

# The Medical Commencement Archive

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Dr. Abdul El-Sayed is a physician, epidemiologist, public health expert, and progressive activist. He is Chair of Southpaw Michigan and Senior Fellow at the Governing Institute. He is the author of the forthcoming “Moral Medicine” a book about the epidemic of insecurity and the focus on empathy we’ll need to cure it (Abrams Press). In 2018, Abdul ran for Governor of Michigan on an unapologetically progressive platform. Though he finished second of three earning over 340,000 votes in the Democratic primary, his bid was endorsed by Senator Bernie Sanders, Congresswoman Alexandria Ocasio-Cortez, and The Nation. Prior, he served the City of Detroit as Health Director, appointed to rebuild Detroit's Health Department after it was privatized during the city's bankruptcy. He was the youngest health official in a major American city and was awarded “Public Official of the Year” by the Michigan League of Conservation Voters and “40 under 40” by Crain’s Detroit Business in view of his leadership. Prior to entering public service, he was Assistant Professor of Epidemiology at Columbia University’s Mailman School of Public Health where he lead Columbia’s Systems Science Program and Global Research Analytics for Population Health. He has over 100 peer reviewed scientific publications that have been cited over 1200 times.

Abdul earned a Doctorate in Public Health from Oxford University, where he was a Rhodes Scholar. He also holds a Medical Degree from Columbia University where he was an NIH-funded Medical Scientist Training Program Fellow and Soros New Americans Fellow. He graduated Phi Beta Kappa with Highest Distinction from the University of Michigan, where he was chosen to deliver the student remarks alongside President Bill Clinton. He is a native Michigander who was born and raised in Metro Detroit, where he lives with his wife Sarah, a psychiatrist, and daughter Emmalee. He is a proud member of UAW Local 1981 and AFT local 477. He enjoys good people, good coffee, good food, and University of Michigan football.

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When Dean Mangrulkar invited me, he asked if I'd like to know what it's like to graduate from a real medical school. Though, to be honest, I'm often asked if I'm even...a real doctor. That's up for debate, I guess. I mean, I when I ran for governor, an enterprising journalist wrote an article, "El-Sayed touts his doctor credentials—but he never practiced medicine."

That is true—I've never practiced medicine.

That wasn't always the plan, though. After all, I don't think anyone plans to memorize thousands of lecture slides, or listen to hundreds of lectures at 3 times speed, or show up to pre...pre round at 5 AM, because they don't intend to practice medicine.

Like I'm sure many of you, I always wanted to be a doctor. I love science—the exactitude of it, the fact that every question has an answer, even if we don't yet know it. The fact that we can discover it!

And I LOVE people. There is nothing more interesting than people, from the grand scale of our social organizations, to the little nuances that make us the unique individuals that each of us are.

Medicine, I thought, was the meeting of the two—social work meets physiological engineering. But more than that, I've always believed in the power of a doctor—that incredible power to heal.

That belief was handed down to me by my grandmother, my Teta So'aad—a woman who lived her life half a world away in Alexandria Egypt, where my parents immigrated from. She was the wisest most intelligent person I've ever met—but she never got to go to school. She raised 6 kids in a one-bedroom apartment, overlooking a fish market in Alexandria, where her husband, who had an 8<sup>th</sup> grade education, sold vegetables every day. Though she raised 6 kids, she had given birth to 8. Two of them died before their first birthdays. As a working class family in 1950s and 60s Alexandria, they didn't have easy access to doctors. But when by dint of happenstance, some of her other children got sick, and they got the medical care they needed—when they got to see a doctor—they lived. So to this woman with no formal education at all, believed doctors performed miracles. Doctors were the hope of people like her, the downtrodden, the marginalized, the illiterate. That's why she always wanted my dad—her oldest son—to be a doctor.

But there was a slight problem—my dad HATES the sight of blood. He'd go on to be a different kind of doctor—he earned a PhD in engineering. Gears don't have

blood. I guess not being a real doctor runs in the family (just don't tell my dad that!) I wanted to be the doctor my Teta wanted me to be—the doctor who saved my aunts and uncles that I had gotten to meet—the one I wish had been there to save the ones I never got to know.

And as I pursued my training, I saw just how much good a doctor can do—how a single clinical insight can fundamentally change someone's life, giving them an explanation for her symptoms, let alone a cure. And I watched as the simple act of listening to someone in pain, bearing witness to their struggle could heal their spirit.

There was something special about knowing that I was occupying the same space as generations of healers before me. Surely, medicine has changed since the time of Galen or Avicenna or Hippocrates. A lot more powerpoint. And I think if Hippocrates had to deal with the EMR, he'd have picked a different profession – or at least the famous line in his oath “First, Do No Harm” would have included a proviso. First do no harm, unless it's to the damn computer. Modern science allows us to do things that, today, seem mundane—but even a few generations back, would have surely seemed miraculous. We can get a perfect image of the inside of a person's body with out opening it up. We can coax cells to grow, and trick cells that are overgrowing to stop it. We can take a heart out of one body, and put it into another—without skipping a beat.

People survive not just one cancer diagnosis today—but several. A heart attack or a stroke is no longer a death sentence. And vaccines and antibiotics have made the death of a child a rare occasion—when people use them. But even the anti-vaxxer epidemic reminds us of something. At its core, medicine remains a human exercise. One founded on the willingness to listen and care—and on the trust that we have our patients' best interests at heart. When we lose that trust, bad things happen. Though we may have vastly different tools we bring to the bedside, it remains the bedside—of a human who is ill. That human aspect of medicine, it's what connects us with every other doctor who has ever sat by a bedside—we are willing to listen to people in pain and work to heal them. So were they. At best, we inherit their empathy.

That's what my grandmother saw in her childrens' doctor. That's the kind of doctor she wanted me to be. It's the kind of doctor I wanted to be. It's the doctor all of you want to be. But somewhere, we seem to have lost that. Though doctors today have the ability to cure cancer, or transplant a heart—we seem to have forgotten that beyond the patient, beyond the diagnosis, lives a person in pain. As I trained, I watched the consequences of treating people like patients, or worse, like walking profit margins.

I watched a palliative care attending get pushed out of a hospital because she was convincing too many patients to get appropriate end of life care—and the hospital had just built a new ICU, which was now losing money. I was learning that, to survive in this system, you shouldn't care for the person, just the patient.

I struggled with my decision to pursue a residency. I loved patient care—because I loved science and I loved people. But I didn't believe in the system within which I would be asked to provide it. In the end, after a lot of deliberation, I decided to apply for a residency in Internal Medicine.

And then I met Mrs. G. She had fallen and hit her head on the subway steps. She had been drunk—a victim of alcoholism. I would come to learn a lot more about her. That she had dropped out of school in middle school. That she had been abused her mother's boyfriend. I learned that she loved to sing. That she really wanted to be a nurse. She was a Black woman in a society that has criminalized race. She was a poor woman in a society that treats poverty like a moral failing. And she had wound up in a medical system that forgotten its purpose.

I was a sub-I, and I was responsible for liaison between the ED and my floor attending. I had been paged to clear her for discharge. When I checked in with the ED resident, I asked: "What'd the CT show?" "We didn't do one," he said. "Share barely hit her head." I could see the abrasion where she hit it. You and I know that if any of us had fallen and hit our head like that and wound up in an emergency room, we'd have gotten a head CT. It's standard of care. She barely had a history and physical. My attending and I decided to admit her. Mrs. G became a personal referendum on my career in medicine. After all, Mrs. G was the kind of patient I got into medicine for—the kind of patient my grandmother believed doctors were here to serve.

We took care of her for two weeks. She had full blown AIDS, a paradoxical hypotension, because the HIV virus had infested her adrenal glands, and an actively bleeding pelvic mass—all issues that had been missed in the ED. I personally bird-dogged her discharge. We found the only rehab facility that would accept HIV positive patients. And then we worked with the housing administration to secure her housing benefits for people living with HIV. And on the day of discharge, we went through plan one more time. But this time, she said, "I'm not going there."

"I'm sorry, what?"

"I'm going home with my daughter." I didn't even know she had a daughter who was in the picture. It turns out that they had lost contact a few years back—when Mrs. G had started drinking again.

"Mrs. G, I hear you—but don't you think maybe its better to get you housing back, and then you can reach out to your daughter."

“You’re not better than me,” she said. She was right. I wasn’t.

She went home with her daughter that day. I thought about that case for weeks—what did I do wrong? What could I have done differently? But I resolved that I had learned something, that I was going to double down and apply my lessons next time. I thought it was the last I had seen of Mrs. G. But about two weeks later, I was getting on a subway train to go have dinner with a friend. I step onto the car, and I see a woman laid out across the seats. She turned her face...and it was Mrs. G. I went home and pulled my application to residency. I wasn’t going to practice medicine after all. That the system—its bureaucracy, its culture, its incentives—had stripped away the essence of medical practice: the ability to listen to a person in pain. I think a lot about that decision, if I made the right one. The jury’s still out, I mean I’m unemployed and spent the last two years asking people I know for money. I hope that my work can help change that system that tells us that people like Mrs. G aren’t people enough to be listened to. To be healed. That fails people like her before they ever walk into our clinics or our hospitals. I like to think that I practice medicine outside the health system.

But you, you’re real doctors. That’s what MD means, after all. Medical doctor. But only you can decide what this MD means to you. This system will tell you that the person behind the patient is secondary, that you need to move faster, care less. Protect your feelings, or they’ll get hurt. But don’t forget the doctor you wanted to be. The doctor my Teta would want you to be. That doctor who performs miracles. You share that gift with every doctor who’s come before you. The ability to listen people in pain. Be that doctor.

But that’s not enough. These times call for something more. It’s not enough to simply listen to people in pain when they are the victims of a system of power that does not serve them. That means that doctors today must take on another role beyond listening to people in pain to heal them—you must be willing to speak truth to power. As you pursue your path, the system around you will weigh you down, tell you can’t change it. That it’s just the way it is.

But you have a choice. Too many times, we choose silence, and so we empower the system against us. We do that because we are more concerned with who we might have to stand up to. But remember, your commitment today is about the people you’re sworn to serve. Be less concerned with who you’re standing up to—and more concerned with who you’re standing up FOR.

You owe your patients your ears. But you also owe them your voice. Though I don’t practice medicine day to day, I still believe in the magnificent power we doctors have. We need you to believe in it too. People like my Teta, like Mrs. G. are relying on us to believe in it.

From here on out, people will call you doctor. To them, it means you can be trusted in the hardest moments, to listen and to heal. What will that mean to you? Doctors, welcome to this profession. I know—we know—that you will listen. You will heal. And you will speak. And we need you now more than ever.

For today, congratulations. For tomorrow, Good luck. And forever, GO BLUE.