balance an academic surgical career with family obligations, struggling to maintain a healthy physical and spiritual life through an extremely demanding professional path—and often falling short. My challenges will soon be the challenges of these new doctors. And my hope, my wish, for them is that they will meet these challenges far more effectively than I have been able to meet mine. And in this task, they will need you—their spouses, parents, siblings, friends, and loved ones. They will need you to believe in their mission, to make it yours as well, to support them, to understand them, to be patient with them, to share in their lows, and to celebrate their highs. And they will also need you to remind them to take care of themselves and their families.

May God bless these new doctors, may He shed His light upon them, and may He endow them with the very best in their professional and personal journeys. □

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