

CHALLENGES TO THE NEW PHYSICIAN

COMMENCEMENT ADDRESS

BY

C. EVERETT KOOP, MD

DEPUTY ASSISTANT SECRETARY FOR HEALTH

AND SURGEON GENERAL

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

LOUISIANA STATE UNIVERSITY

MEDICAL SCHOOL

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(GREETINGS TO HOSTS, GUESTS.)

I AM TRULY DELIGHTED TO BE HERE THIS MORNING TO SHARE, FOR A FEW MINUTES, THAT WONDERFUL SENSE OF PRIDE AND ACCOMPLISHMENT THAT EACH OF YOU MUST BE FEELING ON THIS, THE FINAL DAY OF YOUR FORMAL SCHOOLING IN MEDICINE.

IT HAS BEEN MANY YEARS AND SEVERAL OTHER DEGREES SINCE I FIRST EARNED MY M.D. STILL, I REMEMBER THE UNIQUE GLOW I FELT ON BECOMING A DOCTOR OF MEDICINE. THERE'S NO OTHER FEELING LIKE IT. CONGRATULATIONS TO EACH OF YOU FOR REACHING THIS DAY AND ALSO FEELING THAT SPECIAL GLOW OF ACHIEVEMENT.

I GRADUATED FROM CORNELL EXACTLY 41 YEARS AGO THIS WEEK. I AM SURE WE HAD A MARVELOUS COMMENCEMENT SPEAKER AND IT WAS A VERY MOVING CEREMONY. EXCEPT FOR THAT PERSONAL GLOW I SPOKE OF A MOMENT AGO, I REMEMBER VERY LITTLE OF THAT EVENT. I DO RECALL, HOWEVER, WITH THE BENEFIT OF HINDSIGHT, THAT NO ONE CAME TO THE MICROPHONE TO TELL ME AND MY CLASSMATES SEVERAL THINGS WE OUGHT TO HAVE BEEN TOLD, AS WE EMBARKED ON OUR MEDICAL CAREER.

DURING THE PAST FOUR DECADES I'VE LEARNED SOME THINGS ABOUT THE SCIENCE OF MEDICINE. I'VE BEEN SOMETHING OF A SPECIALIST'S SPECIALIST IN PEDIATRIC SURGERY OVER THE PAST 35 YEARS. BUT I WOULD GUESS THAT YOU'VE HEARD QUITE A BIT ABOUT THE SCIENCE OF MEDICINE DURING YOUR STUDIES HERE AT L.S.U. SO I WANT TO TAKE MY FEW MINUTES HERE AT THE PODIUM TO TALK ABOUT THE ART OF MEDICINE. MAYBE I CAN PASS ON TO YOU SOME OF THE THINGS I WISH I HAD BEEN TOLD ON THE DAY I SAT AS YOU DO NOW, EAGER TO JOIN THE COMPANY OF EDUCATED PHYSICIANS.

FIRST, LET ME BRIEFLY TOUCH ON FIVE PRINCIPLES THAT HAVE BECOME PART OF MY MANNER OF MEDICAL PRACTICE. I KIND OF STUMBLLED ONTO THEM AS THE SITUATIONS AROSE, BUT THEY SERVED ME WELL AND I OFFER THEM IN THE HOPE THAT -- 40 YEARS FROM NOW! -- YOU MAY REMEMBER SOMETHING OF REAL UTILITY THAT YOU PICKED UP AT THIS VERY EXCITING CEREMONY.

A GUIDING PRINCIPLE FOR ME IS THAT I HAVE ALWAYS TRIED TO MAKE THE PARENTS OF MY PATIENTS MY ALLIES. I REALLY WANT THEM TO STAND WITH ME AGAINST THE DISEASE THAT IS AFFECTING THEIR

CHILD. I WANT THEM TO KNOW I AM READY TO SHARE BOTH THEIR TRIUMPH AND THEIR TRAGEDY, THAT WE'RE GOING INTO THIS THING NOT AS ADVERSARIES BUT AS PARTNERS.

TAKING THAT APPROACH, FOLLOWING THAT PRINCIPLE, HAS FORCED ME COMMUNICATE WITH THE PARENTS, TO LISTEN TO THEIR ANXIETIES, THEIR INFORMATION ABOUT THE PATIENT, THEIR CHILD, AND IT MAKES THEM LISTEN TO ME, TO UNDERSTAND WHAT IS AT STAKE, WHAT THE ODDS MIGHT BE, WHAT TO BE READY FOR. IF YOUR PATIENTS ARE NOT CHILDREN, AS MINE WERE, YOUR ALLIES, THEN, ARE THE PATIENTS THEMSELVES.

NOT TOO LONG AGO IT DAWNED ON ME THAT, AFTER 40 YEARS OF AN ACTIVE SURGICAL PRACTICE I HAVE NEVER HAD A PATIENT OR FAMILY OF A PATIENT PURSUE LITIGATION AGAINST ME. NEVER. I'M VERY PROUD OF THAT FACT AND I FIRMLY BELIEVE IT STEMS FROM THE SPECIAL EFFORT I HAVE MADE TO BUILD THAT RELATIONSHIP BETWEEN ME AND THE FAMILIES OF MY PATIENTS.

ESCAPING A LAWSUIT WAS NOT THE MOTIVATION. IT BECAME AN UNEXPECTED DIVIDEND. THERE ARE MANY OTHER DIVIDENDS AS WELL;

NOT THE LEAST OF WHICH HAS BEEN THE PRIVILEGE OF SHARING WITH THE FAMILY THEIR DEEP JOY WHEN A PROCEDURE WAS SUCCESSFUL. I WOULD HOPE THAT EACH OF YOU WILL BE ABLE TO EXPERIENCE THAT SAME JOY -- AND FOR THE SAME REASON, BECAUSE YOU TOOK THE TIME AND THE CARE TO COMMUNICATE WITH THE PEOPLE YOU ARE TRYING TO HELP. THEY NEED IT. YOU MAY NEED IT MORE.

A SECOND PRINCIPLE IS TO BE READY FOR SURPRISE IN YOUR PRACTICE. TODAY, YOU MAY THINK YOU KNOW WHAT IT IS THAT GIVES YOU YOUR SENSE OF EXCITEMENT AS A PHYSICIAN. GOOD. HANG ON TO THAT. BUT DON'T STOP THERE. DON'T CLOSE YOURSELF OFF TO WHAT ELSE IS HAPPENING TO YOU.

SURGEONS LOVE TO OPERATE. AND THE MORE DIFFICULT THE OPERATION, THE GREATER THE CHALLENGE, THE MORE THEY WANT TO GO AHEAD AND DO IT AND DO IT SUCCESSFULLY. FREQUENTLY, I HAVE HAD TO CARRY OUT AN ANASTOMOSIS ON AN ESOPHAGEAL ATRESIA IN A THREE-POUND BABY. IT'S LIKE SEWING TOGETHER THE ENDS OF TWO PIECES OF WET SPAGHETTI IN THE BOTTOM OF AN ICE CREAM CONE. I'VE DONE IT MANY TIMES -- SUCCESSFULLY -- AND IT BRINGS WITH IT A GREAT DEAL OF PERSONAL AND PROFESSIONAL SATISFACTION. BUT THEN, I ALWAYS THOUGHT THAT KIND OF THING WOULD BE VERY SATISFYING TO ACCOMPLISH.

BUT OVER THE YEARS I'VE DISCOVERED THAT MY REAL SATISFACTION COMES FROM DIAGNOSING IN THE PARENTS THE SPECIFIC POINT OF THEIR ANXIETY, FINDING OUT WHAT REALLY TROUBLES THEM, FINDING OUT ABOUT THE WHOLE EVENT, AND THEN WORKING TO ALLEVIATE THAT. I KNOW THAT MOST OF THE PROBLEM WILL BE RESOLVED IN THE O.R. ITSELF. BUT THERE ARE OTHER REASONS FOR ANXIETY AND I WANT TO DEAL WITH THEM AS WELL. IT'S AN IMMENSELY SATISFYING PART OF MY PRACTICE THAT I HADN'T BEEN TAUGHT -- BUT I HAVE COME TO VALUE VERY DEEPLY.

NEXT, I HAVE DISCOVERED THAT MONEY IS VERY, VERY IMPORTANT IN MEDICINE. NOT IN THE WAY YOU THINK. MONEY IN THE LONG RUN IS FAR MORE IMPORTANT TO YOUR PATIENTS THAN IT WILL BE TO YOU. PLEASE REMEMBER THAT, AS YOU EXPLAIN TO YOUR PATIENTS AND THEIR FAMILIES THE THINGS THEY WILL BE RESPONSIBLE FOR -- ESPECIALLY THINGS NOT COVERED BY INSURANCE. FOR EXAMPLE, THEY MAY NOT KNOW THERE WILL BE AN OPERATING ROOM CHARGE AND A SURGEON'S BILL AND A FEE FOR THE SERVICE OF THE ANESTHESIOLOGIST, TOO.

IT HAS BEEN MY LIFELONG EXPERIENCE THAT THE PERSON RECEIVING MEDICAL CARE IS LESS CONCERNED ABOUT COSTS PER SE THAN ABOUT THE FAIRNESS OF THOSE COSTS. AND PATIENTS DON'T WANT TO BE SURPRISED EITHER. THEY CANNOT SUDDENLY COME UP WITH SEVERAL ADDITIONAL

HUNDREDS OR THOUSANDS OF DOLLARS. TEN YEARS AGO, FOR EVERY \$100 PERSON EARNED, HE OR SHE WOULD PROBABLY SPEND \$8 ON PERSONAL MEDICAL CARE. THIS YEAR, THE SHARE HAS GONE UP TO \$11. PEOPLE ARE TAKING THAT ADDITIONAL MONEY FROM THINGS LIKE EDUCATION, FOOD, CLOTHING, TRANSPORTATION, AND HOUSING. IT HURTS. SO, IN YOUR PRACTICE, DON'T SURPRISE YOUR PATIENTS. INFORM THEM AS CAREFULLY AS YOU CAN ABOUT THE ECONOMICS OF THE CARE THEY WILL RECEIVE...DO IT IN THE SAME MANNER AS YOU TELL THEM ABOUT THE MEDICAL SIDE OF THEIR CARE.

A FOURTH PRINCIPLE IS REALLY A COROLLARY OF THE FIRST: LEARN VERY EARLY TO COMMUNICATE WELL NOT ONLY WITH YOUR PATIENTS BUT WITH YOUR MEDICAL AND PARAMEDICAL COLLEAGUES, ALSO. WHETHER YOU ARE RECEIVING OR DELIVERING CONSULTATION IN THE FORM OF A LAB REPORT OR AN OPINION OR WHATEVER; GIVE IT SOME TIME: MAKE SURE YOU UNDERSTAND -- AND ARE UNDERSTOOD. YOU AND YOUR PATIENTS WILL BENEFIT FROM FOLLOWING THIS PRINCIPLE.

AND FINALLY, INFORM YOUR PATIENTS ABOUT WHAT IS GOING ON. I DON'T BELIEVE YOU CAN TELL A PATIENT TOO MUCH. I AM ALWAYS DISCONCERTED BY MY COLLEAGUES WHO FIND THE LEGAL IMPERATIVE FOR

INFORMED CONSENT TO BE RESTRICTIVE AND BURDENSOME. INFORMED CONSENT OUGHT NOT TO HAVE BECOME A LEGAL REQUIREMENT; IT SHOULD HAVE BEEN AND SHOULD BE AUTOMATICALLY A PART OF EVERY PHYSICIAN'S MODE OF PRACTICE. MAKE IT PART OF YOURS.

A DOZEN YEARS AGO, WHEN I TAUGHT A COURSE IN MEDICAL ETHICS, I USED TO START ONE OF MY LECTURES WITH THIS DICTUM: "INFORMED CONSENT IS THE HALLMARK OF THE CARING, INTELLIGENT PHYSICIAN." THE CONCEPT AT THAT TIME WAS STILL BEING DEBATED IN MEDICINE. BUT FOR ME, THE DEBATE WAS OVER. AND IT SHOULD BE OVER FOR EACH OF YOU AS WELL. TELL YOUR PATIENTS WHAT IS HAPPENING. ASK THEM FOR THEIR HELP AND UNDERSTANDING. GAIN THEIR CONSENT NOT AS A LEGAL FORMALITY, BUT AS AN INTEGRAL PART OF YOUR PRACTICE.

NOW THAT YOU HAVE ACCESS TO KOOP'S FIVE PRINCIPLES, LET ME EXPLORE WITH YOU FOR A BIT THE ENVIRONMENT IN WHICH YOU WILL BE EXERCISING THOSE PRINCIPLES:

YOU ARE ENTERING MEDICINE AT AN UNUSUAL TIME...BUT AN OPPORTUNE TIME. FOR MANY YEARS YOUR PREDECESSORS HAVE ARGUED THAT THE FEDERAL GOVERNMENT SHOULD NO LONGER INTERVENE IN THE

PRACTICE OF MEDICINE. THEY DID NOT LIKE BEING REGULATED. TODAY, THAT BATTLE IS BEING WON BY MEDICINE -- THIS IS A PERIOD OF DE-REGULATION IN MEDICINE, WHEN THE FEDERAL GOVERNMENT IS REDUCING ITS LEVEL OF INTERVENTION AND TRANSFERRING AUTHORITIES AND RESOURCES TO THE STATES AND TO THE PRIVATE SECTOR -- TO YOU AND YOUR COLLEAGUES.

TODAY'S GRADUATES FROM MEDICAL SCHOOLS MAY WELL CONSIDER THEMSELVES FREE OF MANY REGULATORY OBLIGATIONS. BUT YOU WILL NOT BE FREE OF ANY OF YOUR ETHICAL OBLIGATIONS. FOR EXAMPLE, THIS ADMINISTRATION PROPOSES THAT WE PHASE OUT OVER THE NEXT TWO YEARS ALL FEDERAL INVOLVEMENT IN PROFESSIONAL STANDARDS REVIEW AND IN HEALTH PLANNING. THAT DOES NOT MEAN THOSE ACTIVITIES WILL DISAPPEAR. QUITE THE CONTRARY.

WE BELIEVE THAT THE MEDICAL PROFESSION WILL ASSUME FULL RESPONSIBILITY FOR THE QUALITY OF CARE ITS MEMBERS DELIVER TO THEIR PATIENTS. THAT'S OUR ETHICAL RESPONSIBILITY AND YOU AND I MUST GRASP IT AS RIGHTFULLY OURS. SIMILARLY, WHERE HEALTH PLANNING IS PROVIDING THE COMMUNITY WITH A BETTER VISION OF WHAT HEALTH CARE OUGHT TO BE, THEN PHYSICIANS SHOULD BE ACTIVE IN

HELPING TO MAKE PLANNING WORK. THE PROFESSIONAL LIFE IS NOT ONE LONG FREE LUNCH. YOUR PREDECESSORS IN MEDICAL PRACTICE KNOW THIS AND HAVE STILL WORKED HARD TO HAVE THE RESPONSIBILITY MOVED IN THEIR DIRECTION. NOW YOU HAVE THE UNIQUE OPPORTUNITY OF COMING ALONG AT A TIME WHEN YOUR ENERGY, YOUR IDEAS, YOUR FRESH OUTLOOK WILL BE INVALUABLE TO MEDICINE AS IT TAKES BACK WHAT GOVERNMENT HAD ASSUMED TO DO. IT IS A PERSONAL CHALLENGE AND A PROFESSIONAL OBLIGATION FOR EACH OF YOU. DON'T PASS IT BY.

BUT THERE IS ANOTHER ASPECT TO THIS TIME IN HUMAN HISTORY. I THINK PEOPLE -- ESPECIALLY YOUNG PEOPLE -- ARE TAKING A SECOND LOOK AT VALUES AND ARE TRYING TO BUILD THEIR LIVES AROUND THE VALUES THAT HOLD MEANING FOR THEM. MAYBE THERE IS A REVULSION AGAINST VIOLENCE -- NATION-TO-NATION, AS WELL AS PERSON-TO-PERSON -- THAT IS TAKING HOLD. IN ANY CASE, I THINK WE ARE REALLY BEGINNING TO CARE ABOUT EACH OTHER, OPENLY AND FREELY AND EVEN JOYFULLY.

THE PRACTICING PHYSICIAN IS IN A UNIQUE PROFESSION, SINCE IT REQUIRES NOT ONLY THE SCIENCE OF MEDICINE BUT ALSO THIS ART OF REACHING OUT TO PEOPLE AND CARING ABOUT THEM. IN FACT, IT IS THE SCIENCE ITSELF THAT HAS MADE THIS ATTITUDE SO VITAL. FOR EXAMPLE,

OVER THE PAST 25 YEARS THIS COUNTRY HAS BEEN ABLE TO BRING ABOUT A DRAMATIC 32 PERCENT DECLINE IN THE DEATH RATE FOR HEART DISEASE, A 49 PERCENT DROP IN THE DEATH RATE FOR STROKE, AND A 23 PERCENT DECLINE IN THE DEATH RATE FOR ALL TYPES OF ACCIDENTS. AND FOR CANCER -- THE SECOND LEADING CAUSE OF DEATH IN THIS COUNTRY -- THE MORTALITY RATE FOR PEOPLE UNDER THE AGE OF 45 HAS DROPPED BY 33 PERCENT.

HOW DOES THIS AFFECT YOU? FIRST OF ALL, YOU HAVE TO BE LESS SURE OF OUTCOMES, WHICH MEANS YOU WILL HAVE TO EMPLOY "KOOB'S FIRST PRINCIPLE" OF COMMUNICATION WITH PATIENTS AND THE FAMILIES OF PATIENTS. WHILE MUCH IS LEFT TO BE DESIRED, THE PLAIN FACT IS THAT AMERICANS DO GENERALLY EAT BETTER AND TAKE CARE OF THEMSELVES AND, THEREFORE, HAVE A BETTER CHANCE OF SURVIVING SERIOUS -- EVEN CATASTROPHIC -- ILLNESSES, WITH THE HELP OF MODERN TECHNOLOGY. AND THE STATISTICS BEAR THIS OUT. I DON'T RECOMMEND THAT YOU BEGIN TO PLAY PERCENTAGES. I JUST HOPE THAT YOU RETAIN A HEALTHY SKEPTICISM ABOUT YOUR OWN EXPERT DIAGNOSES. YOUR PATIENTS MAY FOOL YOU AND RECOVER.

BUT THERE IS THE OTHER SIDE, TOO. ONCE YOU COMMIT YOURSELF TO CARING ABOUT YOUR PATIENTS, YOU ARE COMMITTED THROUGH GOOD

TIMES AND BAD. SOMETIMES YOU WILL TREAT YOUR PATIENTS. AT OTHER TIMES, QUITE FRANKLY, YOU WILL "MINISTER" TO THEM, WITH ALL THE CONNOTATIONS EMBEDDED IN THAT MYSTERIOUS WORD. SOME PATIENTS WILL RECOVER, BUT NOT LEAD THE KIND OF LIFE THEY HAD ONCE KNOWN. YOU, AS THE "MINISTERING" PHYSICIAN, WILL BE THE ONE THE FAMILY WILL TURN TO FOR SOME HOPE AND GUIDANCE, FOR A WORD OR A TOUCH OF COMPASSION TO SIGNAL YOUR SHARING OF STRENGTH AND LOVE.

IT IS A CURIOUS PARADOX OF CONTEMPORARY LIFE: THE MORE EXPERT AND SCIENTIFIC AND TECHNOLOGICAL WE BECOME, THE MORE WE MUST DEAL WITH PROFOUNDLY HUMAN OUTCOMES -- EMOTIONS AND FEELINGS AND ATTITUDES THAT ARE BEYOND THE FASHIONING OF SCIENTIFIC EXPERTS. YOU HAVE JUST COMPLETED AN EXCELLENT COURSE OF INSTRUCTION IN THE SCIENCE OF HEALING -- CURING, REPAIRING, TREATING, AND PREVENTING. AND THE BETTER YOU ARE, THE MORE YOU WILL NEED TO EXERCISE YOUR ART OF HEALING...YOUR ESSENTIAL HUMANITY.

THOSE QUALITIES WILL BE TESTED SOON ENOUGH BY THE NATURE OF SOME OF THE CHANGES TAKING PLACE WITHIN OUR SOCIETY. I WANT TO FOCUS ON JUST TWO, IN ORDER TO SUGGEST THE CHALLENGES AHEAD FOR EACH OF YOU, BOTH AS PHYSICIAN AND AS HUMAN BEING. THE TWO ARE THE GROWTH OF OUR AGING POPULATION AND THE NEW CONCERN FOR DISABLED PERSONS.

DURING THE LAST QUARTER OF THIS CENTURY THE MEDIAN AGE OF THE AMERICAN POPULATION WILL GRADUALLY CREEP UPWARD. IN 1975 THE MEDIAN AGE OF THE AMERICAN POPULATION WAS 28.8 YEARS. IN THE YEAR 2000 THE MEDIAN AGE WILL BE 35.5 YEARS, ACCORDING TO THE LATEST MEDIAN ESTIMATE BY THE CENSUS BUREAU.

DURING THIS DECADE OF THE 1980s, THE AGE COHORT OF 35 TO 44, THE SO-CALLED "BABY BOOM GENERATION," WILL EXPAND BY ABOUT 40 PERCENT. SHORTLY AFTER THE TURN OF THE CENTURY, ABOUT 1 IN 5 AMERICANS WILL BE A SENIOR CITIZEN -- ABOUT 50 MILLION COMPARED TO TODAY'S 25 MILLION. EQUALLY IMPORTANT IS THE FACT THAT NEARLY HALF THOSE SENIOR CITIZENS WILL BE AGE 75 OR OLDER.

THESE STATISTICS TELL ME THAT NOW IS THE TIME FOR ALL OF US IN MEDICINE TO RE-THINK OUR ATTITUDES ABOUT AGING. AS PHYSICIANS, WE ARE TRAINED TO PREVENT THE OCCURRENCE OF PREMATURE DEATH. WE DON'T WANT TO SEE PEOPLE DIE BEFORE THEIR TIME! BUT WHAT IS THEIR TIME? WHAT IS THE QUALITY OF LIFE SUPPOSED TO BE IF YOU LIVE UNTIL YOUR TIME? WHAT IS THE QUALITY OF MEDICAL CARE FOR PEOPLE WHO ARE CLOSE TO THE END OF THEIR TIME, COMPARED TO PATIENTS WITH A LOT OF TIME LEFT?

EACH OF US HAS A REFLEXIVE ANSWER OF SOME KIND TO THESE QUESTIONS. BUT IT MAY NOT BE A GOOD ENOUGH ANSWER. YOUR REFLEXES MAY NOT BE RELIABLE, WHEN DEALING WITH ISSUES OF SUCH PROFOUND IMPORTANCE TO HOW YOU WILL LIVE AND PRACTICE -- AND HOW YOUR PATIENTS WILL LIVE AS WELL.

A MAN WHO REACHES THE AGE OF 65 NOW HAS A LIFE EXPECTANCY OF ANOTHER 12 YEARS. A WOMAN OF THE SAME AGE, 15 YEARS. WILL WE PROVIDE THEM ONLY WITH AS MUCH CURATIVE AND REPARATIVE CARE AS WE CAN, OR WILL WE PRACTICE PREVENTIVE MEDICINE AS WELL? WHAT ABOUT THE 65-YEAR-OLD PERSON WHO HAS SMOKED TWO PACKS OF CIGARETTES A DAY -- AND THEN STOPS. THAT PERSON WILL SEE HIS OR HER PULMONARY FUNCTIONS RETURN TOWARD NORMAL. OF COURSE, IF THERE IS ALREADY THE BEGINNING OF A BRONCHOGENIC CARCINOMA, QUITTING CIGARETTES WILL NOT REVERSE THE SITUATION. WILL WE BE SENSITIVE ENOUGH TO ADVISE THAT 65-YEAR-OLD TO STOP SMOKING?

AND NEED I ADD THAT, AS THIS COUNTRY BEGINS TO SHOW MORE GRAY ON THE HEADS OF ITS CITIZENS, MORE GRAY WILL BE APPEARING ON YOUR HEADS AS WELL, AND ON THE HEADS OF YOUR COLLEAGUES.

AND NOW I WOULD TURN YOUR ATTENTION TO THE DISABLED, A GROUP OF AMERICANS THAT IS ALSO GROWING IN NUMBERS AND -- FOR THE PHYSICIAN -- A GROUP THAT PRESENTS ITS OWN SPECIAL CHALLENGES.

TODAY ABOUT 1 OF EVERY 7 AMERICANS IS DISABLED OR LIMITED IN SOME WAY FROM LIVING A LIFE THAT IS NORMAL FOR HIS OR HER AGE GROUP. THAT'S SOMETHING LIKE 35 MILLION AMERICANS...ABOUT A ONE-THIRD INCREASE OVER THE NUMBER OF AMERICANS WHO WERE DISABLED OR HAD LIMITATIONS ON THEIR ACTIVITIES IN 1959. IT IS AN INCREASE FAR LARGER THAN OUR OVERALL POPULATION INCREASE DURING THOSE SAME 12 YEARS. THE NUMBERS INCLUDE...

- \* THE NEARLY 5 MILLION PERSONS WHO SUFFER FROM IMPAIRMENTS OF THE BACK, THE SPINE, THE SHOULDERS, AND THE UPPER AND LOWER EXTREMITIES. MANY OF THESE IMPAIRMENTS ARE FROM INJURIES SUSTAINED IN PREVENTABLE HIGHWAY ACCIDENTS.

- \* THERE ARE ALSO THE 3 TO 4 MILLION PEOPLE WHO LIVE WITH DISABLING AND CHRONIC BRONCHITIS, ASTHMA, EMPHYSEMA, AND OTHER RESPIRATORY CONDITIONS THAT MAY BE TRACED TO SMOKING OR TO PREVENTABLE HIGH-RISK CONDITIONS IN THE WORKPLACE.

\* THE TOTAL ALSO INCLUDES ABOUT 6 MILLION PEOPLE WHO SUFFER FROM ARTHRITIS, RHEUMATISM, AND OTHER MUSCULOSKELETAL DISORDERS ABOUT WHICH WE NEED TO LEARN MUCH MORE IN ORDER TO CONTROL AND PREVENT THEM.

\* AND THERE ARE THE 5 MILLION OR SO PEOPLE WHO HAVE NOT DIED OF HEART DISEASE, WHO WERE SAVED BUT ARE NEVERTHELESS LIMITED IN WHAT THEY CAN DO FOR THE REST OF THEIR LIVES. IN A SENSE, MANY OF THEM SURVIVE AS CASUALTIES OF POOR NUTRITION, SMOKING, LACK OF EXERCISE, OR AN INABILITY TO HANDLE THE STRESSES OF MODERN LIFE. THOSE ARE ALSO PREVENTABLE CAUSES.

IN THE SINGLE YEAR 1980, THE DEPARTMENT OF LABOR REPORTED A TOTAL OF 5.5 MILLION OCCUPATION-RELATED ILLNESSES AND TRAUMATIC INJURIES. THESE PRODUCED A TOTAL OF NEARLY 42 MILLION LOST WORK DAYS. AND THE TOTAL EARNINGS LOST CAME TO \$2 BILLION.

SOME PERSON...SOME AGENCY...SOME ONE HAS TO MAKE UP THAT LOSS. IT MAY BE REPLACED BY WORKER'S COMPENSATION OR INSURANCE, BY A RELATIVE OR A FRIEND, A CHARITABLE ORGANIZATION, OR A SOCIAL SERVICE AGENCY. THE EARNINGS MAY BE REPLACED, BUT NEVER REPLACED WILL BE THE LOST DAYS AND LOST YEARS OF FULL, ACTIVE LIVING.

AT THIS POINT, I AM ASKING YOU TO BREAK THROUGH THOSE CULTURAL BARRIERS YOU MAY HAVE ACQUIRED SO FAR. IF WE HAVE TROUBLE COPING WITH THE AGED PERSON -- AND I THINK WE DO -- THEN HOW MUCH MORE DIFFICULT WILL IT BE FOR PHYSICIANS TO COPE WITH THE AGED PERSON WHO IS ALSO DISABLED. THANKS TO MODERN MEDICINE, BOTH HAVE A BETTER CHANCE OF SURVIVING -- AND PLEASE REMEMBER THAT, AS OF TODAY, YOU ARE PART OF "MODERN MEDICINE."

THERE ARE MANY AMERICANS LIVING SATISFYING AND PRODUCTIVE LIVES WHO ARE ALSO DISABLED. THEY LIVE THAT WAY, IN MANY CASES, IN SPITE OF THE ATTITUDES OF SOCIETY THAT ARE BARRIERS TO ACCEPTANCE. PHYSICIANS HAVE A SPECIAL RESPONSIBILITY TO BE AWARE OF THESE BARRIERS -- IN THEIR OWN ATTITUDES AND IN THE ATTITUDES OF OTHERS, FRIENDS, COLLEAGUES, OR FAMILY -- AND TO CHANGE THEM.

THIS IS A CHALLENGE TO YOU PERSONALLY AND PROFESSIONALLY. WE ARE INCLINED TO FOCUS ON A PRIMARY DISABILITY, FOR EXAMPLE, THE CONDITION THAT IS PRESENTED TO US, AND WE DEAL WITH THAT EXCLUSIVELY. WE TEND TO NEGLECT SECONDARY DISABILITIES; OTHER POSSIBLE OUTCOMES THAT WILL COMPOUND THE LIFE PROBLEMS OF OUR PATIENT. SCOLIOSIS, AS AN ILLUSTRATION, CAN LEAD TO A SECOND DISABILITY: PULMONARY DYSFUNCTION. AND PULMONARY DYSFUNCTION CAN, IN TURN, LEAD TO CARDIOVASCULAR DISORDERS LATER IN LIFE. WE DARE NOT PIGEONHOLE OUR THINKING OR COMPARTMENTALIZE OUR PRACTICE FOR OUR OWN SAKES AND FOR THE SAKE OF OUR PATIENTS'.

THIS IS A "COMMENCEMENT" ADDRESS TO YOU. THIS IS YOUR BEGINNING IN AN EXCITING, SATISFYING CAREER YOUR EDUCATION IS NOT OVER AT A CEREMONY LIKE THIS. IT'S JUST GETTING STARTED. AND IT WILL CONTINUE. I SINCERELY HOPE THAT EACH GRADUATE TODAY GRASPS THE DEPTH OF THE CHALLENGES IN THE YEARS AHEAD, CHALLENGES THAT MAY OCCUPY MOST OF YOUR PRACTICE. THERE IS NO AGE AT WHICH A PATIENT BECOMES UNINTERESTING TO A PHYSICIAN. THE OATH WE TAKE, THE PROFESSIONAL AND COLLEGIAL PROMISES WE MAKE DENY THAT. EVERY PATIENT NEEDS OUR BEST CARE, OUR BEST THINKING, OUR HIGHEST HUMAN INSTINCTS. AND IF A PATIENT IS OLD AND DISABLED, POSSIBLY HAVING MULTIPLE DISABILITIES, OUR BASIC DECENCY AND HUMANITY MUST OVERCOME OUR DEFICIENCIES IN TRAINING AND EDUCATION AND ACCULTURATION.

LOOKING AHEAD....FACING THESE EXTRAORDINARY AND EXCITING CHALLENGES....MOVING WITH AND NOT AGAINST HUMAN HISTORY....THAT HAS ALWAYS BEEN THE ULTIMATE REWARD OF MEDICAL PRACTICE FOR ME, AS I HOPE IT WILL BE FOR EACH OF YOU.

GOOD LUCK...AND THANK YOU.

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