

# The Medical Commencement Archive

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## Howard Bauchner, MD

UTHSC McGovern Medical School  
Commencement

### *A Moral Compass*

Howard Bauchner, MD was appointed the 16th Editor in Chief of JAMA® and The JAMA Network® in 2011. Prior to coming to JAMA, Howard was a Professor of Pediatrics and Public Health at Boston University School of Medicine and Editor in Chief of Archives of Disease in Childhood (2003-2011). At BUSM he was Vice-Chair of Research for the Department of Pediatrics and Chief, Division of General Pediatrics. He is a member of the National Academy of Medicine (formerly the Institute of Medicine) and an honorary fellow of the Royal College of Paediatrics and Child Health, United Kingdom.

At JAMA Howard has focused on improving and expanding clinical content, using electronic/digital approaches to enhance communication, and ensuring a commitment to innovation. Since his arrival in 2011 followers on social medical (twitter and Facebook) have increased from 13,000 to approximately 700,000 and the electronic table of contents is now distributed to close to 750,000 individuals each week. In print, via eTOC, and social media JAMA now reaches over 1.5M physicians each week worldwide. Views (PDF and HTML) have increased from 10M in 2011 to 32M in 2017 (50% from outside the U.S.) and podcast downloads have increased from 300,000 in 2014 to 2.2M in 2017. The print journal was redesigned for the first time in over 20 years and website has been updated twice. All 9 of the specialty journals were renamed (Archives of Pediatrics became JAMA Pediatrics), and 3 new journals have been launched – JAMA Oncology (2015), JAMA Cardiology (2016), and JAMA Network Open (2018).

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**D**ean Stoll, faculty members of this wonderful school, honored guests, family, friends, significant others and of course, most importantly, graduating physicians. What a privilege and honor to be speaking with you today at the commencement at the McGovern Medical School.

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Before beginning I want to like to acknowledge Dean Barbara Stoll. The road for women in medicine has not always been easy - this last year women made up a majority (51% ) of 20,000 first year medical students. Indeed the Class of 2018 at this school includes 112 women and 128 men - but Barbara began her career in the 1960s, when women were a distinct minority and rare in medicine. She has made many faithful decisions, choosing pediatrics and then specializing in neonatology, accompanying her husband Roger Glass to Bangladesh and interrupting her training to work in an impoverished country before resuming her formal training in the United States. Having children during her training. During this time she began an extraordinary career as a clinician, educator, investigator, and administrator. For the women graduating today, there are role models, mentors, and women who have paved a path that hopefully will make your life in medicine and with family better. And Barbara Stoll is one of those individuals.

On with my formal remarks, but first:

Graduates – please get up, turn around, find your family and friends, throw them kisses and say a BIG THANK YOU. And family, friends, and significant others - wow can you believe it is almost over – they will actually begin to “earn” money!

The road ahead – curves, twists, U-turns, speedy high ways, and slow country roads – will be filled with many decisions – some already made - what specialty to pursue; where to begin to train; but yet many questions remain unanswered; where to finish training; did you select the right career path; where to live and how close to family; what type of practice to work in; is further training necessary, should you start a family or make a current family larger - but I will not address these questions today. They are left for the future.

What I want to focus on is the need to find a moral compass in your life as a physician. I cherish being a physician. Many patients trust us with their lives – thankfully we are no longer seen as a gods – and that is a good thing – but many many patients want us to help them with some of the most difficult and emotional decisions in their lives – how to care for a sick child, how to help a failing parent, what test or procedure should they have for themselves, and of course among the most difficult decisions – care at the end of life. This is your future as a physician, embrace it – and feel the privilege that it is to be so intimately involved in the life of another individual. But that is not the focus of my comments today –

25 million individuals in the United States remain uninsured. The cost of drugs, both new and old, continues to rise, making them unaffordable for some. Misuse of diagnostic tests and procedures is common – sometimes too many and sometimes too few.

Healthcare costs – particularly at the state level – crowd out meaningful commitment to education – an example being the recent teacher strikes in 3 states - and important infrastructure needs.

A society in which guns contribute to the deaths of more than 35,000 individuals each year a fact that I struggle to understand. Entrenched special interest groups – insurance companies, hospitals, drug companies, long-term care facilities, professional societies, patient groups – who often put their needs ahead of the needs of patients.

And what is your individual role in this – do you have a role. Indeed you do – and what should that be – a commitment to make the right decision on behalf of patients and society. The ethical challenges you will face are far more difficult than any that I faced early in my career. I began my career at a far simpler time in medicine – less special interests, less politics, less expensive innovation, and less patient involvement. HIV/AIDS had not yet arrived as an epidemic; half the childhood immunizations that we now give had not yet been invented; CHISPR/ CAS was unknown; and the remarkable cornucopia of drugs were unavailable. The internet had not been invented and there was no such thing as a portable phone. What will you see in the future – holograms on your phone, teletransportation, flying and self-driving cars; widespread use of mixed-reality; genetic manipulation; and that every new born child will have their entire DNA sequenced at birth. These remarkable advances will come with unimaginable ethical challenges.

I want to tell you a story of my own ethical failing - one that has haunted me to this day. I was attending on the wards at BMC – the old Boston City Hospital – and after days of caring for a child with pneumonia who was not getting better, and me resisting the idea of a repeat CxR, the child developed sepsis. I was notified in the early morning hours at home, his temperature was 104, his WBC had increased to 35K, and a repeat chest CxR showed a large pleural effusion – likely an empyema. He was whisked off to surgery, the effusion was drained, he was intubated, started on pressors for hypotension, and broad-spectrum antibiotics to cover the suspected bacteria. I arrived the next morning – immediately went to the ICU – by this time his BP had stabilized, he had responded to the antibiotics, and was about to be extubated. His parents came up to me and profusely thanked me for saving their child’s life – I stumbled – mentally and vocally – what should I say. And to this day I feel ashamed, ashamed that I did not say what I should have, but you do not understand – it was my decisions that made your child so sick.

You will face many decisions – perhaps not quite as dramatic as this – that will affect your lives and the lives of your patients. When do you speak up and when do you remain silent. The colleague who does too many tests; the health care system that purchases practices so they can charge higher prices for care; the insurance company that blocks appropriate care; the pharmaceutical and device industries that charge prices in the US that are 5 and sometimes 10 times more than anywhere else in the world; and most importantly end of life decisions that you will make with patients and will be influenced by your own religious, cultural, and personal experiences.

You are likely to confront some but not all of these issues next year as a first year resident, but most will find their way into your professional life at some time. There is no need to wrestle with all of them, since that can be overwhelming, but it is important to understand that these are ethical issues that demand and require much thought and reflection.

There is one increasingly important issue that I can only highlight, but not offer a solution – the tension between decision-making at the individual level vs population level. I once heard a Chief Medical Officer say that when making a decision about a patient only think about that patient and not the entire population – in other words always put cost aside. That attitude and belief – although laudatory – can lead to unimaginable cost in healthcare and I am simply unsure how an individual physician reconciles this issue – and in 2018 I am not sure whether always discounting the cost of care is a viable option.

Becoming a physician requires intelligence, and empathy, and sympathy. Given the remarkable changes that have occurred in medicine, and will continue to occur – life-long learning is a necessity. Your road ahead is far more complicated than mine was – it will be filled with complex and difficult ethical issues – you will need to find a compass that points you in the right direction.

And let me conclude by once again congratulating you. This is one of the great great days of your lives – one that I have never forgotten – although I certainly cannot remember who spoke at my graduation – so cherish this day, cherish being a physician, and cherish your family, friends, and loved ones.

Thank you  
Howard Bauchner, MD  
Editor in Chief, JAMA® and the JAMA Network®