

The Medical Commencement Archive

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Lisa Sanders, MD

David Geffen School of
Medicine, UCLA

Doctor of your Dreams

Lisa Sanders is an internist on the faculty of Yale School of Medicine and teaches in the Internal Medicine residency program there. She graduated from Yale Medical School and did her residency and chief residency at Yale's Internal Medicine Primary Care Residency Program. Sanders created and writes the biweekly Diagnosis column for the New York Times Magazine. Her column was the inspiration for the hit television series House MD and she was an advisor for the show. These days she is working on a documentary series based on her column to be aired on Netflix in August 2019. She has a book coming out this summer called Diagnosis: Solving the Most Baffling Medical Mysteries, a collection of her New York Times columns. She also wrote the New York Times best seller, Every Patient Tells a Story: Medical Mysteries and the Art of Diagnosis. Before Sanders came to medical school she was an Emmy award winning producer for CBS News.

First I'd like to thank John Mazziotta for extending this invitation. Thanks also to Kelsey Martin – I love your cultural North Star. And I am grateful to Joyce Fried who managed to convince me that 10 minutes was all I really needed. I guess y'all will be the judge of that.

But mostly I want to thank you, the David Geffen School of Medicine, Class of 2019. Thank you for inviting me and Congratulations! You are entering medicine at a remarkable moment. We have never known more, or been able to do more than we can right now.

I also want to acknowledge and congratulate those who have supported you through this long process of medical education – your parents, your siblings, your spouses, and friends. These doctors-to-be could have never done this without your support. Congratulations all round.

In preparing to be here on this sunny afternoon, I thought back to another sunny afternoon, 22 years ago when I graduated from my own alma mater, Yale. Like you, we got to choose our commencement speaker and that year we chose Alan Merman. He was a pediatrician who became the Chaplain of the med school - our last chaplain. And he spoke to us on the eve of his retirement. I have nothing but warm feelings about my graduation so I thought if I could reflect back to the words he said I might find some inspiration there. And amazingly, I did. Because it turns out that I couldn't remember a single word he said.

What a relief.

And so with that sense of freedom and liberation, and secure in the knowledge that you probably won't remember a thing, let's get on to the good stuff. It's a tradition on occasions like this to start off with a quotation. And who better to quote than Sir William Osler. He said that trying to learn medicine without patients was like trying to sail the ocean without maps. Patients are key to our ability to understand what we do. We need them.

But do they need us?

What do we give in return? I remember that in my last years in medical school I worried that I was wasting the patient's time. What did I have to offer? True, I had a head stuffed full of book learning – but what did I really know about being a doctor? I could take a history and do an exam, I might know what tests to order, but I couldn't order the tests, couldn't prescribe medications, couldn't perform surgery. So really, what good was I to the patient?

Here's the good: in providing care to our patients as students, we get to be the doctor we aspire to be. Each of you has in your head the doctor you hoped to become.

It's a picture you've been working on long before you matriculated at UCLA. Indeed, it's the picture of doctoring and medicine that led you to take organic chemistry, and calculus, and to apply to medical school.

I was reminded how powerful medical students and their aspirational doctor can be just this past month. I had a sub-I on my team - Fatima. One day after rounds a young woman came up to this student and threw her arms around her. Thank you, she said, her voice was filled with emotion; you saved my life. She saw me watching and her mother said to me Fatima is simply amazing. Her daughter, Sarah had severe hydradenitis suppurativa. You know what that is? This awful condition where patients have a tendency to develop abscess in the axilla and groin.

Sarah was a sophomore in high school and this disease was making her life miserable, her mother told me. She seemed to always have some lesions somewhere. They were painful and smelly and Sarah felt like she was always oozing pus. Fatima was doing her plastic surgery rotation and Sarah was one of her patients.

Sarah's doctors kept urging her to stick with the antibiotics and keep trying to lose weight – these are the conservative tools to treat this disorder. But at her last appointment the young woman talked about how hard it was to make herself go to school. Sometimes, she confided to Fatima, she didn't even want to keep on living – if it had to be like this.

Fatima heard her in a way that her surgeons didn't. And she had questions: was conservative management the better treatment? What were the indications for surgery? How should she think about the therapeutic approach to this disease. She read up on the literature. She pored over Sarah's chart. Finally she went to the surgeons and made the case for why it made sense to operate. She won. Sarah had come back to the hospital for her 6 week follow up and when she saw Fatima she was overwhelmed with gratitude. So what did Fatima bring to the table? She couldn't do the surgery, it's true. But she had curiosity about Sarah's disease; she had an openness to hearing its impact on her life and an interest in the right approach to treatment. She had a willingness to advocate for her patient. She was compassionate. Kind. She had the desire to make a difference.

That was the doctor Fatima aspired to be.

This picture of the doctor you aspire to be is what you've had to offer your patients. And it's important. And so, on this day of endings and beginnings, I encourage you take this doctor of your dreams with you; I encourage you to be the doctor you aspire to be – your patients need that.

Perhaps this seems like a no, duh kind of message. Of course we fully expect to become that doctor in our dreams. Why spend a commencement address on this? Because – and many of you may already suspect this – because it will be hard. Of course you want to be the kind of doctor you imagine yourself to be right now. Caring, thoughtful, curious, kind. But unless you deliberately make room in your life for these qualities, right from the start, they will slip away from you. How do you know? Look around you. Here of course you see many doctors who do exemplify these qualities. They are your teachers, your role models. The doctors you want to grow up to be.

Now think of all the rest of the doctors you know. Do you think they didn't want to be the doctor of their dreams? Most of us start out with these dreams. Making room for them is more difficult.

The late writer, David Foster Wallace, gave a great talk nearly 2 decades ago and he started it with a little parable that I'd like to share with you.

There are these two young fish swimming along and they happen to meet an older fish swimming the other way. The older fish nods at them and says "Morning, kids. How's the water?" And the two young fish swim on for a bit, and then eventually one of them looks over at the other and goes "What the hell is water?" The point of the story – Foster Wallace goes on to say - is simply that the most obvious, important realities are often the ones that are hardest to see and talk about.

To be the doctor you aspire to be will require you to make some tough choices. I can't predict what the exact choices and trade offs will be; it's different for every one.

But it's clear that the world you're entering to practice medicine in, the water you are about to dive into, won't be pushing you to become that doctor so clear in your imagination right now.

How do I know this? Because I faced this; I dare say every doctor here faced this dilemma. AND because most doctors don't become the doctor of their dreams. It's not that these qualities aren't valued. It's just that they are not valued as much as others. And there are forces in medicine – currents, you might say, that will try to push you in these other directions.

Doctors are somehow not taught the value of putting their own intellectual desires, their own happiness, above those that will be imposed on you by the system, the corporate machine medicine has become.

This isn't a new thing – tho it is possible that it is worse now. I'm going to get dark for a second, but only for a second -- to remind you of what is at stake here. For decades doctors have had the highest rate of divorce. The highest rate of drug and alcohol abuse. The highest rate of suicide when compared to other professions. It turns out, that's the water we swim in. We have a newer and earlier way of detecting this tendency towards unhappiness – burn out. It is estimated that over 50% of doctors in practice right now are burnt out to some degree or another. Different studies have identified different causes of burnout. Some blame the EMR. Some the burden of administrative work and billing, or malpractice.

But I would say that the real culprit is not holding one to the qualities you have right now. Not insisting on a system that makes room for the aspects of medicine you value right now. You will be accused of being naïve. Be naïve. You will be accused of not being realistic. Don't be realistic. Don't let yourself be bullied or pushed or carried away from those northstars into the indifferent business of medicine.

And if you are not paying attention, if you are not actively working to become the doctor you imagine yourself to be right now, as you prepare to leave medical school, then you will be swept along by this unhealthy current.

You need to hold on to that vision of the doctor you aspire to be because you need to be that doctor. Your life - possibly, your happiness - certainly, depends on it. And if all of you hold on to those ideals, if all of you stay true to your own cultural north stars, then medicine itself will change. Holding on to that ideal, to that aspirational doctor that lives in your head, is what makes medicine a force for good in the world.

I want to end with one more story.

A 26 year old computer programmer in Boston, his name was Andrew, suddenly lost his short term memory. Driving to work one day he suddenly got lost. He called his fiancée, Lindsay. She used her find my phone locator to find him and took him to an ER. An MRI of his brain revealed the immediate cause of his loss – a misty shadow over his amygdala, the center of memory and emotion. He had something known as limbic encephalitis. It took days to find the cause of that. Hodgkins lymphoma. And it took months of surgery and chemotherapy to treat that.

Andrew was terrified. With his short-term memory loss it was hard for him to really understand what was going on. His fiancée tried to keep him oriented but she had to go to work every day. But there was this medical student. Marc Wein, a 4th year. He was fascinated by case. He went to see the patient every day. I wrote about this patient and Marc told me that at first it was a little like 50 first dates where he had to remind the patient who he was and why the patient was in the hospital. But as the chemotherapy started to work Marc was able to share with the patient all he found out about limbic encephalopathy and hodgkins lymphoma. And as Andrew's brain recovered he was able to incorporate this new part of his story into his own sense of self.

Andrew told me that while his body was cured by surgery and chemo, HE was healed by a med student and the story he told. This dedicated medical student helped him make sense of his own story.

This was the doctor of Marc's dreams.

So, I encourage you to acknowledge and love the doctor you aspire to be. Cherish it. Become it.

Do it For the sake of your patients.

Do it for your own sake and the sake of those you love.

And finally - Do it for the future of medicine.

We are depending on you. You can do it.

I can hardly wait.

Thank you.