The Art of Medicine

Excerpted from the White Coat Ceremony*
Key Note Address, August 3, 2001

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"The White Coat Ceremony creates an important focus for students entering medical school. Each student receives his/her first white coat, also called, "cloak of compassion". The Ceremony impresses upon them the primacy of the doctor-patient relationship. The message conveyed is that physicians should care as well as cure. The Ceremony was conceived by the Arnold P. Gold Foundation, an organization dedicated to fostering humanism in medicine. (Adapted from the Arnold P. Gold Foundation.) Faculty and alumni of the School of Medicine and the student’s family and friends attend this event.

Dean Cadman, Dean Izutsu, faculty, guests, and students of the Class of 2005:

I’m very happy to be here with you this evening. This is a proud moment for our new medical students and their families and friends. For many of you, this reflects the fulfillment of a lifelong dream.

Tonight, I would like to talk about the “Art of Medicine”. The art of listening can be very important when caring for patients. We should aim to understand our patients as human beings, not just their medical problems. Touching a patient’s hand, or simple words of reassurance can make all the difference in the world. The doctor-patient relationship is one of the most sacred trusts that will be given to you, and I urge you to live up to it to the best of your ability.

After today, your life will be changed, both for the better and for the worse. Your careers in medicine will be filled with many triumphs, but also with extremely sad moments. You will feel the thrill when a patient who you thought would not survive, pulls through miraculously and does well. You will also lose patients and have to deal with your own feelings, at the same time trying to help the patients’ families get through difficult times.

I would like to give you some examples from my own experience. As a first year fellow in Geriatrics, it was my first day on the nursing home service. The previous fellow told me that one of our patients was not expected to survive much longer. He was an elderly man who had had many strokes and had been in the nursing home for many years. His wife was devoted to him and came to the nursing home every day to feed him. I saw him that first day to make sure that he was comfortable and not in pain. The next day, he passed away in his sleep. I met his wife for the first time at his bedside. She was very upset and I was surprised to hear her say that his death was “so sudden” because I knew from his chart that his health had been poor for many years. Since then, I’ve come to realize that to their loved ones, the final event is often considered sudden, even when it is expected. This couple had been married for over 60 years and their children were on their way to Hawaii from the mainland. I didn’t like to leave the patient’s wife alone because she was so upset. I stayed with her for a while and just listened to her stories about her life with her husband. A week later, I got a telephone call from her, and to my astonishment, she asked me to become her physician. I didn’t feel like I had done anything to help her, but she told me that the time I had spent with her after her husband’s death had meant a lot to her. Her trust and confidence in me really touched me, and she continues to be my patient to this day. It taught me that sometimes small actions can give great comfort.

I have also had moments when I have said or done things that I am not proud of and wish I could re-do. I vividly remember a case when I was a senior resident in Michigan. Our patient was a young lady with severe end-stage lupus, who was in a coma in the ICU. Bedside rounds were being made by the entire medical team. We were standing around the patient’s bed having an animated discussion about pathologic features and prognosis of lupus. It was the youngest member of our team, the third year medical student, who gently reminded us that perhaps we should move this discussion outside the patient’s room, in case she could hear us. To this day, whenever I think of it, I feel very ashamed that I needed to be reminded of something so very basic. I have no excuse, but I have tried hard to learn from my mistakes.

Fortunately, all of us find mentors that we wish to emulate, and who guide us through difficult choices. I feel lucky that the program directors of my residency program in Michigan and my fellowship program in Hawaii, were both kind and compassionate human beings and role models, in addition to being skilled physicians and teachers. Some of you may already know someone who inspired you to choose a career in medicine. Many of the physicians at this medical school, some of whom are in the audience today, are wonderful human beings and I encourage you to learn both the science and the art of medicine from them. I think you will find that this medical school provides a warm, nurturing environment for learning. We encourage you to aim high in your academic achievements, but have fun along the way. Most importantly, keep your empathy, compassion and caring intact, even when you’re tired or overworked.

I have now been faculty at the University of Hawaii for 10 years and helped to train many fellows in Geriatrics. Regarding their knowledge base, some have been brilliant, some average. However, if I were to choose who I would want to take care of my own parents, I would not make the selection based on intelligence or scores on the board examinations. Instead, I would pick the ones with the biggest hearts, who truly care for their patients. I think all of us in medicine should go through our careers trying to treat all our patients the same way we want our own families to be treated.

We have had many technological advances in the field of medicine. For some doctors, technology has become a substitute for talking to patients. I recommend that all of you read a book titled “The Lost Art of Healing” by the famous Dr. Bernard Lown, a cardiologist who won the Nobel Peace Prize in 1985. I would like to read you an excerpt from this book, from a famous essayist, shortly before he died of prostate cancer. He wrote, “I wouldn’t demand a lot of my doctor’s time. I just wish he would brood on my
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Assistant Researcher

ASSISTANT RESEARCHER, R3, Position No. 86656T, UH NeuroAIDS Specialized Neuroscience Research Program (SNRP), Pacific Biomedical Research Center, full-time, temporary, non-tenure track position, 11-mo, to begin approximately 11/2/2001. DUTIES: To develop a clinical neuropsychology program in support of the UH NeuroAIDS Specialized Neuroscience Research Program. To assist in the structure, conduct and analysis of research neuropsychological testing to be performed in the projects under this program and to interact with other members of this program as a member of an interdisciplinary research team studying NeuroAIDS. Responsible for mentoring and teaching of undergraduate and graduate students as well as medical students and residents. MINIMUM QUALIFICATIONS: Ph.D., licensed in Clinical Psychology, Fellowship trained in Clinical Neuropsychology, Board certified or eligible in Neuropsychology. DESIRABLE QUALIFICATIONS: Experience in neuropsychological testing in the setting of HIV/AIDS; research experience especially in HIV/AIDS, knowledge of cross-cultural neuropsychological issues, familiarity with Hawaii and its population. MINIMUM ANNUAL SALARY: $40,524 or commensurate with previous experience. TO APPLY: Interested applicants should submit a curriculum vitae and telephone numbers of 3 references to: Dr. Cecilia M. Shikuma, Hawaii AIDS Clinical Research Program, 3675 Kilioua Ave., Young Bldg. 5th Fl., Honolulu, HI 96816; E-mail: shikuma@hawaii.edu INQUIRIES: Dr. Cecilia Shikuma at 737-2751. Closing Date: 11/5.