Ten years past, ten years ahead
Where we have been and where we are going—reflecting on my medical school commencement speech

BY KEITH M. SWETZ, M.D., M.A., FACP, FAAHPM

On a recent Saturday, I sat with my beautiful wife of 10 years, Jessica, at the Orpheum Theater in Minneapolis and watched the off-Broadway production of Wicked. Our four children were sleeping over at Mom-Mom and Pop-Pop’s after a day of spoiling. The previous evening, we all attended our local high school’s homecoming football game. I had recognized the faces of many friends and colleagues in the stands and thought about how Minnesota really had become home since Jess and I came to Rochester 10 years ago as newlyweds for my internal medicine residency.

Earlier that day, I called my mother in northeastern Pennsylvania, where I grew up, and listened as she relayed the latest happenings. Times were tough, with the recent deaths of three uncles. That same day, Jess and I had run the Purple Stride 5K race in Rochester in memory of my Uncle Mike, who left us after his battle with pancreatic cancer. All of these things had induced a particular feeling of nostalgia, so when Dr. Debra Powell, a friend and colleague, posted on my Facebook page, “We’ll miss you tonight!” it really hit me.

That weekend was the 10-year reunion of my Penn State University medical school class. Although I couldn’t make it back to Hershey for the event, I decided to take time to reflect on the joy that being a husband, father and physician-healer have brought me over these years. Thinking about my classmates took me back to our commencement ceremony on May 18, 2003, when I delivered the address on behalf of my graduating class.

I was a 26-year-old kid, had been married for all of three weeks, had no children and had not lived outside of Pennsylvania for any appreciable amount of time. Yet I had been selected by my peers to deliver words of encouragement, reflection and gratitude.

My class was a diverse one, with students at all stages of life and from all over the world. Dr. Powell, who had been my freshman biology lab and microbiology professor at Albright College, was a member of my medical school class. Being chosen to give the address had given me pause: What wisdom or worldly experience could I, a relative neophyte, impart to such a seasoned group of people? So I reflected on what had been most valuable to me up to that point, what challenges I had been through and what I thought the future might hold.

In my speech, I encouraged myself and my classmates to answer a “great call” to live out our dreams as physicians. I referred to an essay Dr. Eric Cassel wrote in 1982, “The Nature of Suffering and the Goals of Medicine,” and talked about our interdependence. I also mentioned a 1986 essay by Dr. Carola Eisenberg of Harvard Medical School, who described the problems that bogged down physicians.

As I look back on those words, I was struck both by what has changed and what has remained the same. The problems Dr. Eisenberg described still persist, but in different forms. Complaints about where medicine is going remain ubiquitous, although the term “affordable care” has replaced “managed care” and “HMO.” Compensation for physician time and services remains a huge concern, and cuts to Medicare and Medicaid reimbursements still threaten clinicians’ ability to effectively meet the needs of vulnerable populations.

Medical education is even more complicated today than it was 10 years ago. Both students and faculty must master an ever-growing panoply of knowledge in an ever-vanishing amount of time. Although my internship class was the first to adopt the 80-hour work week, we are still debating the ideal number of hours that residents should be allowed to work. In the meantime, more is being required of supervising physicians. For attending physicians, the words, “I agree with the resident’s note and plan” just don’t cut it anymore. In order to maximize reimbursement, more detailed, extensive, and time-consuming documentation is required.

As I wrote this essay, I reflexively used the term “clinicians,” not “physicians,” as
“President Spanier, Dean Kirch, distinguished guests, family and friends, and most especially, my dear classmates and colleagues in the Class of 2003…”

A few years ago, Dr. Carola Eisenberg, a famed educator at Harvard Medical School, wrote an essay entitled “It is Still a Privilege to be a Doctor.”\(^1\) This was in response to the despair that third-year medical students encountered when transitioning from the pre-clinical years in the classroom, to the clinical years on the wards. She had found that these students, like us, had spent a minimum of 18 years in preparation for that great privilege to don the short white coat and actually meet and interact with patients. And though similar to our experience, they displayed exuberance for the various types of patients they encountered, they were disconcerted by some of the teaching they had received. It seemed that while many physicians at the teaching institutions demonstrated a youthful passion for teaching and were glad to have the students aboard, many had become calloused and disgruntled by the problems that were plaguing medicine. Malpractice premiums were skyrocketing. Reimbursements and research funding were plummeting. There were numerous problems with access to health care, with equitable distribution of goods and services, and with the time constraints and perceived loss of freedom that accompanied the advent of managed care. As Eisenberg summarized, many felt that “medicine…was no fun anymore.”\(^1\)

For hundreds of years, physicians had experienced an esteemed role in society—as healers, as teachers, and as upstanding citizens and human beings. In the original translation of his oath, Hippocrates called for those physicians adhering to his principles to be “honored with fame among all men for all time to come.” However, many of those that Eisenberg described in her essay were unhappy with their career choice and were more concerned with receiving some respect and autonomy, let alone fame and honor.

What I find most disconcerting with this analogy is the loss of perspective. When I was making my decision to apply to medical school, there were a few who felt research or teaching might be a better option. When making my decision for residency, some attempted to sway me from pursuing those interests that I was passionate about in favor of other options that might be more lucrative, might offer more free time, and afford less bureaucratic hassle. But each of us here today had the ability to make a choice that leads up to the next point in our journey, and we will be faced with making similar decisions throughout our lives.

Many of us have worked hard thus far because to some degree, we have been living out our dream. But being the idealistic, type A scholars that most of us are, we also have had the incentive of grades and scores—those allegedly surrogate markers for our performance. However, with today’s initiation into the world of the physician, there is a much more serious responsibility that comes. Those formerly important markers of distinction and performance become blurred, as today we are equalized under the implications of that diploma, and the title “doctor of medicine.”

The tasks we will face are arduous and the plight of the world is often perplexing. The struggles that plague America and the domain of medicine are often palpable. But when we arrive at our next destination, our mission remains the same. Each of us here today is called to greatness!

By virtue of making it this far, we have, by default, answered that call. Though some may judge greatness by the amount of publications in prestigious journals, by large grants obtained or by monetary wealth, many of us will find greatness in seemingly less obvious locations. While some of us may be destined for “academic” greatness, others will undoubtedly find it in different settings. That may (continued on next page)
I did in my commencement addresses. Today, multidisciplinary and interdisciplinary care—provided by teams of physicians, nurses, social workers and other skilled medical professionals—is routine.

My dreams of coming to Mayo Clinic to become an endocrinologist and diabetes specialist now seem in the distant past—if they were ever there at all. Engaging patients and families in discussions regarding their goals, values and preferences is now the focus of my work. The calling I answer daily as a palliative medicine specialist—helping to develop care plans for patients with complex life-threatening illnesses—has brought me great personal and professional satisfaction. In the last 10 years, I have witnessed the field’s growth and feel blessed that it has allowed me to serve my fellow humans at a very significant time in their lives.

When I was interviewing for medical school in the summer of 1997, a stoic cardiologist glared at me and asked me what my biggest fear about going into medicine was. I told him that I didn’t know what I was going to do when my patients died or how I would handle it. Now, I can’t imagine not being there with my patients and their families throughout the journey of their illness.

In order to do this challenging work, I have taken steps to prevent burnout. I try not to avoid what is difficult and to integrate strategies for wellness. I make time for my wife, children and family—for reflection, writing, friends, travel, faith in something greater than this world, teaching and mentoring—not in an effort to spread myself thin, but to maintain a diversified and ever-evolving wellness portfolio. My hope is that these activities will help me remain passionate about this vocation that I believe I have been called to follow.

Cassel’s 1982 essay has become even more meaningful to me since starting practice. I see that the love and support of family remain ever-important, and that interconnectedness with those in Minnesota, those in Pennsylvania and those who have left this world remains essential to maintaining balance in life.

The challenges that medicine will face in the next 10 years are considerable. I cannot even begin to speculate where the Affordable Care Act, advancing technology, finite resources, and reimbursement and financial restructuring will take us. However, I do still agree with Dr. Eisenberg: It is indeed a privilege to be doctor. Although illness, suffering and death continue to be with us, I feel privileged to be present with our fellow humans—to heal, to listen, to comfort and sometimes to simply bear witness. And I look forward with great enthusiasm to doing those things for at least another 10 years. MM

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**REFERENCES**