Dean Cadman, honored guests, faculty, students of the Class of 2004, family and friends. I feel very fortunate to be with you this evening, on such a proud occasion, for these talented future physicians and colleagues. Tonight is a dream realized for both students and their families. This is the night we don our first cloaks of compassion and reflect on its importance to our professional and personal lives. So tonight, I will place before you some narratives that exemplify the importance of this virtue in our training and careers. Reflect on these stories as opportunities for compassion.

Before sharing them, I shall promise you as a class that tonight, I will be brief. Unfortunately, this promise does not hold for the lectures I will give this month, or for the exams I will help write for you later this year. But let’s put these exams in perspective. You will hear from many physicians over the next four years that no patient has ever asked us what we scored on our MCAT. No patient has ever asked how we did on our Unit 1 MEQ or our clinical skills/clinical anatomy exam.

Instead, our patients will concern themselves with the kind of people we are. They will identify with our genuine care for them as people.

And I truly believe that when all is said and done, what our patients will ultimately remember about us is our compassion.

The television show ER has given millions an insight into medicine and medical training. My first story is from an emergency room physician who tells how a child who had drowned in a nearby lake was brought to his department dead. “At first,” he says, “the death was no more personal to me than it would have been had I simply read about it in the newspaper. Having to tell his parents changed everything. Listening to his mother scream and sob was wrenching. But in between the tears came stories of the child’s personality, interests, and dreams, and suddenly the sense of loss came over me as the child went from being a corpse to being a boy who had kissed his mother good-bye that afternoon promising her he would be careful.”

This is a story from our professional lives. This physician identifies with the pain felt by the family of the boy he tried to revive in the emergency room. Compassion means having this ability and the skills to respond with words and deeds to comfort those in need. As medical students your stories will involve the unborn, young children, and adults of all ages. And your responses will be influenced by role models around you. Wrote one third-year medical student: “My supervising intern told me that Mrs. D had died. I had a hard time believing it. I walked into the room, where two nurses were stripping Mrs. D’s body of a bloodstained gown, to see a dead person for the first time. The only other experience where I had palpably experienced death was during the first year when I was exposed to my cadaver for anatomy class. But, this was quite different. Mrs. D’s face was blue, her eyes were open, and she was not stiff. One of the nurses asked me to stay and then proceeded to change the sheets, put a new gown on Mrs. D, and close her eyelids. I wasn’t embarrassed to cry, but it certainly helped me to know that my intern also felt the same way. There were tears in her eyes as well.

After the family left, she told me that someone had once impressed on her the importance of following up on a death with a sympathy note to the family. I was stunned. These were things that were not written anywhere yet were so important. I knew that my intern would make a great doctor and that she was the person I would have taking care of my parents. She was a conscientious and caring person whom I would trust with a life, and she would know how to appreciate and care for it well.”

In the past students were poorly advised to avoid “getting too close” to patients for fear that it would cloud clinical decision making. But despite these warning, we’ve learned that students inevitably identify with their patients. This empathic identification is a reflection of their strength of character and an important milestone in their professional development. In this instance, most students are like the Tinman in the Wizard of Oz. We recognize him to be the most compassionate of Frank Baum’s characters, yet ironically, he wishes to find a heart.

Because we believe you enter medical school already blessed with humanism and altruism your task is similar to that of the Tinman, not to learn about compassion, but hold onto it, despite the adventures that lay ahead of you. So imagine your compassion is a treasure for which you are the sole guardian. In the coming years, this treasure will be threatened when your trials and tribulations seek to displace your altruism.

In her poem “Sins of Omission” Margaret Sangster shares this warning by writing:

“The loving touch of the hand,
The gentle winning tone
Which you had no time, nor thought for
With troubles enough of your own.”

Instead of losing your caring, let your future training lead you to care more. That’s what this physician does in this story about her grandmother during the holiday season.

“Life brought you many challenges many struggles and many hardships. The years left their marks as lines on your face and gray-hues colored your hair. The sun weathered your skin adding freckles from age. Your mind slipped into its own world where few could reach you. We lost you years before to the disease that steals the mind and leaves behind the body to slowly fade, with the passage of
time. A disease known as the “longest goodbye”. The person we once knew, the one I called Grandmother, was lost in a haze of mixed up neurons and faulty wiring.

As a physician trained to save and prolong life with so many instances of having to do “everything”, I often wondered, “Who are we to presume we are more powerful, more knowledgeable, more omnipotent than the forces of nature.” To hear frail bones crack under the pressure of the CODE in a futile attempt to turn back the hands of time. I see this struggle to stop the inevitable death over and over again and it is not one that I would wish for my patients, my family or my loved ones.

My wish for you in this season of goodwill towards men and for every day since we “lost” you is for a peaceful death, a good death, a death of days gone by. For you to slip away without fanfare without sirens, without shouting, without pain, and without CODES. And find a rest without waking.

This year we both got our wish for Christmas. You left us with serenity and dignity, quietly and peacefully in your sleep, the way you had always asked to go.”

In the past 5 years, one of the biggest areas of curricular reform has been improving end-of-life care education. Contributing to the forces that brought issues like physician-assisted suicide and advance care planning to the forefront has been a perception that physicians are less compassionate than they once were.

Americans fear they will die in pain, on machines, in an institution. They fear being a burden on their families at the end of life, yet also fear dying alone. Health care providers frequently attempt to prolong life at all cost. They often succeed. Without compassion, alleviating these fears seems unattainable. Compassion can help our patients accept the end of their lives as a part of life itself. It can gently lift away futile hope for a cure and replace it with hope for a good, painless passing, surrounded by family, and going to heaven, or one’s chosen afterlife.

As an intern fresh out of medical school I remember being called to evaluate a patient in the hospital who had fallen out of bed. A quick look at her chart told me she was a terminally ill patient with metastatic cancer.

As I reached her bedside she suddenly reached out and grabbed my arm. And before I could say anything she said, “Please kill me.” I didn’t know what to say or do. Still bothered by this the next morning, I shared the story with the other four interns at the hospital with me. As it turned out, each had been called by this very patient, with the same request.

Emily Dickinson said:

“If I can stop one heart from breaking,
I shall not live in vain;
If I can ease one life the aching,
Or cool one pain”

I sometimes wish I could go back in time and say or do something that would have made a bigger difference for this patient, now long gone. I imagine talking with her, not about why she fell out of bed, but the deeper issues that make me remember her to this day.

“Why do you want me to kill you?”
“Are you in pain?”
“Do you have someone to talk to?”
“Would you like me to stay for a while?”

Compassion is a powerful treatment yet it doesn’t cost much at all. There are few adverse effects and rarely is there an overdose. It can be given to people of any age, race, or gender. It defines us as physicians.

Over the next four years these students will be spending a great deal of time at the medical school. It will be a new home for them. To the family and friends of the class of 2004, I hope you will leave this ceremony believing that this new medical school home will be a warm and nurturing one. A home with high expectations for academic achievement, but also for compassion and caring.

These are virtues William Shakespeare might call “twice blest”

“It blesses him that gives, and him that takes.
Tis mightiest in the mightiest; it becomes
The throned monarch better than his crown.”

As it does the physician better than his diplomas.

Tonight you’ve received your first white coat. It will be the first of many. Before it’s retired, it will be stained with coffee, stained with blood. Still, I encourage you to keep this first coat, your cloak of compassion, always.

Let it be a reminder of this evening, when you first recited the Hippocratic oath, and began to believe that the hero in these stories of compassion will be you.

References