

# Doctors Who Care

by Jordan J. Cohen, M.D.

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*Editor's note: Jordan J. Cohen, M.D., president of the Association of American Medical Colleges (AAMC), delivered "Doctors Who Care" as the commencement address at Wright State University School of Medicine's graduation ceremonies at Memorial Hall in June.*

How many people, here, watch ER? If you do ... and are willing to admit it ... you're familiar with the main characters. Hard-working John Carter started the show as a medical student, graduated a couple of years ago, and is now a resident. He's currently learning how to put his medical education into practice in the clinical setting, just as you are about to do. And, part of his practical education comes from listening to the ongoing debate between Mark Green and Carrie Weaver, two of his attending physicians.

On an almost weekly basis, Doctors Weaver and Green butt heads over whether to do what is right for the patient, or to do what saves money for the hospital. In doing so, they feed the American public's worst suspicions. In this age of HMOs, PPOS, PHOS, gatekeepers, and utilization review, is there anyone left that patients can trust? My answer to them is simple: You are the ones they can trust. You, who came to medical school for the right reason. In the first place, knowing that people get sick and need help from someone they can trust. You, who have just received the best medical education in the world. You, who still have your idealism, and the youthful energy to steer our searching health care system toward its fundamental, moral purpose. You are the ones to reassure patients that doctors do, indeed, care about them. You are doctors who care.

Caring. Now there's a warm, fuzzy, nineties-kind-of word. What does it mean? At one level, it means the kind of compassionate bedside manner that every patient desires — and deserves. At a deeper level, it means advocating always for what's best for your patients.

And at a still deeper level, it embraces all of the humanistic qualities and ethical values we espouse under the banner of professionalism.

Francis Weld Peabody said it almost a century ago: the key to caring for patients... is to care for the patient. And what patients care about when they are sick boils down to three simple questions. When people get sick, they went their doctors to tell them: What's wrong with me? What's going to happen to me? And, what can be done to make me better?

In western civilization, at least over the past century or so, physicians have played the dominant role in answering these questions. Although we have classified the answers we give with fancy words like diagnosis, prognosis, and therapeutics, we've earned great respect for the quality of answers we give. But as technology, and now economics, have come to intrude so prominently into the innermost sanctum of medicine, that essential transaction between doctor and patient is being threatened as never before. From the patient's perspective, doctors too often lapse into incomprehensible medical jargon. Even worse, patients feel shortchanged by the hurried pace and brevity of their encounters with doctors. Virtually every public opinion poll tells us there is one common complaint about physicians. My doctor doesn't listen to me.

I don't have to remind you that caring for patients begins with listening to them. If doctors fail to heed that reality, patients will seek — and find — others who will. Doctors don't have a God-given monopoly in this field. The fundamental quest for answers by people who are sick, or who believe they are, already supports a thriving enterprise outside of medicine. Americans make more visits to practitioners of so-called alternative medicine — which includes some truly outlandish practices — than they do to primary care physicians. And the balance may be shifting even

further away from traditional medicine as many in the United States express a diminishing faith in science and a growing desire to control their own destiny.

Admittedly, what people want from doctors is hard to deliver in the limited time most physicians are able to spend with a given patient. Making the doctor-patient communication even harder in the future will be the ever-increasing racial and ethnic diversity of our population. Predictions are that by the year 2050, most Americans will be members of one of the minority groups that are severely underrepresented among today's physicians. This sea change in the complexion of our nation's population has Implications for all aspects of American life. But nowhere will the need to broaden our cultural understanding be as acute as it will be among health care professionals. You, being among our country's first wave of 21st century doctors, will need to be supremely sensitive to cultural diversity, and to effective ways of communicating with patients from widely diverse backgrounds.

Failure to recognize this need will invite the obsolescence of our profession, as others do find the time and ability to listen to the varied voices of patients. Doctors who care will take the time to listen to their patients troubling questions. And they will know how to explain, in understandable and believable language, what's wrong with me, what's going to happen to me, and what can be done to alter my future for the better.

Now, before you think I'm totally naive about the many barriers facing physicians who want to take time to talk to patients, let me be clear. I know that the economic pressures are severe to be more and more productive, and that the cost-conscious market seems to be forcing us toward an assembly-line mode for delivering health care. But doctors who care about their patients must have the courage to advocate on their behalf.

Dr. Jim Knight, the first dean of medicine at Texas A&M, said it well, "A physician must be a person of science when facing the disease. A person of compassion when facing the patient. And, person of leadership when facing the community." You simply must have the courage to

stand up to those who are trying to drive a wedge of clock-punching between doctors and patients.

If you are willing to do so, I guarantee you will have powerful allies. Numerous consumer groups and countless media reports are already voicing outrage at overly managed care. People do not want their health care run by big business. They don't like assembly-line medicine. They want their doctor back, and they are forcing a change. In response, the President and key Members of Congress are poised to pass some form of so-called "quality legislation" this year. Among other features, the "quality bill" under consideration would return more authority to physicians and patients for making decisions about their care.

In my view, doctors who care have not yet pushed back hard enough. They have not yet asserted their rightful leadership role in managed care organizations. Doctors must trumpet the message of concern that patients are now expressing. Doctors who care must insist on setting the policies and priorities for managed care organizations so that they are more in line — not only with medicine's ethical and professional obligations — but with their patients' interests.

There are many crucial battles ahead for you to fight. Taking strong stands can be risky. No doubt about it. The biggest risk, however, is to lose sight of who it is you're fighting for. The issue is not protection of the medical profession, Or defense of physician autonomy. Or preservation of doctor's income. The issue for doctors who care is the welfare of patients. And who better to lead the advocacy effort on behalf of our patients' best interest than the patients best advocate? You.

Much of what I've been saying about your responsibilities as new doctors ... doctors who care about their patients ... boils down to a single, powerful word: Professionalism. Let me caution you, however, that the concept of professionalism, as powerful as it is, is not so deeply rooted in the history of American medicine as to render it immune from contemporary forces. Far from it Paul Starr, the noted Princeton economist, recounted in his book, *The Transformation of American Medicine*, just how fledgling this concept is. Professionalism, hinging as it does on an exceedingly lofty principle, is altogether too fragile for us

to take for granted. Simply stated, professionalism calls for the subordination of the doctors self-interest to the needs of his or her patients.

Hard to imagine a principle more difficult for physicians to maintain in today's harsh environment. To begin with, we have to squelch human nature's powerful instinct for attending first to our own self-interest. Then, we have to resist the many ready opportunities physicians have to exploit their privileged position for personal gratification. Indeed, some of your colleagues will be unable to withstand the ever present temptations to abuse their privilege, making it all the more difficult for the rest of you to resist following suit. Peer pressure can be an insidiously powerful force. But remember, peer pressure can work both ways. You can just as well lead others by your good example.

Perhaps the most insidious challenge you will face in maintaining professionalism's altruistic mandate is today's headlong rush toward the commercialization of medicine. The view that doctors are providers, that patients are consumers, that medical services are commodities, and that the amoral marketplace will somehow reconcile the moral dilemma confronting all of us today. A moral dilemma resulting from the need to balance three highly desirable but competing goals. It is virtually impossible to (1) contain health care costs, (2) provide care to everyone who needs it, and (3) satisfy American's desire for unlimited choice of top quality medicine,

Commercialism's failure to see beyond the cost-containment dimension is poisoning people's confidence in the health care system. Commercialism in medicine also is poison for the poor. Dealing with health care as a commodity — marketed only to those with the means to pay — is inexorably expanding the rolls of the uninsured and the underserved.

In brief, commercialism's fundamental flaw as a suitable paradigm for medicine is captured in its motto: *Caveat emptor, buyer beware*. Not trust, but wariness, suspicion, is that the kind of medicine we want? Where patients look up in the doctor's office and see a sign that reads "Beware; avaricious provider inside!" I don't think so.

But the only alternative to this dismal, commercialized prospect for medicine, it seems to me, is our — your — willingness to adhere to the altruistic canon of professionalism. For it is professionalism that constitutes the very foundation of trust upon which our social contract rests. And maintaining mutual trust at the core of the doctor/patient relationship is, to my mind, the only way to assure the public that medicine is fulfilling its sacred obligation. No laws, no regulations, no patient bill of rights, no fine print in the insurance policy, no watchdog federal agency, nothing can substitute for trustworthy doctors who care.

Let me conclude with two final thoughts about your challenging responsibilities as doctors who care. One is the need to maintain your knowledge and skills throughout a lifetime of practice. Here is a challenge that I hope each of you is looking forward to with great relish. As you all know, modern medicine is entering a period of literally unprecedented scientific opportunity. Knowledge emerging from the Human Genome Project promises to transform our ability to tell our patients — in some instances with uncanny precision — precisely what nature has in store for them. Soon you and your generation will be armed with unimaginably powerful tools to identify, to cure, and ultimately to prevent many of the remaining scourges of mankind.

As if that were not enough, consider the exhilarating developments occurring in the information sciences. Simply by extrapolating from what's already on the horizon, one can easily envision a professional life of boundless gratification for each of you. All you have to do is keep abreast of the breathtaking advances sure to come. No easy task, but it sure promises to be fun.

Finally, let me say a word about your responsibilities — and opportunities — as doctor's who care about preventing the self-inflicted harm your patients are prone to endure. As you are now well aware, Americans suffer huge burdens of disease and disability as a result of lifestyle choices they make for themselves. I'm speaking, of course, about the tragic health effects of smoking, obesity, lack of exercise, bad diets, substance abuse, neglect of immunizations, unsafe sex, preventable trauma. Some argue that these deeply-

rooted cultural proclivities are not the province of medicine, and must be handled by parents, churches, schools, even by government. Certainly all of these important actors have big parts to play. But doctors and their professional organizations surely have a prominent role to play as well. Indeed, we all share a leadership role in educating our individual patients and the public at large about what they can do themselves to preserve good health.

Well, in case you missed my point, being a doctor who cares is a big job. Communicating effectively with patients. Being sensitive to cultural diversity. Defending medicine from the corrosive effects of commercialism. Grounding your career on the tenets of professionalism. Expanding your knowledge and skills through lifelong study. And, leading efforts to improve the health of the public.

Tall order. You may well be thinking, why can't this guy cut me a little slack? I just worked myself practically to death to get through medical school, can't I celebrate the moment? Indeed, you — and for sure your families — have earned the right to celebrate. But, by the knowledge you've acquired in medical school, you've earned more than the MD degree, you've earned the privilege to care.

A 19th century cardiologist named Herman Nothnagel said it pretty well: "Knowledge attains its ethical value and its human significance only by the humane sense in which it is employed. Only a good person can become a great physician."

And I would add, great physicians are doctors who care. I began my remarks today about doctors who care by referring to ER, one of America's contemporary cultural icons. Let me conclude with another American icon, one that may be even more illustrative of doctors who care. No one cares more than *Dr. Seuss*. Here is what that good doctor has to say in his well-known monograph, *Oh, the Places You'll Go*:

*Congratulations! Today is your day.  
You're off to Great Places! You're  
off and away! You have brains in  
your head. You have feet in your  
shoes. You can steer yourself in any  
direction you choose. You're on  
your own. You know what you know.  
And YOU are the guy who'll decide  
where to go.*

And as you go, let me say. Take Care! And good luck.