"Donning the Healer's Habit" Ceremony, McGill University, October 5, 2006
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Dr. Pickering, Dr. Fuks, Dr. Tellier, Dr. Wener, Mrs. Wener, I greet you with unabashed pleasure. To participate in this ceremony at this renowned medical school is much appreciated. Thank you for the honor. And to the medical students addressed today, I offer a hearty Congratulations! Welcome to the rest of your life!

This gathering is a happy occasion…full of hope and expectations. Looking about, it is obvious that your families, the faculty gathered here, and your fellow students are joined in a moment of celebration and anticipation. As I gaze at your expectant faces, I remember my own excitement at finally reaching the clinic and caring for patients. Poised to enter this realm is exhilarating. It is a moment to savor. You will learn much that is fascinating. And you will encounter much that is mysterious. You are being guided into a world that few are allowed to enter. This is a privilege, and, let's admit it, the entry is also enormously gratifying.

Obviously, you will work hard and you will do things that you might not have chosen. But you will be doing it with a team of like-minded people. So look to your right, and then to your left, and recognize that your neighbor is starting as you are. Most likely as apprehensive as you are; perhaps as intimidated as you are; assuredly as confused as you are; certainly as expectant as you are. But in addition to gauging yourself against your neighbor recognize that each of you will support the other, because the momentum of your collective experience will carry you forward. That, and your own efforts. So, as I said, savor the moment. In the end you will agree that training in medicine is a glorious time.

"Donning the Healer's Habit" captures much of that excitement. It is a symbolic transition into a profession that guards its prerogatives jealously as it dutifully accepts its obligations. So as we highlight this initiation, I wish to spend the next few minutes exploring how and why, although I think I will only be emphasizing what you have already written in your class pledge, which you will read in this ceremony. I applaud you on both its eloquent content and articulation. So allow me to expand a bit on your own themes:

Let us first consider the prerogatives of being a doctor: You will become intimate with the most personal aspects of your patient's lives. They will entrust you with the details of their bodies and psyche and personal histories that will help you determine the basis of their ailments and the best therapy to address them. To do so, they will assume that you have accepted the precepts of maintaining their privacy and confidentiality. They will believe that what they tell you about themselves will be used solely for their benefit. And further, they will entrust their bodies to your care, again assuming that you will be scrupulous in your application of the professional skills you will learn over the next few years. In short, they will trust you, because the profession has earned their respect and confidence.

They will trust you, because you will share in what is perceived as a doctor's trustworthiness. No trust without a preceding trustworthiness. A simple calculus that needs no differential and no integration. It simply sits there, stark in its moral claims.
The White Coat symbolizes that you have accepted that trust, replete with its attendant responsibility.

What should be obvious is that rights and obligations go hand in hand. The privileges you will enjoy as a physician are inseparable from the responsibilities that accompany them. Indeed, doctors enjoy their privileges in order to fulfill their responsibilities. When we bestow the White Coat, I, at least, see you accepting the responsibilities, which will grow as you mature professionally.

Some faculty regard this ceremony as premature and thus inappropriate. They argue that it fortifies the elitism of the profession; it plays to youthful narcissism, and it thereby perpetuates some of the worst characteristics of some doctors. I do not disagree. A danger lurks in any rite of transition, so I am alerting you to those concerns. Remember, the responsibilities are primary. The prerogatives come later. They are earned. In a few years, hopefully, all of you will have earned the White Coat, which will identify you as trained physicians. Until then, you are on probation. Indeed, we are always on probation in the sense that we are enjoined to monitor our behavior and continue our medical education. The first is a moral concern; the second a cognitive one. The two are actually inseparable. First, let us consider the matter of competence.

The science of medicine is always changing and the project of learning in medicine never ceases. This is a professional fact of life and the challenge of maintaining an up-to-date fund of knowledge is an issue from which you will never escape as practicing physicians. And note the word, *practicing*. Like a musician, a physician must always "practice" to hone his or her skills, to keep an active and inquisitive mind, open to possibilities and ever-aware of the fallibility of clinical science. Indeed, to appreciate and respect uncertainty is an important part of doctoring. You will, hopefully, learn how to live within those limits and recognize both the power of your knowledge and the vast

areas of ignorance. This understanding of the limits of our science will make you both modest in applying your various skills and more circumspect about your judgment. You will learn about the fine balance between confidence and diffidence to our ignorance. You will thus practice both the science of medicine and the art of caring.

This then brings us to the second major arena of doctoring, the moral. Assessing your patient's needs and how best to achieve the goals which best address those needs fall beyond the science of medicine and become part of the moral concerns of caring. A certain consensus has emerged: While the natural sciences are the principal content of medical education, it is equally true that medicine is not simply one of the natural sciences. Facts alone are not sufficient to equip students with the ability to solve problems in the context of the human experience. Patients yearn for physicians who not only have expert knowledge but who understand patients as individuals and embrace their broader concerns. Indeed, it is this value-laden relationship that is the very backbone of medicine. Too often, however, scientific facts and memorization, which dominate the preclinical curriculum, impede the informal processes through which students experience discontinuities in knowledge and become comfortable with the ambiguity of disease. And more to the point, the moral challenges of caring for patients are inadequately addressed in the present format of a scientifically dominated medicine. We need a bivalent approach, one in which both science and moral reasoning are exercised.

In short, your science, in the best of circumstances, will suffice to deal with the clinical requirements, narrowly construed; too often those skills will bring you only part way in caring for the patient, and then your *humanitas* will be revealed. Indeed, a composite of scientist and humanitarian ultimately identifies you as a physician. How

you achieve that status remains an abiding challenge. This ceremony allows a public hearing to address these concerns, and I join earlier speakers, each of whom have addressed the moral dimension of doctoring, as the key matter of the day.

These comments fall under the category of professional "responsibility," and you might well ask, What do I mean by "responsibility?" Are there some set of standards to memorize? Yes, there are. But they do not address the deeper moral stratum with which I am now concerned. I think of "responsibility" as much more than some set of prescribed behaviors. Indeed, I think the primary lesson in medical school is the one I am about to deliver: *Ethics is the basis of medicine*. The moral calling of caring for the ill is the reason you are here. The science and technology are in the service of the moral mandate. The ethics of medicine underlies and guides the doctor in his or her professional role. And this is the crucial challenge: To practice ethical medicine requires effort, sustained effort. Complacency and self-satisfaction are deadly attributes.

So, again, being critical young adults you ask, What do I mean by *ethical* medicine? The common usage refers to the perplexing problems raised by new technologies; the dilemmas of futility and end-of-life decisions; the judicial directives that guide medical practice, which range from informed consent to rules about patient confidentiality. Those are obviously crucial to medical practice. But I am not referring to these materials, which you learned in your ethics course. Instead, I wish to re-enforce something that can hardly be taught -- moral self-consciousness.

Moral self-consciousness is what most of you have in abundance. It is one of the reasons you are here. You feel empathy for people, for their suffering, and you want to help them. Compassion was the ancient calling and it remains the contemporary one.

After we strip away all the dazzling technology and cut through all the encumbering administrative details of care, we are faced with a stark reality: the patient's confidence that you will take care of him or her.

Undoubtedly, some of you are thinking, "This is obvious. Empathy accompanies the care of the patient, but I was admitted to medical school in large measure because I did well in pre-med courses and scored high on those tests that assess the likelihood of academic success here. I must focus on learning the science and its application to clinical problems." Those are correct assessments, and indeed, we expect you to be learning machines, absorbing a huge number of facts, a new language, and all the rest that qualifies for most of the medical curriculum.

But I maintain that the science you so carefully attended to, and will continue to pursue, are only some of the tools of the trade. Again, the science and technology are in service to the ethics of medicine, the care of the patient. And when we remember that, we keep our moral compass steady and true. When we forget this cardinal rule, we are lost.

Now, I suspect many of you are thinking: "Okay. I got it. This is obvious, so why does he pound away on this single point?" The reason is simple: We know that your moral sensitivity will slowly erode as you become professionalized. This is a startling claim, but its validity has been reiterated repeatedly by various studies and by common assent.

Howard Spiro, a gastroenterologist from Yale, is particularly forthright in his characterization:

> During medical education, we first teach the students science, and then we teach them detachment. To these barriers of human understanding, they later add the armor of pride and the fortress of a desk between themselves and their patients....Students begin their medical education with a cargo of empathy, but we teach them to see themselves as experts, to fix what is damaged, and to "rule-out" disease in their field. (Spiro, 1993, pp. 8-9)

In short, the casualty of professional training is lost empathy: As the process of professionalization progresses, sensitivity towards patients decreases (Self et al 1993). We also think we know why: Students copy their mentors, not only because they are role models, but because doctors in training must conform to standards practiced at the bedside and the clinic. The sad truth is that some doctors, even here at this excellent medical school, are too rushed to exhibit the empathy they undoubtedly harbor. They have learned how to cope with the huge demands on their time and energies, and too often they simply cannot address all of the ethical concerns, which arise in the care of their patients.

I am introducing you to what some call, the Hidden Curriculum and others refer to as the "alternative tract" or "covert agenda." This is a course of study you will not find in any catalogues. Indeed, some would dispute its very existence. But to function effectively in the contemporary environment of health care, one must learn to deal with schedules which are too busy; fulfill administrative details that are too taxing; accept a reward system that offers little to clinical care; participate in an economy that has reduced the clinic to something like a glorified buttons factory – more efficiency too often seems the goal. Economic considerations are powerful and pervasive determinants of how we

practice medicine, and the Hidden Curriculum is part of the response. You will have to exert much self-awareness to place the Hidden Curriculum in its proper perspective. Undoubtedly its skills will enable you to effectively navigate these treacherous waters. But all too often effective means efficient, and efficiency may easily conspire to rob you of your best intentions. Efficiency may define your sense of effectiveness. Efficiency may sap the resources from which you draw your empathy, your compassion, your patience. But to the extent you succeed in maintaining the dignity of your patients foremost in your minds and actions, the better you will perform as doctors. To the extent you compromise or fail in protecting your patients from being scientific objects and commercial clients, so much the worse for them, and ultimately for yourselves.

Unfortunately, I cannot provide you with any simple formula or prescription as to how you might be both efficient and empathetic. Hopefully, you will learn. Now, all I can do is inform you that you must be both, and, indeed, you can be. Compassion and competency are not conflicting values – they are, in fact, complementary. You have assumed a professional persona, which you reasonably believe means that you will administer the lessons you have learned in your graduate studies. I suggest that identity is far more complex than you might suppose.

You will be caught in a vise of multiple responsibilities that demand different kinds of responses beyond a focus on the ethics of caring for patients. After all, doctors are accountable not only to their patients but to their employers and the government; hospitals and professional associations; and over-riding each of these domains, the government and its laws that monitor professional competence, legal and ethical conduct, and adequacy of access. As if these diverse domains of accountability were not enough,

there are at least three models in which these relationships are enacted. Ezekiel Emanuel schematizes them thusly: a professional model, which answers the demands of professional services to provide patient care (e.g., licensure, certification, malpractice, etc.); an economic model, which defines health care as a commodity with certain performance standards and financial expectations and restrictions; and finally a political model, where policy decisions concerning health care delivery are made and executed. Situated within the matrices of these interacting systems are the various components of the intimate doctor-patient relationship. This last domain cannot be circumscribed, as might the others, but instead fills in the spaces between them to hold in place (or cohere) the social, economic, and political influences that so powerfully impact on the character of health care.

Each of these contending points of view describes, and ultimately redefines, the doctor's professional identity from one characterized by direct responsibility for patient care to one that reflects the complexity of our contemporary health care system. Challenges heretofore absent, press for answers. What has been lost as a result of the growing dominance of the corporate structure of health care delivery? How do, or should, physicians respond to their mixed responsibilities? These are complex questions with no ready solutions. With this "splitting" of professional focus, the challenge is to again make the patient the center of your concerns. But the context of care makes that simple directive *very* complicated. In the end, physicians must function within two domains – the politico-economic structure of corporate health care and the personal moral universe of the individual patient. The two may overlap, but the demands of each differ. The

expectations of one may conflict with the other. How you navigate within *and* between them will determine your professional identities.

All of this points to what seems apparent to me: Being a physician is much more than being professionally competent. That we assume. What is less obvious is how to become a morally self-aware physician, and that requires different kinds of skills. I trust that you will exercise those skills, simply because I believe the basic values that brought you to medicine will serve you well in developing a broader moral consciousness.

And now a short comment to your faculty. The Flexner model of education, with its emphasis on scientifically-trained physicians, inaugurated in North America a century ago, cries for reform. Few are satisfied that the humane care of the patient is adequately addressed in a curriculum so dominated by precepts governing a newly-formed 19th-century scientific medicine. Yet, given the vast demands on cognitive skills and accumulation of knowledge required to prepare medical students for the clinic, few have championed a satisfactory re-dress of the imbalance so evident in the curriculum. How to proceed with meaningful change cannot be discussed here, but this ceremony highlights the issue, one that increasingly dominates discussions about the future of medical education and the dire need for change.

On that cautionary note, let me return to the students who are donning their White Coats. I regard the symbolic acceptance of the garment as accepting a priestly garb. White in its purity, the robe reaches back across eons of time when priests attended to the ill. The separation of practical care and spiritual support was confused and in most cases indistinguishable. Today, we are confident in our science and the white coat refers to the cleanliness that revolutionized the practice of medicine as a scientific discipline

over the past century and a half. But if you accept medicine as fundamentally ethical in nature, then the white coat represents a dual character: On the one hand it is the uniform of the bedside scientist, and on the other hand, it is the robe of the ministering care giver.

The great, often awesome power of medicine resides in the duality of these domains, specifically how science and ethics interact and reinforce each other. Medicine without its scientific success is a sham; medicine without its moral commitments is just another business. You must be more than clinical scientists, and better than white-coated entrepreneurs. I urge you, when you take the public oath, to commit yourselves to a private code of Responsibility. It is what being a doctor is primarily about. Doctors, by and large, do a good job, but we know that the public would like them to be more attentive and to spend more time engaged with them to listen and to *hear*. So, I am warning you. Beware of blurring your moral vision, your acute sensitivity to the fact that you are dealing with suffering people, not primarily with diseases; that you are entrusted with caring for persons, not with just their bodies alone.

You are about to begin a practice which will occupy you for the rest of your lives, and hopefully you will experience the deep satisfaction of being entrusted with a special opportunity. The quiet benefit of dedicating your life's work to helping others, is the gift one derives from such generosity. It is as if doctors in serving the ill sow an unexpected rich harvest for themselves. I am not referring to material gain. I refer to how medicine answers so readily the question of how to do something worthwhile. Medicine offers its practitioners *significance*. It is an activity with endless possibilities for doing good and at the same time fulfilling even the most demanding needs of self-fulfillment. The over-whelming majority of you will find medicine expansive enough,

pliable enough, challenging enough for your life’s work. And that work will be filled with good deeds, and, I hope, with satisfaction.

So with our shared hope and promise, I heartily congratulate you on your new achievement and the promise of fulfilling the expectations of practicing ethical medicine, both professionally competent and compassionate. I join with your families, friends, and the entire school of medicine in welcoming you to the clinic. May the remainder of your medical school training be full of growing confidence, professional competence, moral sensitivity, and, oh yes, the exhilaration of joining a privileged profession! Godspeed to you all.