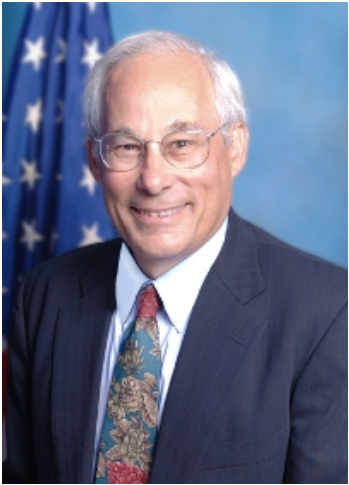


The Medical Commencement Archive

Volume 4, 2017



Donald M. Berwick, MD

Dartmouth School of Medicine Commencement
Address

Cat's Feet

Donald M. Berwick, MD, MPP, FRCP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement. A pediatrician by background, Dr. Berwick has served on the faculty of the Harvard Medical School and Harvard School of Public Health, and on the staffs of Boston's Children's Hospital Medical Center, Massachusetts General Hospital, and the Brigham and Women's Hospital. He has also served as Vice Chair of the US Preventive Services Task Force, the first "Independent Member" of the American Hospital Association Board of Trustees, and Chair of the National Advisory Council of the Agency for Healthcare Research and Quality. He additionally served two terms on the Institute of Medicine's (IOM's) Governing Council, was a member of the IOM's Global Health Board, and served on President Clinton's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry.

Recognized as a leading authority on health care quality and improvement, Dr. Berwick has received numerous awards for his contributions. In 2005, he was appointed "Honorary Knight Commander of the British Empire" by Her Majesty, Queen Elizabeth II in recognition of his work with the British National Health Service. Dr. Berwick is the author or co-author of over 160 scientific articles and six books. He currently serves as Lecturer in the Department of Health Care Policy at Harvard Medical School.

Congratulations! You have earned a day of celebration, even as you look ahead to your next mountain to climb.

My debt to Dartmouth is inestimable. This has been a center for some of the most path-finding and courageous research on health systems in my lifetime: the legacy and example of Jack Wennberg, Elliott Fisher, Mike Zubkoff, Steve Plume, Jim Weinstein, and Al Mulley, to name a few. Wennberg, especially. Imagine what life was like for him forty years ago, as he, unwelcome, began to unravel the threads of variation in health care practice. "Buzz off" was probably the most polite reception he received from his mainstream clinical colleagues.

He showed rates of tonsillectomy, hysterectomy, prostatectomy, and more that varied 300%, 400%, 500% from community to community - pure nonsense in an enterprise that sanctimoniously laid claim to science as its foundation. In some deep sense, Jack Wennberg began the modern health care quality movement, in which I have spent my career. And I have no closer soul mate or hero than Elliott Fisher, who carries on the tradition here of strong system science linked to moral clarity.

Moral clarity is my theme this morning. I have no illusions that you will recall what I say. I don't remember who my medical school graduation speaker was, let alone what he or she (certainly in my time, "he") said. But these are not usual times, and maybe, just maybe, you are worried enough to be looking out for some advice. I am.

On January 27, 1838, a young Abraham Lincoln, 28 years old, spoke at the Young Men's Lyceum in Springfield, Illinois. It was in the wake of episodes of mob violence, including the death

"Shall we expect some transatlantic military giant to step the ocean and kill us at one blow? Never! All the armies of Europe, Asia, and Africa combined ... could not by force take a drink from the Ohio or make a track on the Blue Ridge in a trial of a thousand years. At what point, then, is the approach of danger to be expected? ... If it ever reach us, it must spring up amongst us; it cannot come from abroad. If destruction be our lot we must ourselves be its author and finisher. As a nation of freemen, we must live through all time or die by suicide."

by burning of a black man in St. Louis. Here, in part, is what he said:

I am worried, today, about death by suicide for so much of what we hold dear – must hold dear. And on this day of celebration, I am moved to call your attention to that dark cloud, and to your duty – as citizens and professionals – to take a stand.

You, in my opinion, will be the generation of health care professions most challenged by ethical choices in perhaps a century. You did not ask for this burden. But it is yours. History has made it yours. I am going to explore those choices in three tiers – personal, organizational, and societal. You face choices in each.

In thinking about those choices, an old poem by Carl Sandburg came to my mind. I am sure I read it in high school. It's called "Fog." It's short:

The fog comes
on little cat feet.

It sits looking
over harbor and city
on silent haunches
and then moves on.

“The fog comes on little cat’s feet.” Maybe you think of ethical choices as arriving with a brass band: Carton at the guillotine, Joan of Arc at the stake, or Martin Luther King and John Lewis on the Edmond Pettis Bridge. Moments of fame and drama “Here I am: Ethics.”

“I am moved to call your attention to that dark cloud, and to your duty ... to take a stand.”

Forget that. For you, me, most of us, the choices that matter come in unannounced, on little cat’s feet, silent in arrival and gone almost before we notice. I’ll tell you one for me. I’m not at all proud of it, but it’s a good case.

It was 45 years ago. I was about to graduate from medical school, and I was interviewing for the match. I wanted to stay in Boston, and my first choices were in medicine at the Brigham and Women’s Hospital or the MGH. It was the night before my Brigham interview, and I was on overnight duty as a pre-intern at MGH... scared.

“I’m having my Brigham interview tomorrow,” I told my supervising Junior Resident, and I’m nervous.”

“You should be,” he said, helpfully. “They’re brutal. I still remember the question they opened with. It was impossible.”

“Tell me more,” I said.

“Well, they told me a story from the very first days of hemodialysis, which the Brigham pioneered. They said that a patient on dialysis had become confused and then delirious, and so they called the medical resident to come and see him. The resident showed up, examined the man, and noticed, among other things, nystagmus. They said the resident immediately made the correct diagnosis, began the correct treatment, and, arguably, saved the man’s life. And they asked me, ‘What was that diagnosis?’”

“I have no idea,” I said, more scared than ever.

“Neither did I,” said my Resident. “But later on someone told me the answer. The man had Wernicke’s encephalopathy – he was acutely thiamine deficient. Dialysis was removing water-soluble vitamins from his body, and no one had, up to that time, realized that the dialysis could cause acute vitamin deficiency. The resident gave him thiamine, and rescued him.”

“Oh, s**t,” I said. “I’m cooked.”

The Brigham interview the next day was a marathon of, I think, seven three-person panels, each of which peppered the candidates with questions for five or ten minutes. I was half way through when I entered the room with what I instantly knew was THE panel... the Chief of Medicine, the head of the residency program, and a world famous physician. They glared down at me, they paused, I gulped, and then the Chief began.

“Mr. Berwick, some years ago during the first days of dialysis here, a patient suddenly became dis-oriented and dizzy. A resident was called, he noticed nystagmus, and he made the correct diagnosis....”

On little cat’s feet. To this day, I recall the surge of feeling. The impulse to burst out laughing. The sweat breaking on my body. The choice. The choice. Unbidden. Unannounced. The test was to be, not a test of my knowledge or promise as a doctor. It was to be of my character. That test, I failed. I told you, I am not proud of this story. With cold-blooded precision, I furrowed my brow and faked it. I pretended I was reasoning my way to the right answer, even though, without fore-warning, I could no more have reached that answer on my own than I could perform an Olympic gymnastic floor routine.

“Get prepared.
Decide in advance.”

No matter. I could see it in their eyes. They wanted me. The questions stopped, and they spent the rest of the interview telling me how fine a place the Brigham was for training. A day or two later, I could not resist telling a close adult friend and mentor the funny story. His reaction woke me up. He did not laugh. Not missing a beat, he said, “I’d be less than honest if I didn’t tell you that I am a bit disappointed in you, Don.”

I was, too, I realized. I dropped the Brigham from my residency match list. But that has never – not to this day – felt like absolution for me. A choice came – on cat’s feet – and I did not see it at the time for what it was. You will be there, too. I guaranty that with no uncertainty at all. This is ethics in its simplest, purest, most elemental form. To tell the truth, or not, when “not” is perhaps in your short-term self-interest.

I say, “perhaps,” because when I recall that moment of choice, which I have done a thousand times, I can’t help but wonder what would have been the consequence of honesty. “Sirs,” I would have said to the panel, “this is an incredible coincidence, but last night I asked my resident about his interview here, and he told me that same story and the correct answer, which I assure you I would not by any stretch of the imagination, have arrived at.” What then? I ask myself. I will never know.

You will have the same choice. Whether it will come tomorrow or next week or next year, I cannot say; but it will come. And it won’t come once. It will come again, and again, and again, always on cat’s feet, suddenly, too suddenly for you wing it. So, don’t wing it. Get prepared. Decide in advance. Now, I wish I had. The truth? Or not? Commit. Now.

A second form of choice will come, too, in equal silence, and I want to take just a moment to prepare you for that one, too. It has to do with your self-image as a doctor – baldly: you will have to choose whether you are a hero or a citizen. Your white coat, stethoscope, and prescription rights will tempt you repeatedly into hero mode. You have the power to look – act – like you know what to do, even when you do not know what to do. You have the power to assert prerogatives denied to

others, even to other health professions: “my schedule,” “my OR time,” “my air time,” “my excellence.” Don’t fall for it. It may not sound like an ethics question, but it is.

Here is the deal: health care is an exercise in interdependency, not personal heroism. You simply cannot do the right job alone. And that produces a clash, which can flare into warfare, between the time-honored, romantic image of the Great Physician – as priest or field marshal – and the greater need for teamwork, generosity, and deference to others. In other words, don’t ask what you do; ask what you are part of. Ask, “Who depends on me, and how am I doing in their eyes?” Incorporate into your daily practice the following question to be asked of your coworkers, managers, patients, families, all: “Is there anything I could have done differently last week that would have made your work easier?” Then listen to the answer, and change what you do.

If this were 1972 – 45 years ago – and I were giving a graduation talk on ethics, it would end right here. That’s what ethics meant in my day in your seats – certainly, personal ethics, and maybe teamwork. Choices about how I act. But times have changed, and I cannot yet stop. I will be brief, but I want you to know that I think that the stakes are up. In my day, I held unquestioned that the organizations I worked in and for were, at bottom, ethical. That our health care institutions usually, if not always, put the interests of those they served ahead of their own.

“Health care is an exercise in interdependency, not personal heroism.”

I don’t actually know if that was true then. But it is not true now. At least, it cannot be taken for granted – not when the interests to be served are those of our communities and society as a whole. The symptoms of organizational gluttony are rampant, and the damage is severe.

The drugs your patients depend on are experiencing price increases that cannot withstand the scrutiny of public interest or moral compass. New biologics of undeniable value being priced at levels that are not just like extortion – they are extortion, holding the interests of patients – their lives – hostage. Old, invaluable preparations – insulin, epinephrine, 17-hydroxyprogesterone, colchicine, and more – being captured or patented under legal loopholes and then priced ten-fold, thirty-fold, 100-fold over their prior, customary levels.

Hospitals playing the games afforded by an opaque and fragmented payment system and by the concentration of market share to monopoly or near-monopoly levels, which allow them, too, to elevate costs and prices nearly at will, confiscating resources from other badly needed enterprises, both inside health (like prevention), and outside (like schools, housing, and jobs). And this unfairness – this self-interest – this defense of local stakes at the expense of our fragile communities and disadvantaged populations goes far, far beyond health care, itself. So, I claim, does your ethical duty. Let me give you two examples.

You came to your calling as healers, and now, as healers, you cannot in honesty turn your faces from the true causes of suffering. In my view, the biggest travesty in current American social policy is not the failure to fund health care properly or the pricing games of health care companies.

It is our criminal justice system, incarcerating and then stealing the spirit and hope of a larger proportion of our population than in any other developed nation on earth, save possibly Russia. The harm is inestimable, and if taking the life-years and self-respect of millions and millions of American youth, people of color by a ratio of 8 to 1, leaving them without choice, freedom, or the hope of growth is not a health problem, then in the name of all that is good, please tell me what is.

And the harm done to our planet by inattention to and denial of the facts of science, itself, is grievous, too. If poisoning the air, and desiccating the lands, and drying up the rivers, and drowning the cities – our own, and those of the poorest people on earth, and creating a tsunami of displaced people greater than the world has ever known before – is not a health problem, then tell me what is.

Tell me that leaving refugees at our gates unwanted, or children unfed, or families unhoused, or basic medical care uncovered, or relying on conflict, rather than compassion, is not a health problem. War is. Ignorance is. Hopelessness is. Blaming the blameless is.

What does this have to do with you? That, like honesty, is your choice. But, I have an opinion, and I must cloud your bright and well-won day with it. If we be healers, then the time has ended when the tasks we shoulder stop at the door of an office, the threshold of an operating room, or the front gate of a hospital. We must engage in the rescue of a society, and of a political context, that has forgotten to heal. That has become our job, too. Professional silence in the face of social injustice is wrong.

Little chills me more than to see the great institutions of our health care enterprise – hospitals, groups, scientific bodies, guilds – assume that the seat of bystander is available. That seat is gone. To try to avoid the political fray through silence is impossible, because silence is now political. Engage, or assist the harm. There is no third choice.

This is a time of grave risk. We must either live for all time as a compassionate, honest, equal, just society – a healed society – or die by suicide. And you have no way to escape your part in that choice. I am so sorry. I wish it were simpler.

Once, on a small matter, I chose wrong, to my lifelong regret. I did not hear it come in on little cat's feet: the choice. Now, it's your turn. Listen. It's here. Choose.