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University of Rochester School of Medicine and Dentistry
Commencement Address

Creating Your Legacy

In 1985 Dr. Nadelson became the first woman president of the American Psychiatric Association. She was also the first woman editor-in-chief of the APA Press, and first director of Partners Office for Women's Careers at Brigham and Women's Hospital, where she continues as the director today. As a Harvard Medical School psychiatrist and Brigham and Women's Hospital's expert on promoting academic medical careers for women, she has had a major influence on the lives of women in medicine by advancing the cause of women's mental health and by leading the office for the professional development, career planning, and mentoring of women on the hospital staff.

Dr. Nadelson was elected to Alpha Omega Alpha medical honor society at University of Rochester Medical School in 1961. From 1979 to 1993, she served as vice chair of the Department of Psychiatry at New England Medical Center, Boston. She became clinical professor of psychiatry at Harvard Medical School in 1995. In 1985, Dr. Nadelson received the Elizabeth Blackwell Award for "contributions to the cause of women in the field of medicine" and in 2002, she was honored with the Alexandra Symonds Award for sustained high-level contributions to the field of psychiatry and leadership in advancing women's health. She currently serves as president and CEO of the American Psychiatric Association Press, president of the Association for Academic Psychiatry, and president of the Group for Advancement of Psychiatry.

President Seligman, Dean Taubman, University of Rochester Faculty, families, friends, Class of 2017:

Thank you for this incredible honor, for the opportunity to celebrate the achievements of the class of 2017 with you, and to welcome them to their lives as physicians. I am immeasurably grateful for my Rochester medical education. It has been my lifelong intellectual and clinical north star. I cannot adequately thank my loving and tolerant family, for their years of flexibility and support, especially my late husband, Ted, who was my partner, my best friend and my coach throughout our many years together.
What you have acquired during these years as medical students derives from the legacy bequeathed to you by countless generations of physicians. In your role as physicians you will have the opportunity to contribute to this legacy by inspiring those who follow you. To connect the future with the past I would like to share some of my own experiences, those that have confronted, inspired and taught me.

“...accept challenges, find role models and support, and persist in pursuing [your] dream.”

I was stunned when this dream was disparaged by my family and most of my teachers. When I grew up in the 1950’s, girls didn’t aspire to become doctors! Most people, including my parents, thought that there were other, more reasonable careers for women. But I was determined. My uncle, the family ‘elder’ who, as an immigrant had been the first in my family to graduate from college and law school and who married a pioneer woman lawyer, rescued me. He encouraged my parents to ‘back off’ and help me find a way. They did….and moreover, they became ardent supporters, when they realized that, from their perspective I really was a ‘normal’ teenage girl. That was their code for, I did have friends and dates.

That victory was the first in many skirmishes throughout my career. What did I learn from it? To accept challenges, find role models and support, and persist in pursuing my dream. While the threat of imminent failure was always on my mind, I had to learn to believe in myself. My struggle as the only women pre-med in my Brooklyn College class, with about 200 male pre-meds, was a trial that began badly with a C in English. Although I succeeded in substantially improving my GPA, my odds for being accepted to medical school didn’t change. After all, I was a girl. I resisted advice to limit my applications, knowing that I was not a modal applicant. I applied to 24 medical schools. After a number of very difficult and demeaning interviews, I was accepted by one, unlike comparable classmates.

Rochester was a welcoming environment. Although there were only 2 women and one African-American man, our class developed lifelong bonds that provided validation and support that have always remained vital for me.

Most important was what I learned from my patients. They taught me to listen and to care for them. It wasn’t only a physical exam, a procedure or a new medication; they needed me to understand them, be honest with them, and help them come to terms with their pain, loneliness and fear. They needed to trust that I would commit myself to helping them; they needed caring and hope. Their needs could not be met in short, hurried and impersonal exchanges, nor if I were absorbed with filling out forms, more recently looking away from them to a computer screen.
As graduation approached I realized that the next step could be more difficult. I was a woman applying for an internship at a time when there were very few women in medicine and no rules or prohibitions on what could be asked or stated in interviews or what would justify rejection. One interviewer asked how I intended to prevent pregnancy. Another definitively stated, “We have never had a woman intern, and we don’t intend to start”. Yet another authoritatively reiterated the long-standing and often repeated conviction, “you will be taking a man’s place and you won’t practice after you have children”. Despite 100 years of evidence to the contrary, that mistaken view continues to be voiced.

My advisor proposed that after my harrowing internship search, I stay at Strong and intern in Medicine. To my immense benefit, I did. I was fascinated by the medical-psychiatric understanding that Rochester fostered. My mentors and teachers, Drs. George Engel and John Romano, two of Rochester’s faculty giants, encouraged me to consider Psychiatry. I heard their message and I accepted and thrived in a psychiatric residency in Boston.

A few years later, as a Fellow I confronted an enormous challenge, for which I was totally unprepared. There were very few women trainees at my hospital and astonishingly, 4 of us were pregnant. We desperately needed childcare solutions if we were to continue our training. So, the hospital cafeteria became the planning ground for a day care center and I was persuaded to lead the effort. We were told that the only day care available in Boston was not ‘the best’ and it was meant for poor, single mothers who ‘had to work’.

As novices, we were not cognizant of the complexity of the project, nor the obstacles we would encounter. In addition to finances, space, furniture and staff other impediments stood in our way, including the negative opinions of senior faculty, the local school superintendent and the child development ‘experts’ who decried the idea and accused us of child abuse. So, we enlarged our planning group and succeeded in opening ‘The Children’s Center’ which has served the community, including my two children, for more than 50 years.

What did this experience teach me? I learned to work collaboratively, take advantage of opportunities, expect the unexpected, take risks and persevere. Being the leader of the day care enterprise awakened in me previously unrecognized leadership skills as I began to focus my career.

My clinical work stimulated me to think more seriously about tackling questions related to women’s health. This led to a deeply gratifying collaboration with other hospital departments and educational and community groups to open a Rape Crisis Center at our hospital. It was the first of its kind in Boston.

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At this time I was an Instructor in Psychiatry at Harvard Medical School. It wasn’t long before I discovered that many of the men with whom I began my career were moving up the academic ranks, while I remained a lowly instructor, with no clue about how to be promoted. I gathered my courage and approached my Chair, who was quite surprised. He told me that he had no idea that I was interested ‘in that sort of thing’. I was astonished. Hadn’t he understood that I was committed to an academic career? Why did he think I had agreed to a job with endless hours, incalculable demands and low pay? To his credit he detailed what had to be accomplished.

A year later, when I surprised him by meeting the requirements he initiated the process and I became an Assistant Professor. It took patience, persistence, and tenacity for me to advocate for myself and to eventually to be promoted to Full Professor. In my emerging role as a medical educator I became active in State, specialty and National medical organizations.

To my astonishment, I was asked to run for President of the American Psychiatric Association (APA) in 1984. This led to my election as the first woman President in the 143 years of the APA’s existence. During the campaign, however, I came to understand that I really was not expected to win. The unstated goal in nominating me was to create visibility for me, for an undetermined future time when the field might be ready for a woman president. Fortunately, my husband and my colleagues decided that this was the right time. So, we plunged, into unknown territory, implementing a national strategy to convince almost 40,000 psychiatrists that the election of a woman president was a step forward.

During this time what would become my future legacy continued to evolve. Together with a colleague we embarked on convincing the field that both women and men must be included in research proposals and clinical trials. At that time most standards of treatment were derived from data collected from men. There were no women in clinical trials and no consideration of gender differences in symptoms or treatments, other than those that were gender specific or where there were major gender disparities. We began our lifelong collaboration with a series of books entitled *The Woman Patient*, thus initiating the field of women’s health in multiple specialties.

What will your legacies be?

While there has been massive progress in medicine and health care delivery during my six decades as a physician, many impediments remain. Why do we see our healthcare system as broken? Although, the U.S. spends the greatest percent of our Gross Domestic Product, and the most money for health care in the developed world, our outcomes among the worst. We have tolerated inequalities in access and care. We have regions of our country with falling life expectancy, rising infant and maternal mortality rates and enormous gaps in health care access and outcome by location, race and income.

We also face another, not unrelated source of distress. While most physicians are happy with their choice of medicine and would encourage students to choose it, many physicians tell us that they no longer ‘love being a doctor’. They no longer find the practice of medicine to be ex-
citing and rewarding. It has become increasingly frustrating and stressful. They feel that they are ‘running on empty’.

The experiences that have darkened our colleague’s lives cannot be ignored. The loss of close and enduring contact with patients has taken a heavy toll on physicians. This, fueled by ever increasing administrative burdens, has distanced physicians from their patients. As the practice of medicine becomes more pressured and bureaucratic in its evolution as a ‘business’, it is increasingly perceived by patients and physicians alike, as unempathic and uncaring.

The business model we have adopted has not led us to design a world class healthcare system. Medicine cannot operate in a largely unconstrained free marketplace. A physician cannot provide optimal care when ‘throughput’ and billing become the markers of productivity. Nor can a patient in an ambulance with severe chest pain shop for a lower priced emergency room or the hospital with the best outcome data. Likewise, patients can’t predict, when choosing an insurance plan, what illnesses they will acquire or accidents they might fall victim to in the next year.

We are currently immersed in contentious debate about whether healthcare is a right or a privilege, how to care for patients who are ill and have few resources or a ‘pre-existing condition’, and who pays the bill. In your new lives as physicians you are stakeholders and future leaders in resolving these questions. I am confident that you will rise to the challenge to devote yourselves to the care of your patients and the strengthening of medical humanism.

Medicine provides many serendipitous paths and choices toward defining a personal legacy. You must follow your dreams but have the courage to change directions and take advantage of the inevitable opportunities that will present themselves.”

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Medicine provides many serendipitous paths and choices toward defining a personal legacy. You must follow your dreams but have the courage to change directions and take advantage of the inevitable opportunities that will present themselves. We have accomplished unimaginable feats, we have developed astounding innovative technologies and we have advanced our knowledge in directions that we couldn’t have conceived of when I was a medical student.

As I welcome you into this compassionate and honorable profession always remember that it is a privilege to be accepted into the lives of your patients and to serve them. At every age in our history being a physician has been demanding, but at this time you face unique obstacles and challenges. You have the opportunity, indeed the mandate, to create a legacy that builds from the past and leads to a better future for medicine, for yourselves and for your patients. Congratulations!