

The 473rd Convocation

Address: "Medical Progress and the Doctor-Patient Relationship"

By Mark Siegler

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We are here today to celebrate your graduation from this great university. Unfortunately, convocations at the University of Chicago are three weeks later than everywhere else, so all the good jobs are gone. But of course you chose Chicago not as an employment agency but to learn how to think in that special Chicago way, and we know that you will succeed splendidly. It is an honor to join you and to offer my warmest congratulations to you—the graduates—and to your families and friends.

Today's clear weather brings both good news and bad news. Good news because it's not raining for graduation. Bad news because it means we follow Plan A. Let me explain. A mysterious note was delivered to me two days ago that laid out Plan B and Plan C. Plan B said: "If it is raining when you get up to speak, cut your talk to three minutes." Plan C said: "In case of lightning, cut your talk to fifteen seconds and tell everyone to run for cover." So, as I said, the good news is that it's not raining, but the bad news is that we're following Plan A, which means I give my whole talk and you can't run for cover—at least, not politely.

Graduations are public celebrations of relationships. Just look around. You—the graduates—sit alongside friends, colleagues, and classmates. Your family and friends have come here, many from long distances, to be present when you step forward to accept your diploma from President Randel. We want to be here to celebrate together, because relationships—both new and old—are at the heart of our personal and professional lives.

I have spent my entire career caring for patients and thinking about the doctor-patient relationship. Today I will talk about the advances that have dramatically improved health in the past hundred years and ask whether these achievements have changed the relationship between doctor and patient.

Before I begin describing worldwide improvements in health, I must call your attention to the work that remains to be done in the United States and internationally. I am deeply troubled that in the United States we still have unacceptable disparities in health care across the nation. For example, forty-one million people have no medical insurance and many patients can't afford to buy medicines they need. But things may be looking up on both fronts. Just yesterday, the Maine legislature became the first in the nation to pass a comprehensive health insurance plan for its residents. Maine's Governor John Baldacci said: "Our motto is you can't have a healthy economy if you don't have healthy people." Maine's plan could serve as a model for at least twelve other states now considering universal health care. Regarding the cost of medicines, just two days ago, the Senate Finance Committee, after stalling for two years, approved the biggest expansion of Medicare in its thirty-seven-year history by adding prescription drug benefits. It remains to be seen if Congress and the president can move forward on drug benefits, especially in the face of budget deficits.

Internationally, the problems are even worse. In the poorest countries in Africa, Asia, and Central America, more than twenty-five million people die each year from infectious diseases and nutritional deficiencies—deaths that could be prevented with relatively simple and inexpensive treatments. The United States and other wealthy nations have a moral obligation to do everything in their power to prevent these unnecessary and tragic deaths.

And indeed, this power is considerable. Despite the problems that I have mentioned, health advances in the past hundred years have been incredible. The average life expectancy during the Roman Empire was about twenty-five years and hardly changed during the next two thousand years. By contrast, in a single century—from 1900 to 2000—life expectancy in developing nations more than doubled, from about twenty-five years to almost sixty years. Life expectancy now approaches eighty years in technologically advanced nations.

These striking advances in health worldwide are explained by two revolutions—a public health revolution and a scientific revolution.

In the first half of the twentieth century, the public health revolution was the key driving force

and included control of infections, especially in infants and children, through safer water and better sanitation, as well as improvements in housing, refrigeration, and nutrition.

In the second half of the twentieth century, these public health advances continued and were amplified by a scientific revolution that will certainly accelerate during your lifetime.

In my lifetime, this scientific revolution has included the discovery of DNA, which led to the mapping of the human genome; a new understanding of human immunology; and the emergence of modern pharmacology, which has created hundreds of effective medicines. Some of these medicines save or prolong lives—such as antibiotics, protease inhibitors, and vaccines for polio and influenza. Other medicines improve quality of life for people with chronic diseases, such as diabetes, asthma, cancer, arthritis, depression, and heart disease. Our generation is also the first in history that can actually prevent death from kidney, liver, heart, and lung failure by using technologies such as dialysis, heart surgery, and organ transplantation.

I reflect back on my own medical school experience at the University of Chicago and on my teachers who contributed to these amazing scientific breakthroughs. Leon Jacobson was the first physician to use chemotherapy to treat cancer. Charles Huggins won the Nobel Prize for improving the treatment of cancer by establishing the relationship between hormones and cancer. Don Steiner discovered proinsulin and revolutionized the fields of diabetes and endocrine research. Gene Goldwasser, my biochemistry teacher, isolated erythropoietin in 1977, a substance that is now used to treat anemia in more than three million people each year. And Janet Rowley, my teacher and colleague, established the link between cancer and genetics by discovering the first consistent chromosome abnormalities associated with leukemia. I also think of the clinical mentors who taught me how to be a doctor: Joe Kirsner, Lou Cohen, George Block, Al Tarlov, and Arthur Rubenstein.

Let me give you two very recent examples that highlight our remarkable medical progress.

Three days ago, a colleague of my daughter had a heart attack at work and was brought by ambulance to the University of Chicago's cardiac catheterization service. When she arrived, she

had a pulse of twenty and almost no blood pressure. Five or ten years ago, this situation would have been fatal. Instead, the cardiac team used a balloon to open two crucial coronary arteries, and within minutes her heart rate and blood pressure had returned to normal. She went home from the hospital yesterday.

The second case is a patient of mine, a thirty-four-year-old woman, who was born with cystic fibrosis and for the last two years has been slowly dying of terminal lung disease. She is the mother of a healthy five-year-old daughter. This week, on Wednesday morning at 3 a.m., she received a lung transplant, and six hours later she was breathing normally for the first time in five years. She will leave the hospital on Monday. Now she will be able to watch her daughter grow up.

I believe these advances in public health and in medical science over the past hundred years are among the greatest intellectual achievements in history.

I now return to my earlier question: Have these achievements changed the doctor-patient relationship?

In my view, the core of the relationship between doctor and patient has remained surprisingly constant, from ancient Egypt to Hippocratic Greece to our own time: A person in physical or mental distress asks for help from someone specially trained to respond. Obviously, advances in science mean that the modern doctor has better and more validated treatments to offer than did ancient physicians. But, the doctor's basic response of caring, compassion, and technical competence has endured and will endure.

Plato understood this. You didn't really think you would get through a University of Chicago graduation without hearing about Plato, did you? In a remarkable passage in *The Laws*, Plato contrasts bad and good doctor-patient relationships. In the bad relationship, according to Plato, "The physician never asks the patient for an account of his complaints. The physician prescribes treatment with an air of knowledge in the brusque fashion of a dictator and then rushes off in haste to the next patient." By contrast, Plato describes the good physician as one who "treats the

disease thoroughly, in a scientific way, learning from the patient and gaining the trust of the patient and family.” It is remarkable that 2,500 years ago, Plato recognized that good medical practice required integrating scientific thinking with personal care in order to gain patient trust.

After thirty-five years of practice, I have identified four qualities that today’s patients expect in a good doctor-patient relationship. Each of these helps build trust between patient and doctor. I pass this list on to you because, on reflection, I think that these qualities apply not just in medicine but in whatever field you pursue—law, social service, government, business, teaching.

- First, competence: Be really savvy in your chosen field. This is implied by your graduating from the University of Chicago.
- Second, also know what you don’t know: Recognize the limits of your expertise and when to seek help.
- Third, communicate: Clearly, effectively, and often.
- And fourth, share decision making: People should be treated as equals and with respect.

In closing, speaking on behalf of the faculty, we are confident that your education at the University of Chicago will serve you well, and we hope your education inspires you to serve others.

I congratulate you and your loved ones and wish you every success.

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