

The Medical Commencement Archive

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Dr. Ruth A. Lawrence, MD

University of Rochester School of Medicine
Commencement Address

Going Forth With Compassion

Dr. Ruth A. Lawrence, MD, is a graduate of Antioch College and the University of Rochester School of Medicine and Dentistry. Her residency was at Yale New Haven Hospital in Pediatrics where she was the first woman candidate. She spent six months as a resident in Internal Medicine and was chief resident on the Rooming-In service with Dr. Edith Jackson. She returned to Rochester with husband, Dr. Robert Lawrence. Nurseries required physician input according to New York State law, and Dr. Lawrence

was appointed to head up this project, which resulted in the development of the Neonatal Intensive Care Unit. With the help of the Department of Anesthesiology, the first baby was placed on a ventilator, which launched the use of ventilators in pediatrics and the newborn. Dr. Lawrence also developed the Poison Control Center concept and was medical director of the Finger Lakes Regional Poison Center for over fifty years.

As neonatology grew and small infants survived thanks to respiratory support, concern for the developing brain became a primary concern of Dr. Lawrence. *Breastfeeding: A Guide for the Medical Profession* was written in 1979. The 8th edition will be published in October 2015.

Dr. Lawrence has been named the Distinguished Alumna Professor in Pediatrics of the University and is the recipient of the Northumberland Trust Endowed Chair in Pediatrics as well as many national and international awards for her work in clinical toxicology, breastfeeding and human lactation. St. Bernard's Institute of Theology awarded Dr. Lawrence an honorary doctorate in theology, D.D. in 2009.



Good afternoon. It is a special privilege to stand here on this momentous occasion for our medical school Class of 2015. It is a privilege to share the occasion with all the parents, spouses, partners, and families of the graduates. It is even a greater privilege to represent all the faculty who have guided you through these four years, from the first day in anatomy when you pulled back the tarp to see your cadaver for the first time, to the long cold dark nights pounding physiology into your head. I remember those nights: the first scrub in the operating room, the first time you witnessed the birth of a newborn infant and the first loss of a patient. Your hearts were filled with wonder and your minds were filled with fear of how you could become a gifted caregiver.

Every medical student since I was a student is cautioned that medical science is moving so rapidly that half of what you learn will be obsolete or perhaps incorrect in the next five years. But they don't tell you which half. It is true. Science and medicine are moving swiftly.

You were born into the computer generation. You are wizards at finding information, entering facts on a database and recording your medical observations into tiny little boxes on the screen. You can even make medical assessments electronically. Computers are a way of life. The electronic medical record and patient portal in one version or another are here to stay, but computers do not need to take over your life.

You are about to embark on the most challenging year ever. Medical school pales by comparison because before you were the student, you were there to learn but it was someone else's responsibility. In a few weeks, you will be the doctor of record, what you do may save a life, solve a problem, or change the course of an illness. You will make difficult decisions that will have significant outcomes.

There are several ways to approach these decisions. Be brave and bold like Yogi Berra who always advised, "When you come to the fork in the road, take it!" But on a higher plane, Robert Frost exhorted that we take

the road less traveled, which will work out well for your summer vacation but not so when you are taking your board exam.

When you need a quick bit of information, you just "Google" it or check out Wikipedia. Did you know that the Harvard student who developed Wikipedia was born at Strong Memorial Hospital and was breastfed by his mother who was a local practicing pediatrician?

Not many answers you will need at the bedside will be found in these websites, but in the computer of YOUR mind, YOUR experience, YOUR readings and YOUR previous cases.

The key to being a good doctor is to really care about your patient. The science will come and go, but the best doctors understand people, REAL people, and are good communicators. Listen when patients talk, listen completely. Ernest Hemingway, one of our greatest authors, once observed "most people never listen."

The good doctor instills trust and hope in the patient, provides comfort and compassion whether

in a crowded clinic, a lonely corner of the emergency department, or a barren room on the R Wing.

One should always make eye contact, acknowledge the family. Be gentle and kind. Our beloved former Dean, Dr. Robert Joynt always cautioned: "You can't always be right, but you can always be kind." The key word however is compassion. I always check a reference. I looked it up in the medical dictionary, it was not there. Compensation, however, was there in bold print. The American Heritage Dictionary says: "Compassion is the deep awareness of the suffering of another coupled with the wish to relieve it." I Googled it and found a similar less eloquent definition.

Shortly, you will take the Hippocratic Oath like generations before you. It does not contain the word compassion, but you can whisper it under your breath. "Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the poten-

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tial to turn a life around.” – Buscaglia

Learning will never end. There is more science to discover, more mysteries to unravel and more hope to provide. Be kind. Be compassionate. Technology cannot do this. Look beyond the computer screen and take your fingers off the keyboard, look at the patient and reach out. Listen to what they say and what they do not say. Hear their story.

“Resolve to be tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and the wrong. Sometime in your life you will have been all these.” – Shearer. Believe me!

Computers will help you to do your job as a physician. They will help you keep “up-to-date”. They will help you compile a lengthy list of laboratory tests to order or diagnoses to consider. Robots will make surgical procedures faster and safer. Images will be sharper, better focused, reconstructed in 3-dimensional views, and shared with physicians across geographic barriers at the push of a button, but none of this will replace kindness and compassion.

In spite of this technological advancement, there is one fact that will remain with you always. No matter the field you have chosen, you will make a contribution. There are no comparisons to the value of that contribution. Doing the first frontal lobe brain transplant or giving ten thousand DPT shots to fragile children in South Africa. No comparison is appropriate or necessary.

At a time like this, it may be better to borrow the words of another, spoken on this stage over 30 years ago, so in conclusion may I say:

The purpose in life is not to be happy, it is to matter
To be productive and responsible
To be honorable
To be dedicated to goals higher than self
To have it make some difference that you lived at all.
Good luck!
God Bless!
CONGRATULATIONS!