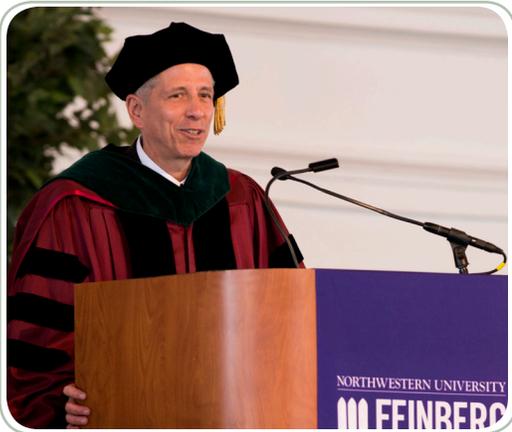


The Medical Commencement Archive

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Dr. Robert J. Alpern, MD

Northwestern University Feinberg School of Medicine

Preserving The Nobility Of Medicine

Dr. Robert J. Alpern, MD is an esteemed Nephrologist and inspiring teacher and mentor. Alpern completed his undergraduate degree at Northwestern University, and received his M.D. degree from the University of Chicago Pritzker School of Medicine. He completed residency training in Internal Medicine at Columbia Presbyterian Hospital in New York, and a postdoctoral fellowship in Nephrology at the Cardiovascular Research Institute at the University of California, San Francisco. He has devoted his research to the regulation of kidney transport proteins. Dr. Alpern is now the Ensign Professor of Medicine and Dean at Yale University School of Medicine. Some of Alpern's many accomplishments include being elected President of the American Society of Nephrology and serving on the Advisory Council of the National Institute of Diabetes and Digestive and Kidney Diseases.

President Schapiro, Dean Neilson, faculty, students, friends and family: First, let me thank you for the extraordinary honor of presenting your commencement address today. I began my academic career as an undergraduate at Northwestern, and it is especially meaningful for me to return to this great university with so many memories. This is a day that I hope you will remember for the rest of your lives. You are gifted students who have worked hard to reach this crowning moment. All too soon the excitement of today will be replaced by concern and trepidation related to the next chapter in your life, internship. Thus, my task is to help you remember this day, to assist you in celebrating what is a monumental accomplishment, the receipt of the MD degree.



There are few degrees that carry the level of respect associated with this degree. You will be honored for your intellect, for the sacrifices you bore to earn this degree, and for the good you will do as a physician. You will be viewed as a scholar, whether you perform research, teach, or care for patients. You will be revered especially by your patients, to whom you will bestow the greatest gift of all, health. You should welcome these accolades, but receive them with humility, for that is a critical virtue of an outstanding physician.

As you leave medical school, healthcare is changing. Traditionally medicine has been practiced under the paradigm of physician as the leader of the medical team—the critical person who will determine whether one lives or dies or how healthy they will be. In the past most physicians joined small practice groups that shared a philosophy of commitment to the health of their patients. Some headed in different directions, joining academic faculty, doing research, or pursuing entrepreneurial interests.

However, we now must address the realization that we are spending too much on healthcare and getting too little for our money. Our healthcare system provides outstanding care to sick patients who can afford the best hospitals and physicians. However, there is too little emphasis on primary care and preventative medicine, and too many people are neglected or overlooked by the system. This is unacceptable.

In addition, there has been a consistent chorus calling for medical schools and residency programs to train more physicians. We already have physician shortages in a number of disciplines, and this will almost certainly grow and spread to many medical specialties.

In an attempt to address these issues, our healthcare system is changing and will continue to change in radical ways. The government will more and more become a dominant payor, addressing the care of the needy, but also bringing a heightened level of bureaucracy. All payors will ask for lower costs with better and more uniform quality. And they will ask you to prove that you provide this.

Future physicians will likely be employed by a

large group practice, a hospital, or a medical school. A person with an MBA will help you address the plethora of complicated business issues and will advise or possibly instruct you on how to practice your discipline. You will provide care as part of a team of physicians, APRNs, physician assistants, pharmacists and others, all with the goal of providing the best care in the most efficient manner. You will be encouraged to provide evidence-based medicine to ensure that your patients receive optimal care.

All of this is good, and in many respects should and must occur. But as an element of a complex medical team, your status may diminish.

How should you be trained for this new world? What should your aspirations be as you leave this critical part of your lives and enter a new medical arena? How will you, as the next generation of physicians, define yourselves and your profession?

In 1972, I received my undergraduate degree from Northwestern, and the university has always held a special place in my life. I have

many fond memories of studying along the lake in between Vietnam War protests. I entered Northwestern as a young student who knew how to do well on tests while enjoying college life. But I left as a future medical student bewitched by academics and committed to be a scholar. Every subsequent part of my training further reinforced this transformation. At each stage I was exposed to incredible role models who shared their knowledge and, more importantly, their philosophy with me.

What I have treasured most in my career is that while I have saved lives and improved the health of my patients, I have also been a scholar. This to me is what has been so wonderful about a career in medicine. It is one of many scholarly pursuits, but perhaps the one where you have the greatest capacity to bring value to the lives of others. Scholarship has been a critical component of my clinical practice, teaching and research. While I never anticipated that I would one day be a dean, in that role scholarship has been critical in informing my judgment and my conviction.

What will the physician of the future be? Many have questioned whether we are overtraining physicians. Does medical school require four years? Can we short-

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en the teaching of biomedical science? Should we accept students with no premedical science courses? Should we abandon the MCAT? The arguments have been that we need more physicians, we need more caring physicians, and medicine is changing anyway. Is medicine a trade or a scholarly endeavor? Should medical schools be trade schools or schools of scholarship that rest squarely in the center of academic universities?

As we move toward the neologism of evidence-based medicine, does every physician need to know the basics of genetics and evolution, cell and molecular biology, physiology, pharmacology and pathology? Experts are developing clinical guidelines and algorithms to direct patient care. Can the physician of the future merely follow these directives? Should each physician develop his or her own opinions regarding the approach to optimal care? The answer is a definitive, “Yes and No!”

If physicians merely need to understand evidence and follow algorithms, they would not need to understand science. In fact, some would argue that the extensive education of physicians contributes to a misplaced confidence in our own judgment and our inability to accept published guidelines. There is no doubt that this is problematic. But while one should never ignore the evidence and must always practice medicine based on knowledge of all of the available evidence, more is required to provide the best care to our patients. There often is no definitive evidence for the optimal care of a clinical entity. When good evidence exists, it is frequently based on averages rather than the individual. If a thousand patients are treated with treatment A or B, the results may show that most patients have a better outcome with A. However, this does not eliminate the possibility that some patients may have a better outcome with treatment B. Who will make that observation? Who will deduce that a given patient does not fit into the accepted treatment paradigm?

It must be the physician. And for physicians to do this they will need the best of clinical instincts, the ability to observe, assess and understand the patient. This ability requires a thorough understanding of the biomedical sciences. Only with this can a physician know when a patient

is or is not following the “rules.”

Aristotle emphasized the importance of empiric observation in defining truth. While he emphasized the importance of pure truth, truth for its own sake, or *sophia*, he distinguished this from *phronesis*, the virtue of practical wisdom. *Phronesis* is the attainment of truth for the sake of action, rather than truth as its own endpoint. Later philosophers such as Thomas Aquinas referred to *phronesis* as prudence.

This is exactly what physicians must possess. We observe the patient and draw on our scientific understanding of how the body works and sometimes does not work, to develop a truth that we can implement as an action plan. We must know clinical guidelines and the most up-to-date treatment algorithms, but we must also be ready to identify clinical circumstances in which they do not apply.

In 1910, Abraham Flexner published the Flexner Report under the aegis of the Carnegie Foundation. Among other things, the report called on medical schools to follow the protocols of mainstream science in teaching and research. Flexner recommended that medical schools train physicians to practice

in a scientific manner. He recommended that schools should increase the prerequisites to enter medical training. Even though the report is over 100 years old, Flexner has been referred to as the best friend that modern medicine ever had. It is critical that as we address the challenges that face us, as we form new medical schools, as we modify admissions requirements and curriculum, that we do not return to the era of trade schools of medicine.

Let me now turn to compassion. The teaching of professionalism is central to the curriculum of most medical schools. With a few exceptions, most of our graduates leave medical school with immense compassion for their patients. However, as medicine becomes a day-to-day job, it is sometimes too easy to forget that patients are not just customers. In our business we are dealing with life and death and patients are in their most vulnerable state when they visit us. We cannot ever forget that what has come to be a job for us is so much more for our patients.

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I also want to make the point that an emphasis on science is not the antithesis of compassion, but it is rather the complement of compassion. In phronesis and prudence, Aristotle and Thomas Aquinas recognized that sometimes you need to define truth in the context of a necessary action where it may not be pure truth. Physicians must know science and understand disease, but must define a care plan in the context of the patient and the patient's needs.

Aristotle's teacher was Plato, who founded the Academy in Athens. At the site of the Academy was an olive tree that stood for 3,000 years and grew to possess a trunk 6 meters in diameter. This landmark represented the greatest of traditions of ancient Greece. It had survived great storms, wars, political and social upheavals, earthquakes, floods and drought, but in 1976, a bus ran into the Plato tree and smashed it to smithereens. The Greek government, realizing the importance of the tradition of the Plato tree, worked to save the roots, which survived and formed a small bush-sized tree that would, over future centuries, re-grow to its prior stature. Unfortunately, in 2013 with the economic crisis, the Greek government instituted a large tax on heating oil. To stay warm, someone cut down the Plato tree.

As you enter a changing healthcare environment, the practice of medicine will evolve and possibly be transformed. You, the next generation of physicians, will define the nature of this transformation. You must preserve the noblest of all professions, the tradition of physician as a compassionate and prudent scholar. You cannot permit this great tradition to be destroyed by economic issues, the need for cheap healthcare or cheap firewood.

At the end of Wagner's Ring, as the world departs from its domination by the gods, Brunhilde refers to Siegfried as the noblest of all men. As you leave these hallowed academic halls today to enter the next chapter in your life, I urge you to strive to be the noblest of all men and women, a physician with humility, compassion, knowledge and prudence. Do not be intimidated by the evolving healthcare system. Rather, as the next generation of physicians, you will define healthcare, and you must define it well. The future is yours, and I wish you the best as you pursue it.