

The 492nd Convocation

Address: "The Unpredictable and the Unassailable"

By James L. Madara

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When I promised to give this address some time ago, an image immediately came to mind that, under most circumstances, one wouldn't ordinarily associate with the CEO of an academic medical center. It's a scene from the classic movie *The Big Chill*. In it, the character played by William Hurt is lying on a couch, filming himself with his video camera. In a moment of deep introspection, no doubt intensified by his use of inappropriate pharmaceuticals, Hurt ponders the absurdity of his job as a West Coast radio psychologist. "Here I am," he confesses to the camera, "talking to these people as if I have something *important* to say about their lives!"

Now as a physician, I assure you that inappropriate pharmaceuticals play absolutely no part in my own experiences of self-examination. Nonetheless, I do admit that I identified with Hurt's character as I reflected upon what "important something" I might share with you on this pivotal moment of transition in your lives.

The answer came to me this past summer. Over coffee and a laptop, an acquaintance showed me one of the most fascinating recent additions to the Internet called Google Earth. If you're not already familiar with it, it's worth a look.

What's amazing about the application is that with a click of your mouse you can pinpoint any place on earth and change the perspective on it by zooming way in or way out. For example, I was able to start with a view of the entire earth and zoom in on my house in Hyde Park—so close, I could actually see my wife's car in our driveway.

Besides the sheer "cool" factor of Google Earth, the reason I was struck by this application is the way it demonstrates—so powerfully and without words—how

much one can learn by looking at a single point from multiple angles, distances, and perspectives. After all, things look a lot different at one hundred feet than they do from a mile overhead.

So what has this got to do with the “important something” I wish to speak with you about today? Quite simply, Google Earth is a visual manifestation of the way you have been taught to think as University of Chicago students. This “Chicago style” has trained you to pose and explore first-order questions in order to articulate higher-order questions and issues.

No matter what area of study is inked upon the diploma you will receive today, your well-honed ability to approach problems and challenges from multiple perspectives is an unassailable asset you take with you as you leave here and move into the marvelous disorder and unpredictability that is life and career.

Now lest you fear that I’m going to spiral into platitudinous convocation drivel, allow me, in true Chicago-style, to examine and support this “zooming-in-and-out” theory from two perspectives: one institutional, and one personal.

The institutional example is in the realm of clinical medicine. In health care, we physicians zoom in to the individual patient in front of us as we take on the roles of healer and patient advocate. However, when we zoom out and think of the entire population, we see the health care system in a very different light.

Zooming in to the individual, we may see a patient with uncontrolled diabetes. Our action is to treat the patient, stabilize him/her, and then send the patient home. As physicians, this certainly makes us feel as though we’ve accomplished something positive.

But zooming out, we see this same patient as one member of a much larger population. From this view one mile up, we immediately see that we have not dealt

with the real problem—that the patient does not have readily accessible, convenient primary care in their neighborhood. At this distance, we recognize that the patient lacks the regular care that can lead to better disease control long term.

Looked at another way, the patient is born a vessel filled to the brim with physiological capital. A chronic disease might slowly deplete the capital. But if disease is allowed to have acute extreme manifestations—that is, lack of regular control—large amounts of physiological capital spill, and the patient’s health is compromised.

By participating only in the acute event in front of us but not addressing the root cause, we physicians could unwittingly collaborate in the erosion of our community’s physiological capital.

So once in possession of both a “zoom-in” and “zoom-out” perspective, our next task is to evaluate our role, assets, and opportunities as a health care and research institution.

In doing so, we observe the following:

Historically, our hospital has provided the largest amount of unreimbursed care of any private hospital in the state of Illinois and one of the highest nationally. We’re rightfully proud of this, and we view it as part of being a good neighbor.

However, while being a good neighbor is what humanity is all about, it’s not enough at a great university. We have a responsibility to zoom out on all of our daily activities, see the bigger picture, and define what we see in a scholarly way.

In the example I just outlined, the limitation we identified was the insufficient pursuit of two questions:

First, what does this encounter with the patient really say about the larger question of health care in urban America?

And second, given what we can affect, what new ideas might be generated to deal with this problem and—most importantly—if this is indeed a larger societal problem, how can we attack it in a scholarly way, create new ideas to address it, and perhaps even change our world in the process?

The above exercise has led to what we refer to as the University of Chicago Urban Health Initiative. It's in its infancy, but it's already changing the format of our medical center by having us zoom out beyond the individual patient to consider how to best match our own and other health providers' resources and capabilities with our community's health service needs.

Drawing on many of the scholarly units of the University, it has attracted cooperative interaction from the state and, more recently, emerging national attention.

What made us realize this? What made us recognize that we were accomplishing far less than we could, even though it seemed so right when zoomed in to the level of the individual patient?

It was simply zooming out from the patient with uncontrolled diabetes and thinking of the problem in a higher way; or, put another way, applying the methods that every one of you graduates has learned of identifying questions and examining them from differing perspectives.

My second example of the relevance of Google Earth theory is a personal one, and, beginning tomorrow, it will, in all likelihood, become your experience as well.

Rabbi Abraham Heschel (1907–72), one of the most significant Jewish theologians of the twentieth century, once said, “The course of life is unpredictable; no one can write his autobiography in advance.”

Although you have prepared for your careers via diligent study of a thoughtfully considered curriculum, Heschel was right: there is an undeniable unpredictability to what you are about to do.

But zooming in and out, or applying Chicago-style questioning, is a terrific way to leverage the unpredictability of your career into a life-enriching asset. It will allow you to look at events in your career from differing perspectives, to test your own assumptions, and, ultimately, to enjoy yourself more.

That has certainly been the case with me.

As a biomedical scientist, I zoom way in. I deal with biology at the molecular level to understand the molecular underpinnings of health and the corresponding deficiencies in disease.

But to really appreciate the implications of what I see through the microscope, I have to place that detailed information in the context of larger, more complex biological systems; I have to zoom out.

Similarly, in my administrative capacity at the University of Chicago, while it’s certainly my job to understand the close-in picture, I spend a good deal more of my time in zoom-out mode in order to comprehend the macro view of our biomedical enterprise—its interface with the rest of the University, Argonne National Laboratory, and the surrounding community.

This all sounds well and tidy, but I can assure you that the road to where I am today was full of chance events and dramatic twists—in other words, it's been completely and thoroughly unpredictable.

I began my career interested in cancer medicine, but felt a weakness in my training in the area of understanding the nuances of different cancer diagnoses. To address that deficiency, I rotated through a pathology internship and found myself fascinated by the cellular and molecular thinking required.

At the same time, I struck up a mentoring relationship with a young faculty member who was interested in gastrointestinal disease. At that point, I decided to become . . . you guessed it . . . a pathologist focused on gastrointestinal disease.

Then another mentoring relationship sparked my interest in exploring questions on my own, and I translocated to biological science. I joined the faculty at one institution, intending to give it three years, and stayed twenty-three. I also conducted research in cellular physiology and innate immunity.

Entirely predictable, don't you think?

And if you mapped out my physical location over the past few decades, looking at the trajectory in “zoom-out” mode, it would appear as sensible as the chaotic scurrying of an ant.

At one time I looked at a position in Baltimore, but we were not ready to move from Boston then; however, staying in Boston let me get to know the dean at Johns Hopkins well. Later, when we were more open to moving, that person had moved to Atlanta.

So off to Atlanta I went for five years, where I assumed I might finish my career . . . until a telephone call came from Chicago asking me to consider the deanship. Having

just moved a few years before, I wasn't interested in looking at other positions, but this was different . . . because twenty years earlier I had come to Hyde Park for a month to pick up a technique here that I needed for my work in Boston.

My exposure to the University of Chicago for that month made me realize that this was a place with an internal compass that aligned with my own—it was a place that felt like home.

So here I am. When I honestly describe the pathway of my career in this way, it's almost embarrassing to reveal. But it's reassuring to learn that my own story of unpredictable routing seems to reflect what I most commonly hear from others as they describe their own paths.

Certainly, none of us could ever have written our autobiographies in advance!

At every turn, however, the methods of isolating and examining questions from differing perspectives—just as was done in the example of the Urban Health Initiative—put confidence in my step as I walked such an irregularly determined path.

For me, these methods have been an unassailable way of dealing with the unpredictable nature of the pathway I have found myself on. And while I acquired these methods over time during my own career, institutionally I have found them to be represented in purest form at this university. As recipients of these unassailable skills, you are fortunate indeed.

Friedrich Nietzsche said, "You need chaos in your soul to give birth to a dancing star." As you leave here today, I exhort you to embrace chaos and chance. Let go of your preconceived notions of how things ought to be, and welcome unpredictability as a most trusted companion. Step boldly and with confidence. You are much better equipped than I was.

Because regardless of your chosen field, each of you leaves this university with the ability to zoom in and out as you seek to make sense of the wonderful twists and turns of the life unfolding before you. When you look back and write your autobiography, you will smile to see how the pieces all fit together.

I have no doubt that dancing stars lie ahead for every one of you.

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