

The Medical Commencement Archive

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The Real Challenge: Balance

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To the Class of 2014 – clearly the best class ever to graduate from the University of Colorado School of Medicine in the last 127 years: I am honored to have been asked to be your commencement speaker. I am acutely (but not painfully) aware that I was not your first choice. Michelle Obama was, and sadly – for her – had other commitments today that prevented her from being here to launch your careers as physicians. It is her loss to not be here to share in you and your families' and friends' excitement on this wonderful occasion.

I remember being asked if it was OK to invite her and saying, "Absolutely! But have a backup since a lot of other places will also be asking." Then, you asked me if I would be the backup. I immediately accepted, since it is a huge honor – and, if all worked out and she did come, I could have the honor of being asked without the work of preparing anything other than the usual brief three remarks I have always made to your predecessors here over the last 23 years.



What you probably don't know is that Michelle and I have a couple of things in common. We both do a lot of public speaking. We both go to a lot of dinners. She and I are both Princeton alums (though years apart). But what most people really don't know is that she holds the position that I have wanted for more than 30 years. What position is that, you ask? Well, she is the spouse of the President, of course, and that is what I have always wanted to be.

I have watched for years as each Presidential spouse came to the White House, starting with Jacqueline Kennedy, and each took as a cause some area of public policy that instantly got attention and, over the next four to eight years had billions of dollars appropriated toward resolving the issue. For Jackie Kennedy, it was prematurity following the death of their infant Patrick; for Lady Bird Johnson it was the environment and the planting of trees along interstate highways; for Betty Ford it was alcoholism treatment; for Rosalyn Carter, mental health and the deinstitutionalization of the mentally ill; Nancy Reagan was focused on just saying "no" and preventing drug abuse; Barbara Bush was into K-12 education as was Laura Bush with reading. Michelle of course is all about addressing obesity and keeping America moving.

That is why, for decades, I have quietly been plugging a "Mary Krugman for President" effort, knowing that if the rest of the country knew what I did about my spouse of 48 years then I could sit in the Rose Garden and be sure that billions of dollars would be spent on efforts to address child abuse and neglect as a health, public health, and mental health problem instead of just as a social and legal problem – an approach that has failed to get us the outcome children and families need. But, sadly, my spouse has steadfastly declined the opportunity and since our time is running a little short, that is one of the reasons why this will be my last time on this stage as Dean of this Medical

School at a Hooding and Oath Ceremony. I need to go back to work and raise that money on my own – with a lot of help from my friends.

I do want to pause for a moment though and thank my spouse for all her support over these last 48 years—50.5 really since the day we met in an elevator at NYU Medical School. Without her guidance and love, I would not have returned to medical school after flunking the first year, and I would not have had as much fun working here over the last 46 years as faculty and 24 years as Dean. Thank you!

Now to the graduation address. You can't be asked to do one of these without reflecting on graduation addresses that you have been present for. I tried to do that as I was preparing these remarks. In truth, the only graduations I remember are those in which the ceremony was held in pouring rain. I remember only a few of the individuals who spoke. And for the one or two where someone like the President of the US or Secretary of State spoke, I have no recollection of anything they said. I do remember former Governor Dick Lamm speaking at one of our graduations on the Ninth Avenue Campus. He was the only person I ever knew who put a handout in the Hooding and Oath Program lest anyone forget his message. Not my style.

I have, therefore, given a lot of thought to the importance of commencement speeches. Here is what I know: there are so many individuals at this ceremony who have looked forward to this day for years, even decades, that the pressure to make it a memorable talk is almost overwhelming. But the reality is, by tomorrow, most of you will have no independent recollection of anything I say this morning. But knowing that doesn't mean I have not given a lot of thought to what my topic should be.

I first thought I could talk about the extraordinary advances in medicine that you have not only learned about,

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but are now ready to put into practice as you begin the next stage of your medical education: the evidence base to practice, the molecular diagnostics, the microsurgery, and the pharmaco-genetic revolution that is leading us to a time of truly precise and personalized medicine, are a few of the breakthroughs that have led us toward a new era in medicine.

Then I thought I could talk about the chronic cost crisis in health care in this country we face even after the passage of the Affordable Care Act of 2010 which does little to restrain spending. Only a move away from fee for service to a capitated system of population health will do that.

Finally, I even thought I could talk about the impending shortage of physicians and the staggering levels of debt that you and your colleagues across the country who are graduating this month are facing. Debt loads that make it increasingly difficult to believe that we will have anywhere near the number of not just primary care physicians, but also academic physicians of any kind given the salary needs that your generation will have.

But to give justice to any of these emerging (or chronic) crises in what should be no longer than a 15 minute speech is virtually impossible – even if I had answers to each of these pressing issues.

So, after spending hours wondering what the right topic was for today, I undertook a reality check. I thought back to my own graduation from NYU School of Medicine in 1968, 46 years ago. I remember that there was pouring rain and the purple gowns that my wife and I wore (she was getting her masters in education at the time) ran and the purple dye ruined her new dress and my new suit. I have absolutely no idea who the speaker was, much less what he or she said. Then I thought back to the 1995 graduation at Dartmouth College where my oldest son graduated from medical school. I do remember the speaker. It was President Clinton. I also remember that it poured rain, and because it was the President, we had to be in the open stadium by 7AM to go through security. I also remember he was an hour and a half late, and didn't begin his talk until 11:30. I remember being soaked, and I remember absolutely nothing of what he said. And, by the way, neither does my son.

Several years ago, I gave what I humbly thought was an eloquent 10 minute talk to our incoming residents at the University of Colorado on their first day of orientation. I made just three points:

- 1) Please treat our medical students well – do not repeat the cycle of abuse if your residents or faculty had abused you in your medical school;
- 2) When you come into a patient's room, please sit down to take a history and also to have your follow-up conversations; don't stand at the end of the bed looking at the numbers on the chart while you talk to the worried ill; and
- 3) Remember that while you are now legitimately a "Doctor", you still don't know all you need to know, and remember to ask for help early and often.

Ten days after giving this talk to the new residents, I was visiting a friend who was a patient in our hospital and one of the new residents who had been at orientation came into the room and looked at me quizzically. I knew what he was thinking: "I've seen this guy before. Who is he?" But the blankness of his expression, and the fact that he was looking at the chart and did not sit down when he began talking with my friend, let me know that he remembered nothing of what I had said less than two weeks earlier.

So, given all these admissions and experiences, what are my chances today of telling you anything you haven't heard before. And even if I do come up with something you haven't heard before, what chance do I have that it will be memorable? Actually, it really doesn't matter because I am already eight minutes into this talk, and when I am done, it will be time to get your diploma. But before that happens, I do have a brief personal message— one that is less about national policy and more about you.

My theme today is maintaining balance. It is a topic I have spent a lot of time thinking about, and, not so coincidentally, something I have tried to do for all the years I have been privileged to be Dean of this school.

Attaining and maintaining balance may be one of our greatest challenges. Truth be told, it is probably easier to learn the facts and the technical skills you will need to practice medicine than it is to learn how to balance lives that are relentlessly and malignantly crammed with the demands of your families and friends, your patients, your supervising residents and attending physicians, your students – yes, in a month, you will have students, so please treat them well, wherever you are going next.

You know something about some forms of balance: fluid and electrolyte balance, acid-base balance, hormonal balance. The human body has evolved dozens of homeostatic mechanisms to keep us in physiologic balance.

Psychological balance is also something you have studied, and may even know as much about as physiologic balance. As we sit here today at the completion of the first stage of your medical career, you may even have a recollection of the mechanisms of these processes.

But the challenge for most of us is maintaining the balance between our personal and professional lives. Years ago, that was not a problem for those of us just beginning our residencies. My father interned in pediatrics in 1939. He literally interned in the hospital. He earned \$25 a month and had every other Sunday off. Marriage was prohibited and he saved \$250 of the \$300 he earned that year because there were no stores open in New York City on Sundays. He didn't have much to balance and he didn't need to balance much.

Your older faculty and I who interned in the late 1960s worked every other night – 36 hours on, 12 off. We had no expectation of balancing family with work. We were allowed to be married, but our spouses knew we were immersed in work and they supported each other. By the time my son did his internship in 1995 he worked every fourth night and found balance attainable (but I believe he still put in more than 80 hours a week at the hospital because he felt he needed to). His generation had less of a challenge in balancing their personal and professional lives than mine did.

And now you are off to a highly regulated no more than 80 hour work week with legislation being considered in Congress to drop that figure to 60 hours. There are no such things as 36 hour or all weekend long shifts. Is it possible that the challenge for you and your generation now is how to balance your work with your personal lives in such a way that you learn enough to be as competent as you need to be as a physician? I won't go there, other than to hope that each of you can find the proper balance in your lives during your residency training.

But that balancing act will only be beginning for you. The other real challenge in maintaining balance is in our workplace: medical schools and teaching hospitals, the workplace to which you are heading.

Let me remind you of the question that I asked you when I welcomed you as a new class in August, 2010. How many of you were told by a physician in your community not to do this? More than 80% of your hands went up. The three subsequent classes here were similar. Why

are so many pre-meds being told that?

I think the answer is that the physicians in practice who told you that have lost the balance in their professional lives. Physicians in practice have experienced profound changes in their work life over the last several decades.

A physician's day used to be mostly filled with the joy of practicing medicine. Whether it was medically or surgically curing disease, assisting parents in the physical and behavioral growth and development of their infants and children, or the comforting of the elderly coping with their terminal illnesses, the extraordinary variety and unpredictability of practice made every day an adventure. Then came the oppression of insurance plan administration, the shrinking of Medicare and Medicaid reimbursement, in many places crushing malpractice insurance premiums and the need to see more and more patients in less and less time just to keep a balance in their checking accounts. The joy and the fun went out of their work.

For many academic physicians, maintaining balance is equally difficult and a lot of the fun has gone out of their lives as well. The "triple threat", the faculty member doing NIH funded research and an extraordinary clinician and teacher, is part of an endangered and, potentially, soon to be extinct species. Their world— each of the parts of their world — has simply become too competitive to stay superb in all areas. The time it would take to stay competitive in this research environment, as well as to stay current, much less be superb, clinically would take more than the 80 hour week for faculty – more than 120 hours, I suspect, and that doesn't count family time.

How should we maintain our balance, then? What are our options? It seems to me that we cannot go it alone, and if we cannot do it all by ourselves, then we will need to work well with each other. I suspect the overwhelming majority of you had a big "S" for Satisfactory in the "works and plays well with others" line on your first grade report cards. I am not sure this skill was a prerequisite for getting into medical school, but I do believe it is the critical skill for maintaining balance in medicine and having a successful career.

Integral to effective teamwork are communication skills, willingness to have others work with you, rather than for you, and an unremitting desire to improve our ability to serve others, whether our patients or our students, resi-

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dents or faculty, every day.

Medical school graduates all over the country are being told this month that we, your faculty, have done the very best we could do to provide you with the information and skills that we believe you need to be good physicians. We tell you that at least half of what you have learned is valid – the other half should be obsolete within months or years. Regrettably we have no idea which half is which. But you knew that—and, given that your attendance at lectures was a little underwhelming, many of you probably learned much of this stuff by yourself anyway.

But if you are to maintain balance, then I urge you to not get cynical about medicine, your patients (no matter how difficult they are) or your colleagues in the profession. Please remember that you now have a degree that is incredibly portable. With it (and a few more years of training, but at least you will be paid) you can literally go anywhere in the world and be a help to many men, women, and children. If 19th century medicine intrigues you, there are developing countries still facing epidemics of tetanus, polio and measles. You could go to the other extreme and practice Space Medicine planning for the provision of health care on the moon and other planets. In between these two are extraordinary opportunities in rural or urban, community health center or boutique, solo or group, academic or private practices. There are looming shortages in primary care and specialty practice and in academic medicine, occupational medicine or public health. And here is a key point: whatever you choose to do first isn't forever. While there are some of you who will find your place and your career after residency and remain there just short of forever as I have here in Colorado, others of you will find that every five to ten years or so you will have another career to explore. Nothing is forever, and there is absolutely no reason that you should ever allow yourself to be stuck someplace – anyplace.

Given the fact that life is what happens to you while you plan for the future, enjoy every minute of it. We welcome you to this profession that still has a lot to learn and a lot to give, and we look forward to your success in whatever you chose to do. Congratulations to all of you, and my best wishes to you and your families and friends who supported you and helped you get to where you are today.