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The Difference Between the Patient and the Doctor

Bill McRaven, who recently retired as a four-star admiral after 37 years as a Navy SEAL, became Chancellor of The University of Texas System in January 2015.

McRaven also is a recognized national authority on U.S. foreign policy and has advised the President, Secretary of Defense, Secretary of State, Secretary of Homeland Security and other U.S. leaders on defense issues.

In 2012, Foreign Policy Magazine named McRaven one of the nation's Top 10 foreign policy experts and he was later selected as one of the Top 100 Global Thinkers. He served as primary author of the President's first National Strategy for Combatting Terrorism and also drafted the National Security Presidential Directive-12 (U.S. Hostage Policy) and the counter-terrorism policy for President George W. Bush's National Security Strategy.

McRaven graduated from The University of Texas at Austin in 1977 with a degree in journalism and received his master's degree from the Naval Postgraduate School in Monterey in 1991.

Thank you, President Podolsky, Senator Hutchison, Regent Hall, Provost Fitz, Deans, distinguished faculty and most importantly, the graduates of 2015.

It is indeed a pleasure for me to be here tonight to celebrate this wonderful moment in your life. From the time I was a little boy, my mother longed for me to be a doctor. But, somewhere along the way, destiny had a different path for me to take. And while I know that my mother would have been proud of my military career, I'm certain that she would rather have had me wear a white coat than a camouflage uniform. And right now, she is looking down from heaven wondering what her son could possibly pass on to such a distinguished group of medical school graduates.

Well, I wondered the same thing myself, but it occurred to me that I have spent a lot of time around doctors. In my nearly six decades of life, as with many in the audience, I have seen or experienced just about every ailment, disease, trauma or heartbreak there is to know.

As a young boy, I had all the usual childhood complications: broken arms, busted ankles, fractures and lacerations, an array of mumps, measles, and chicken pox. As a young adult, I saw loved ones ravaged by cancer, heart disease and dementia. As a middle-aged man I was badly injured and know the pain of the long road of rehabilitation.

During the wars of the past 13 years, I have seen combat hospitals filled with amputees, burn and blast vic-

tims, and I have seen many good men die on operating tables.

But in my 60 years, I have also seen diseases eradicated, the crippled walk again, the heartless given new life and the hopeless cured.

So, today, if I may be so bold, I would like to give you some advice as you head off into your chosen profession. Advice based on almost 60 years of being on the other end of medicine - the end that matters most - the patient.

I hope that this advice applies equally to those who search for the cures, those that administer the medicine or those who hold the lives of patients in their hands.

As a patient, I want my doctor to be smarter than I am. I want them filled with knowledge and I want them to understand how to use that knowledge

to confront the challenge before them.

I want to see their diploma. I want to know that they were dedicated enough, strong enough, and intelligent enough to make it through medical school.

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Having great knowledge and knowing how to use that knowledge is what separates you from me, you from your patient. It is why not everyone can become a doctor. Some of us are just not smart enough. It is why doctors are in such demand and are so highly respected.

Your life must be a constant undertaking to learn more, to hone your skills, to improve your craft, to assure your patients that the answers they seek are within your grasp. You will never have all the answers, but you should never stop searching, studying, asking, demanding and passing on the knowledge that you do have.

As a patient, you had better be smarter than I am. As a patient, my doctor must at all times be in



command - in command of themselves, in command of people around them and in command of me. You must walk with a swagger. You must smile with great ease. You should never look tired. You must never get frustrated.

No matter how your day has gone or what your personal life may be dealing with, when you walk into that small sterile office or step onto the floor of the ICU, you must do so as if you have done it a thousand times before. You must be in command of everything that surrounds you.

Nothing gives a patient more comfort than the belief that their doctor is well prepared and cocksure of themselves. As a doctor, you should always be in command of everything around you. As a doctor you must listen to your patients. Listen carefully.

After the first Gulf War, I had a friend who began to have short-term memory loss and then he struggled with his coordination and stamina. Some doctors continuously dismissed the symptoms as psychosomatic. Some accused my friend of being a malingerer. They couldn't accept that his problems were real. Statistical analysis of other soldiers, under the same conditions didn't bear it out.

Finally, after considerable time, he was diagnosed with a new disability: Gulf War Syndrome. A very real, very debilitating disease brought about, we believe, by the pollutants spewed out from the eco-terrorism unleashed by Saddam. Treatment ensued and my friend's condition improved markedly.

Some problems are not in the book. Learn to listen to your patients and trust them when they tell you they are sick. They may be wrong at times, but they will appreciate it when you listen.

As a doctor you must have faith - faith in your

own skills, but also faith in something greater than those skills. You must recognize that you alone are not the sole arbiter of life and death. To believe so is to be terribly, terribly naïve, and time caring for patients will show you just how limited your knowledge and your skills can sometimes be.

Several years ago, I was at the military hospital in Lundsthull, Germany. One of my SEALs had been shot 15 times during a close-in firefight in Iraq. Before entering the ICU, I talked to the attending nurse. She was a hard-nosed old battle-axe who had seen her share of soldiers pass through Lundsthull.

Knowing my SEAL was in dire straits, I asked about his condition. She glanced down at the floor, tears welled up in her eyes and she said, "I have seen hundreds of soldiers pass through this hospital. But I have never seen a man shot as many times and," she paused, "he's going to make it."

I thanked her for all that she and the doctors had done to save his life. She looked at me, shook her head and smiled. "We had nothing to do with it," she said.

Even the most hard-hearted of patients want their doctors to believe in something greater than themselves. For patients know that all the skill in the world cannot replace the mystery of what sometimes separates life from death. Have faith and it will take you far.

As a doctor, you must give every patient hope. No matter how small or how dramatic the problem, every patient wants to believe they will be better, and only you can tell them that.

Five years ago I was diagnosed with Chronic Lymphocytic Leukemia. I was in Afghanistan at the time, fighting a tough battle against the Taliban.

The initial assessment was that I needed to

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return to the States to have my spleen removed and begin chemotherapy. The doctor who detected the cancer made it clear to me that my life was about to change, that I should accept my fate and prepare for life outside the military - a life of painful chemo, hair loss and fatigue.

She gave me no hope that things would get better. Undeterred by her prognosis, my wife and I came to Texas and met with a world-class oncologist. Waiting in the small sterile room for our first meeting, the door swung open, and a loud, boisterous, ruddy-faced man walked in, introduced himself and hugged me, hugged me hard - and I am not a hugger.

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He sat down, looked at my blood work and quickly told my wife that she didn't need to get a new boyfriend. “Something else will kill him long before this does,” he told her. In light of our earlier diagnosis, my wife was stunned at the proclamation.

She asked the doctor, “Well, should he eat more fruits and vegetables?”

“No...”

“Should he exercise more?”

“Not really...”

“Well, should he drink less alcohol?”

“Oh God no! Let him have some fun.”

“Can I go back to Afghanistan,” I asked.

“As long as you don't get shot,” he said.

Soon after the visit I did go back to Afghanistan and spent the next five years continuing to serve in the military. I like to think that in that time, my service resulted in hundreds of lives saved. All because one man gave me hope. Because one man

healed me of my greatest malady: fear.

Above all else, as doctors, you must give your patients hope. Even under the most dire of conditions, hope can heal. Hope surpasses all our understanding. Hope is the medicine that gives smiles to the forlorn, faith to the disenchanting and life to the dying. Give your patients hope.

As a doctor every patient wants you to be a healer. No matter what the affliction, they expect that as a doctor you can cure them.

There is a great scene in the original Star Trek TV series where Capt James T. Kirk, played by William Shatner and Doctor McCoy played by DeForest Kelley are on an alien planet. They have encountered a species that is made of rock and mortar.

At one point in the episode the alien made of rock is dying and Kirk turns to McCoy and says: “Bones you've got to do something.”

McCoy looks at the rock alien and in frustration says, “Damn it Jim, I'm a doctor not a bricklayer.” And then Kirk responds, “You're a healer and he's your patient.”

Someday you will have to be that bricklayer, ill-equipped to solve the problem other than the fact that you are the doctor. And all the pharmaceuticals, all the genome therapy and all the bioinformatics will not help you.

It will take a hug, a handshake, a smile or the right words at the right time to heal the afflicted and make them right again. As a patient, a good doctor must know how to heal, not just the body, but the mind and the spirit.

Learn to heal.

To be a great doctor, you must have strength in times of great anguish. Life is filled with difficult moments. Most of those times we must pass through alone. But, there will be times when you, the doctor,

must provide the shoulder to cry on, the chest to lean against, the strong arm to hold up the faint of heart.

You must be the rock when even the toughest of men and women lose the strength to hold on. Years ago, one of my men was killed in a motorcycle accident. It was the day before Thanksgiving and his family had all arrived to celebrate the holiday. The doctor who had attended to the young man had to make the fateful call to notify the parents. I remember that the doctor was young, but mature beyond his years.

A month later I received a letter from the father of the young man who had died. He thanked me for all the support the SEAL team had provided his family during this difficult time and then he wrote with great affection and with great respect about the doctor who had made that very difficult call. He told me that even across the 3,000 miles that separated Norfolk from San Diego, he could feel the doctor's strength through the telephone, and as a father it gave him the strength to carry on.

Those times will come when you have to deliver bad news. It will not always be life and death, but it will always have consequence to your patients. Be strong.

As a doctor, you must have compassion and surprisingly enough, I believe this may actually be the hardest of all the traits necessary for success. I have seen that the daily pressures on a doctor's spirit can be crushing. Whether it is treating teen-age acne, fixing broken bones, or doing a heart transplant, it is easier for most doctors not to get emotionally involved.

Even the smallest of ailments, when multiplied a thousand times can be debilitating to the attending physician. But small or large, you must reach into your heart and show the compassion that is so necessary for patient care, and in some case, for those the patient

leaves behind.

Several years ago, two of my men were medevac'd to the combat hospital in Bagram, Afghanistan. Both men had sustained gunshot wounds through the chest. The doctor worked valiantly to save the first man, cracking his chest open, searching for and sealing up the damaged arteries, but to no avail. The SEAL died on the operating table.

The doctor rushed into the next room and once again, worked feverishly to save the second man, but again, the injured man's wounds were too severe and he succumbed. I watched as the doctor leaned against the wall, sunk to the blood-soaked floor and wept. Surprisingly enough, in that moment, in that moment of great tragedy and sacrifice, I saw all that was good and decent and honorable about the

profession.

In that moment, I understood why, as doctors you worked so hard, studied so long and suffered so much to earn that title. In that moment, I knew exactly why my mother wanted me to be a doctor.

You may never have a moment like that in your career and in many ways, I hope you do not. But regardless of your specialty, you will have a thousand little moments that change the lives of the patients under your care. A thousand moments to restore their faith, a thousand moments to give them hope, a thousand moments to heal their wounds and to show them the love and compassion that every great doctor must possess.

And that first moment begins right here and right now, because for now and evermore, you will be the doctor. To the graduating class of 2015, I congratulate you and wish you the very best of luck in the years ahead. Go make a difference in the world.

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