



AAMC Chair's Address 2018

“The Most Important Lesson I Learned in Medical School”

M. Roy Wilson, MD, president of Wayne State University and chair of the AAMC Board of Directors, delivered the following address at Learn Serve Lead 2018, the association's 129th annual meeting in Austin, Texas, on Nov. 4, 2018.

The AAMC is an extraordinary organization, and serving as chair of its Board of Directors has been a true privilege. I wish to thank my colleagues on the Board for their role in leading this organization and also the staff of the AAMC, who, individually and as a team, are exceptional.

To have the honor of delivering the chair's address at this specific time is particularly special, since I am sharing the stage with Darrell Kirch, who will be delivering his final address as president. The AAMC is stronger than ever, due in no small part to the transformative leadership he has provided for 13 years.

I debated for many months on what I would talk about today. The problem was not that I couldn't think of an important topic; it was that there were too many important topics and too much I wanted to convey.

I finally decided to stop overthinking and just talk about a simple lesson I learned in medical school — something I have thought about repeatedly over the past 38 years.

A clinical faculty member during my surgery clerkship once said to me, “Be good to medicine, and medicine will be good to you.”

Intuitively, I thought I knew what he was saying, but with the years, I've developed a deeper perspective.

“Be good to medicine.” Medicine is a noble profession guided by certain tenets, among which is the Hippocratic oath, which in large measure has remained relevant for the past 2,400 years. Practice with humility and with empathy, always put the interest of the patient first, never break confidences.

The faculty member was instructing me to respect medicine.

“Medicine will be good to you.” By respecting medicine, in turn, medicine will provide many rewards — not just financial security and professional standing but deep career satisfaction.

I realize, of course, that many of you may be somewhat skeptical at this point. “Does he not fully appreciate the physician burnout phenomenon and the increasing suicide rate among physicians and learners?”

I assure you that I do. Just last month, the Physicians Foundation published the results of its 2018

Survey of America's Physicians: (1) less than half of doctors reported that they were satisfied with their jobs, (2) three out of four felt some level of burnout, and (3) 62% were pessimistic about the future of medicine.¹ These results are real, and they are startling.

But I am optimistic about medicine. This perspective is fueled by my love of medicine, by my feeling of incredible privilege to be a part of it as a physician, and by my realization that my path was atypical and not at all certain. That I was perhaps lucky.

As president of a diverse, public, urban research university, I am more aware than ever that my being here today, on this stage, is a statistical anomaly.

My younger sister and I basically raised ourselves, as our parents were never around. Our mother was addicted to gambling and our father to alcohol. Left to ourselves, we were subjected to experiences that no child should ever have to endure.

Neither of our parents had the opportunity to go to college. In fact, our mother had to leave school in the eighth grade to work and help support her adoptive family, and our father enlisted in the Navy immediately after high school.

I did not — and still do not — take for granted the opportunity I was provided to go to college and to medical school. At Harvard no less. And yes, I absolutely loved my time in medical school.

To be able to look out into the future and know with certainty that I was going to have a career where I could so positively impact people and also attain financial security was exhilarating.

However, I do understand that the practice of medicine has changed over the years, that there are many challenges to preserving aspects of medicine that we have historically cherished — the meaningful face-to-face interactions with our patients, getting to know them, and perhaps even becoming a part of their lives; the relative autonomy we enjoyed in prioritizing patients' interests first and foremost, and relegating all other interests as secondary; the trust, even adoration, enjoyed by physicians and by the profession collectively.

But throughout history, medicine has experienced challenges, even disruptions, that have shaken its very foundation. From the time of Hippocrates through the Dark Ages, the Renaissance and the Age of Enlightenment, the Industrial Revolution and the Great Divergence, it has endured, its basic tenets emerging relatively unscathed.

I believe it will do so again.

But this current Technological Age potentially poses the greatest threat medicine has heretofore faced: keystrokes are replacing eye contact; artificial intelligence and robotics are reshaping human-to-human relations of all types and levels in health care; the arts and humanities are under siege, and some undergraduate universities have eliminated them altogether. Compounding these threats is the pervasive and increasing distrust the public has with major societal sectors — including health care.

For these reasons, the advice I received almost 40 years ago is more relevant now than ever before.

“Be good to medicine, and medicine will be good to you.”

Now, what exactly does this mean in today’s modern-day construct? I have some thoughts:

First, when I was in medical school, the school shield had a motto inscribed on it. It was a single word. It inspired me then, and it inspires me today.

“Veritas.” Truth.

In this time of “fake news,” “alternative facts,” and overall distrust of science among some, there cannot be any daylight between medicine and truth. Truth must be the primary driver for our biomedical research, must form the basis for our patient-doctor relationships, must guide what we teach our learners of medicine.

To be good to medicine means that truth must be our North Star. Truth must inspire us individually and collectively.

Second, medicine must remain mission focused, not profit focused.

I fully understand that sound business practices and decision-making are necessary in the modern-day delivery of medical care. As the saying goes, “no money, no mission.”

Without financial margins, the delivery of care to all who require it, as dictated in our Hippocratic oath, would be severely constrained. Current financial margins are thin, and health-delivery systems, partly out of necessity to take advantage of economies of scale, have been getting larger through mergers and acquisitions. To gain access to capital markets, it is likely that for-profit systems will proliferate in the future.

That in itself is not necessarily bad. In fact, financial reward and profit are compatible with “good medicine.” However, profit for the sake of profit is anathema to medicine and undermines the public’s trust.

Health-delivery systems, especially academic medical centers, have an obligation to serve their communities and invest in the public good. To be good to medicine requires us to take a principled stand against profit as the primary driver of our health-delivery system. This commitment to mission over profit applies to the individual physician also.

To be good to medicine requires us to take a principled stand against profit as the primary motivation for our personal engagement in medicine. To be good to medicine, we must steadfastly affirm our commitment to better health for our patients and for our community as priority number one.

Third, as Hippocrates stated more than 2,400 years ago, medicine is neither science nor art. It is both science *and* art. Earlier this year, the National Academies of Sciences, Engineering, and Medicine published a Consensus Study Report titled *The Integration of the Humanities and Arts With Sciences, Engineering, and Medicine in Higher Education*.²

The opening paragraph of the report reads as follows:

“Albert Einstein once said, ‘All religions, arts, and sciences are branches from the same tree.’ This holistic view of all human knowledge and inquiry as fundamentally connected is reflected in the history of higher education — from the traditions of Socrates and Aristotle, to the era of industrialization, to the present day. This view holds that a broad and interwoven education is essential to the preparation of citizens for life, work, and civic participation. An educated and open mind empowers the individual to separate truth from falsehood, superstition and bias from fact, and logic from illogic.”

I contend that today there is no discipline for which these sentiments are more important than in medicine.

You will likely agree with me that a focus on math and sciences has overshadowed the arts and humanities as foundations for the training of physicians. This is understandable, as science is a fundamentally important conceptual underpinning for medicine.

But it is only one leg of a three-legged stool.

I am so pleased that the AAMC has taken a leadership role in better defining the competencies required in medicine.

In 2009, the AAMC, in partnership with the Howard Hughes Medical Institute, published a report titled *Scientific Foundations for Future Physicians*.³ It stated that “the desired outcome of the medical education process should be scientifically inquisitive and compassionate physicians who have the motivation, tools, and knowledge to find the necessary information to provide the best and most scientifically sound care for their patients.”

Recognizing that to be too narrow of a focus, the AAMC published another report, *Behavioral and Social Science Foundations for Future Physicians*, in 2011.⁴

This report stated that “a complete medical education must include, alongside the physical and biological sciences, the perspectives and findings that flow from the behavioral and social sciences.”

Behavioral and social sciences: the second leg of the stool.

Currently, in collaboration with the National Endowment for the Humanities, the AAMC is developing another report that balances the traditional natural and life sciences of the first report with the newer social and behavioral sciences of the second report and adds the arts and humanities as the third dimension that informs the work of the good health care practitioner. This

report is anticipated to be published in time for the 2020 Learn Serve Lead meeting of the AAMC.

I cannot overemphasize the importance of this third leg of the stool as a foundation of medicine and health care. In countries with modern medical technology like the United States, health care systems are facing enormous difficulties in meeting demands such as distributing resources equitably and providing quality care to a large number of patients. Overlay these issues with the moral dimension of how much care to provide to those who are terminally ill or those who are unable to pay.

Addressing such challenges requires qualities such as sympathy, empathy, compassion, patience, caring — all implicit in the phrase “humanism in medicine.”

Yet, humanism in medicine embodies much more than a Marcus Welby, MD, persona.

The Institute for Healthcare Improvement introduced the Triple Aim framework in 2007, putting forth a goal to simultaneously (1) improve the patient care experience, (2) improve the health of a population, and (3) reduce per capita health care costs.⁵

Humanism positively impacts all three goals. And apropos my earlier comment regarding physician dissatisfaction and burnout, recent research demonstrates that humanism in medicine supports a fourth aim: It improves the work life of health care providers.

What is sometimes confusing in discussions of this topic is *arts and humanities* and *humanism in medicine* are actually two separate concepts. So what does one have to do with the other?

Rather than providing you with recent data that convincingly link the two — specifically that exposure to the arts and humanities can lead to more humanistic physicians — I defer to Johanna Shapiro, PhD, a professor of family medicine and director of the Program in Medical Humanities and Arts at UC Irvine, who summed it up nicely:

“I have never found a better way of encouraging students to ask questions ... and of stimulating a critical position in regards to the answers that emerge than by having them read a poem or participate in a skit or gaze at a painting.”⁶

As we are reminded every year in the presentation of the Arnold P. Gold Foundation Humanism in Medicine Award here at Learn Serve Lead, medicine is an intrinsically humanistic construct and has been from its very beginning.

Being good to medicine means — despite the relentless advances of technology and science — embracing the arts and humanities as fundamental to the preparation of physicians and preserving humanism in our profession.

And finally, medicine needs the talents of all segments of our diverse population. I saved this one for last because it is personal.

Earlier I gave you a glimpse of my own situation in life and, as a black male from an incredibly dysfunctional family, how fortunate I feel to be here with you today.

Despite their personal flaws, I love my parents. I would not have been able to share this story if they were still alive. Until now, I did not.

We must do more to ensure that all segments of the public are included in our profession and that biases, even if unintended, do not systematically exclude persons of certain population groups.

While it is encouraging that the proportion of women in our medical school classes is now about 50%, more must be done to ensure that they have equal access to all the postgraduate training opportunities afforded men. That they are recognized equally with men for awards, including AAMC awards; that their pay is equal to that of their male counterparts; that they are supported for and promoted to the higher academic professorial and administrative ranks. In not ensuring equality and respect, we are not being good to medicine — we cheat medicine.

And whatever their role in medicine, no one should ever have to endure sexual harassment or assault.

One of the great strengths of American society has been the diversity of its people, both domestically such as our African-American and Native American populations, and the more recent immigrant populations, including many Latinos, Asians, Middle Easterners, and Africans.

To take full advantage of the talent represented by this incredible and beautiful tapestry, the tent of medicine must be large and inclusive. The goal of equity in medical education and training, particularly for our historically underrepresented populations, has been elusive.

The near future likely will present further challenges in this regard. But better health for all means we *must* achieve inclusive excellence.

Concerning minorities in the medical workforce, some of us in academic medicine have defined success as their entering primary care and practicing in underserved communities. To do so is laudable.

However, as a minority physician who specialized in the treatment of glaucoma and as someone who has served on academic faculties and had substantial roles leading medical schools, health science centers, and universities, I reject that definition of success.

We must make sure that underrepresented minorities are represented throughout all the wonderful opportunities afforded by medicine, whether in primary care or specialty care, administrative leadership, or research.

Let's be good to medicine. Let's recommit to achieving diversity and equity throughout the entire breadth of our profession: gender, racial, ethnic, socioeconomic, religious, and all other forms of diversity that makes America so great.

A final thought:

I recently learned that the word “doctor” is derived from the Latin “docco,” which means “to teach.”

Each year, at medical school commencement, I am reminded that Hippocrates considered the imparting of knowledge to followers as an essential part of the physician oath. It is at the heart of what we do in academic medicine, and it is part of what has made a career in academic medicine so deeply rewarding.

As a group, I find our medical students and residents to be remarkable — smart and committed, imbued with a sense of justice and a genuine desire to help people or advance biomedical knowledge. Or both.

I implore academic medicine at all levels — collectively, at the institutional level, clinical department level, specialty level, and individual faculty level — to embrace its responsibility to transmit to all learners a sense of hopefulness, optimism, and empowerment and to project an appropriate sense of gratitude for the incredible rewards that come to those who practice medicine.

Let’s — all of us — aspire to the ideal of “veritas.” Let’s stay uncompromisingly true to our mission since the time of Hippocrates, to heal and improve health; let’s embrace the arts and humanities as the third foundational element for the preparation of knowledgeable and compassionate physicians; let’s diversify medicine.

And remember: Be good to medicine, and medicine will be good to you.

Notes

1. The Physicians Foundation. *2018 Survey of America’s Physicians: Practice Patterns & Perspectives*. The Physicians Foundation; 2018. [physiciansfoundation.org/research-insights/the-physicians-foundation-2018-physician-survey](https://www.physiciansfoundation.org/research-insights/the-physicians-foundation-2018-physician-survey). Accessed Oct. 22, 2018.
2. National Academies of Sciences, Engineering, and Medicine. *The Integration of the Humanities and Arts With Sciences, Engineering, and Medicine in Higher Education: Branches From the Same Tree*. Washington, DC: National Academies Press; 2018. <https://doi.org/10.17226/24988>.
3. Association of American Medical Colleges and Howard Hughes Medical Institute. *Scientific Foundations for Future Physicians: Report of the AAMC-HHMI Committee*. Washington, DC: AAMC; 2009.
4. Association of American Medical Colleges. *Behavioral and Social Science Foundations for Future Physicians*. Washington, DC: AAMC; 2011.
5. Institute for Healthcare Improvement. Initiatives: IHI Triple Aim Initiative. <http://www.ihf.org/Engage/Initiatives/TripleAim/Pages/default.aspx>. Accessed Oct. 17, 2018.
6. Shapiro J. Toward the clinical humanities: how literature and the arts can help shape humanism and professionalism in medical education. Jan. 6, 2014. Gold Foundation. <https://www.gold-foundation.org/toward-the-clinical-humanities-how-literature-and-the-arts-can-help-shape-humanism-and-professionalism-in-medical-education>. Accessed Oct. 17, 2018.