

How fortunate we are

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As students of medicine, you will soon be educationally unique - with a body of knowledge that no one can ever take away from you.

When you receive your MBBS, the society and community in which you live is making a statement of trust in your abilities. With that trust you will be afforded extraordinary privileges and esteem. However, with the esteem and privilege comes the heavy responsibility of your patients' well-being. You are all remarkably capable – and, remarkably fortunate to be so capable.

John Adams, the second president of the United States, observed: "The luckiest people in the world are those who are doing something that they think is important, and that everyone else thinks is important." As physicians, we are fortunate to be guaranteed an intellectually stimulating, socially gratifying and comfortable life. These luxuries, however, come with the price tag of responsibility. Those of you who treat individual patients - and make them better - will be rewarded. I encourage you as physicians, however, to reach out into your communities and use your position to identify and solve social problems. I will argue that primary school education, teen pregnancy, high school dropout rates and homelessness all have healthcare ramifications. As a physician, it will be simple, gratifying and rewarding to identify these problems and to get involved. Marion Wright Edelman noted: "Service is the rent we pay for living; it is the very purpose of life and not just something you do in your spare time."

There is the story of a physician standing beside a river. A body floats by, face down. The physician dives in, drags the guy out, performs

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CPR and resuscitates him. Our physician returns to the riverbank, and another body floats by. Our hero dives in again and rescues and resuscitates the victim. He returns to the riverbank and another and then another body floats by. Our physician is socially and intellectually responsible, to go to the river's origin and inquire: "Hey, what's going on here?" We have a moral obligation to identify the root cause of problems, and take preventive action rather than being reactionary.

Sam Schecter is a general surgery resident at the University of California San Francisco-East Bay Surgery Program. Dr Schecter attended medical school at the University of Queensland where he was awarded his MBBS in 2006. Dr. Schecter's professional interests are in both pediatric and trauma surgery. Currently he is pursuing research interests in developmental pulmonary mechanics, with a particular interest in novel therapies for the lung hypoplasia of congenital diaphragmatic hernia.

Laurel Imhoff is an enthusiastic general surgery resident committed to evidence based practices. During medical school she was captivated by the operating room and the personal rewards of the surgical "hands on" approach to disease. She began a general surgery residency at the University of California at San Francisco-East Bay Program in 2007 where she is currently training today. Her long-term mission is to make a lasting difference in the lives of her patients by providing excellent and compassionate surgical care and to influence surgical practices with skilful outcomes based clinical research.

Professor Alden Harken has been the Chairman of the Department of Surgery at UCSF-East Bay for 28 years. He also served as a Regent of the American College of Surgeons for nine years; but, he is proudest of the teaching awards that he has received at each of the three universities in which he has served on the faculty.



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We live in an age that believes in the progress of science. Prior to the Enlightenment, however, it wasn't always that way. In 399 BCE, Socrates was put to death in "liberal" Athens, the birthplace of democracy, for corrupting young minds and disbelief in the gods of the state. In the 1600s Galileo was persecuted for promoting the heliocentric view that the sun, not the earth, was the center of the universe. The advancement of thought and science was stifled by those in power.

Then in the eighteenth century, the French Enlightenment replaced the ancient ideology of cyclic pessimism with the modern concept of inexorable scientific advance. Voltaire, who personified this transition, proclaimed: "...that reason and human industry will always continue to make progress." This optimism continued when the 20th century American philosopher, John Rawls, proclaimed in his enormously influential book, A Theory of Justice, that we are all motivated by what he identified as an "Aristotelian Principle." He stated: "...that human beings enjoy the exercise of their realised capacities (your innate or trained abilities) – and, this enjoyment increases the more the capacity is realised, and the greater its complexity." The intuitive idea here is that we all take more pleasure in doing something directly as that activity becomes more complex and as we become more proficient at it. In medicine, you will encounter an essentially unlimited opportunity to improve and as you master medicine's intellectual and psychological challenges you will derive immense gratification.

We physicians straddle the divide between the physical and metaphysical worlds. Scientific medical knowledge is progressing at a dazzling rate - it is supposed to be doubling every decade. The most



successful among you will be welcomed into the innermost sanctum of our patients' lives and be spiritually, socially and even legally empowered to use a full bag of pharmacological, psychological and even spiritual tools to make your patients "feel better" and that is our goal: to make our patients "feel better." And, we hope you will also reach out into the communities in which you serve and inquire, "Hey, what's going on up at the headwaters of this river?"

As all of you now recognise, you and your classmates are an extraordinarily heterogeneous group, but medical education is a lot like an election race. As you remember, in Alice in Wonderland, the Dodo set out a race course. Contestants, like medical students, could begin when and where they pleased. Following an interval, determined exclusively by the Dodo, he announced: "The race is finished." When challenged as to the winner, the Dodo was initially stumped – but soon recovered: "Everyone has won and all shall receive prizes." Like the election race contestants, you all began this medical school race from very different starting points. Although your medical school curriculum has tried to homogenise you, you all know that each of you has already run a very different educational race. In the future, the Dodo will announce that this portion of the race is over. And with your MBBS degree, you are all receiving a most prestigious prize. Now, as Winston Churchill said, "This is not the end, it is not even the beginning of the end; but it is perhaps the end of the beginning..."

As medicine pushes the therapeutic envelope, and spans the continuum from particle physics to religion, we physicians are uniquely positioned to add contextual reality to the ethical enigmas of placing new organs, new cells and new genes into our patients. We must remain involved in this dialogue.

Just how much of Uncle Andy's organs, cells, and genes can we clone, transfect and replace before Uncle Andy ceases to be Uncle Andy? In



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your professional lives, you will confront questions and realities that were not even blips on your medical faculty's radar screen.

The questions and challenges you encounter will abound resplendent in glorious technicolour. Rudyard Kipling used animals to illustrate human messages. In Just So Stories, he notes: "In the beginning of time...the ox and the dog and the horse and the camel were each recruited to serve man. The ox, the dog and the horse willingly complied. When, asked to pull a plow however, the camel said: 'Humph'." So, as penance, the camel was given one. Kipling wrote:

"The camel's hump is an ugly lump, which well you may see at the zoo, but uglier yet is the lump we get for having too little to do."

With your MBBS degree you can always be constructively busy – you will never be bored or lonely. And, we are fortunate.