ORIGINAL

Ethical Imperatives and the New Physician: III. Responding to the Handicapped Patient

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(GREETINGS TO GUESTS, HOSTS, FRIENDS, ETC.)

IT'S A GREAT PERSONAL PLEASURE TO BE HERE TO DELIVER YOUR COMMENCEMENT ADDRESS THIS EVENING. IN A WAY, MY VISIT WITH YOU TODAY IS A SMALL, PARTIAL RE-PAYMENT FOR THE SUPPORT, KINDNESS, AND THOUGHTFUL CRITICISM GIVEN ME BY MEMBERS OF THE BAYLOR COMMUNITY DURING MY TWO TERMS AS YOUR SURGEON GENERAL.

I GET A LOT OF CREDIT FOR KNOWING A GREAT DEAL ABOUT A GREAT MANY PROBLEMS IN MEDICINE. "SURGEON GENERALIST" WOULD PROBABLY BE A MORE ACCURATE TITLE FOR THIS POSITION.

NATURALLY, I APPRECIATE THOSE EXPRESSIONS OF RESPECT.

BUT I COULD NEVER HAVE BECOME THE GENERALIST I AM TODAY, WERE IT NOT FOR THE SIZABLE ARMY OF FRIENDS, CRITICS, AND PARTISANS ALL OVER THE COUNTRY WHO CONTRIBUTE TO MY STORE OF INFORMATION ... PEOPLE LIKE THE MANY FACULTY HERE AT BAYLOR WHO HAVE HELPED STIMULATE FRESH THINKING ON MY PART ON A VARIETY OF MEDICAL AND PUBLIC HEALTH ISSUES ... AND WHO ALSO GUARANTEE THAT I WILL BE SENSITIVE TO THE HUMAN SIDE OF PUBLIC HEALTH AS WELL.

TO ALL OF YOU, I SAY, "THANK YOU."

AND IN THAT SAME SPIRIT OF FRIENDSHIP AND FELLOWSHIP, I'VE PLANNED SOMETHING A LITTLE DIFFERENT ... A LITTLE SPECIAL ... FOR THIS COMMENCEMENT ADDRESS. IT IS, IN FACT, PART OF A CYCLE OF COMMENCEMENT ADDRESSES I'M GIVING THIS SPRING TO THE GRADUATING CLASSES AT SIX MEDICAL SCHOOLS AROUND THE COUNTRY.

ALL SIX ADDRESSES ARE CONCERNED IN SOME WAY WITH THE "ETHICAL IMPERATIVES" FACED BY NEW PHYSICIANS, WHO STAND, AS YOU DO TODAY, ON THE THRESHOLD OF A LIFETIME OF SERVICE IN MEDICINE.

LATER THIS SUMMER, EACH MEMBER OF THE CLASS OF '88 WILL RECEIVE ALL SIX ADDRESSES, EMBELLISHED WITH A FEW FOOTNOTES.

IN MY ADDRESS THIS EVENING I WANT TO LOOK AT A MAJOR AREA OF ETHICAL DEBATE AMONG PRACTICING PHYSICIANS ... A DEBATE THAT WILL SURELY GROW IN COMPLEXITY IN THE YEARS AHEAD.

IT CONCERNS THE ETHICAL RESPONSE OF PHYSICIANS TO PATIENTS WHO ARE HANDICAPPED OR DISABLED IN SOME WAY.

AT ONE TIME, SUCH PATIENT ENCOUNTERS WERE RARE. THE REASON IS FAIRLY OBVIOUS: OUR ABILITY -- AND OUR COMMITMENT -- TO SAVE DISABLED ADULTS AND INFANTS WERE BOTH VERY LIMITED.

BUT THE SITUATION IS NOW QUITE DIFFERENT. RECENT ADVANCES IN BIOMEDICAL TECHNOLOGY HAVE GIVEN US A GREATLY ENHANCED ABILITY TO SUCCESSFULLY TREAT DISABLING CONDITIONS OF ALL KINDS.

AND CERTAIN FACTS REGARDING THE FUTURE DEMOGRAPHY OF AMERICA COMPEL US TO RE-THINK AND RE-INVIGORATE OUR COMMITMENT TO TREAT ALL DISABILITIES EXPERIENCED BY PEOPLE OF ALL AGES.

I KNOW I'M SPEAKING AS IF THERE ACTUALLY WERE A SINGLE, "OFFICIAL" LIST OF HANDICAPS AND DISABILITIES. BUT THERE IS NO SUCH LIST. HOWEVER, IF A PERSON DID PUT TOGETHER A LIST OF THE ONES THAT ARE GENERALLY ACCEPTED BY MEDICINE AND GOVERNMENT -- ACCORDING TO VARIOUS CRITERIA -- IT WOULD RUN ON FOR SEVERAL PAGES IN ANY GOOD TEXTBOOK.

THE LIST OF DISABILITIES INCLUDES MILD TO SEVERE MENTAL RETARDATION, HYPERTENSION AND OTHER CARDIOVASCULAR DISEASES, DIABETES, ASTHMA AND CYSTIC FIBROSIS, DENTAL DISEASES, MUSCULO-SKELETAL AND ORTHOPEDIC HANDICAPS, DEVELOPMENTAL DISABILITIES, AND SENSORY DEFICITS OF EVERY KIND, WITH POOR VISION AND POOR HEARING TOPPING THE LIST.

THERE ARE, IN ADDITION, A NUMBER OF CONDITIONS THAT DON'T NEATLY FIT INTO ANY ONE CATEGORY: EMOTIONAL AND BEHAVIORAL HANDICAPS, FOR EXAMPLE, SUBSTANCE ABUSE AND ADDICTION, AND CERTAIN IMMOBILIZING PHOBIC RESPONSES TO THE HUMAN OR PHYSICAL ENVIRONMENT.

WHICH OF YOUR PATIENTS ARE LIKELY TO PRESENT THESE KINDS OF HANDICAPS AND DISABILITIES? DEFINITELY YOUR OLDER PATIENTS. TODAY, FOR EXAMPLE, THERE ARE APPROXIMATELY 3 MILLION MEN AND WOMEN OVER THE AGE OF 65 WHO ARE LIVING IN THEIR OWN HOMES, DESPITE ONE OR MORE HANDICAPPING OR CHRONIC HEALTH ABERRATIONS -- CARDIOVASCULAR, ORTHOPEDIC, SENSORY, AND SO ON.

THAT FIGURE OF 3 MILLION SHOULD DOUBLE OVER THE NEXT 20 YEARS. NO OTHER POPULATION GROUP WILL HAVE THIS SHARP A RISE IN NUMBERS OR SO LARGE A SHARE OF THE NATIONAL POPULATION TOTAL AS A WHOLE.

TO PROPERLY SERVE THAT OLDER POPULATION -- BOTH TODAY AND TOMORROW -- WE NEED NEW GENERATIONS OF TECHNOLOGY ... THE KIND THAT WILL HELP US TO OBTAIN EARLY AND MORE SOPHISTICATED DIAGNOSES OF POTENTIALLY HANDICAPPING CONDITIONS.

AND, OF COURSE, WE'LL NEED THE TECHNOLOGIES FOR TAKING EFFECTIVE, CORRECTIVE ACTION, ALSO. THESE MAY BE IN THE FORM OF NEW DRUG THERAPY, PHYSICAL THERAPY, AN IMPROVED DIET, CORRECTIVE SURGERY, OR THE USE OF A NEW DEVICE OR APPLIANCE, EITHER ATTACHED OR IMPLANTED.

AND IN THE FIELD OF HOME HEALTH CARE WE ALREADY NEED COUNTLESS NEW AND SIMPLE DEVICES THAT CAN HELP AN ELDERLY PERSON WITH ONE OR MORE CHRONIC CONDITIONS -- EMPHYSEMA, SAY, OR ARTHRITIS -- TO NEVERTHELESS LIVE AN INDEPENDENT, NON-INSTITUTIONALIZED LIFE.

SIMILAR DEVELOPMENTS ARE TAKING PLACE AT THE OTHER END OF THE AGE SCALE. ALSO.

THANKS TO A VARIETY OF NEW DEVELOPMENTS IN OBSTETRICS, PEDIATRICS, AND EMERGENCY MEDICINE, WE'VE BEEN ABLE TO SAVE AND IMPROVE THE LIVES OF TENS OF THOUSANDS OF INFANTS BORN EACH YEAR. AS RECENTLY AS A GENERATION AGO, A LARGE NUMBER OF THEM WOULD OTHERWISE HAVE DIED AT BIRTH OR SHORTLY THEREAFTER.

MOST DELIVERIES IN THIS COUNTRY ARE TROUBLE-FREE AND MOST INFANTS ARE BORN HEALTHY. SO IT IS UNDERSTANDABLE WHEN MEDICAL STAFFS BECOME QUITE SKILLFUL AT KEEPING PATIENT RELATIONS BRIEF AND SUPERFICIAL.

AND I'D GUESS THAT MOST PATIENTS PREFER IT THAT WAY. SURELY MOST NEW PARENTS TAKE THEIR BABIES HOME WITH THE STRONG WISH THAT THEY NEVER HAVE TO SET FOOT IN A HOSPITAL AGAIN.

AND I WOULD BE THE FIRST ONE TO SAY "AMEN" TO THAT.

BUT THEN THERE IS THE INFANT BORN WITH DOWN SYNDROME OR SPINA BIFIDA ... THERE'S THE CHILD WITH A CONGENITAL BIRTH DEFECT -- A DAMAGED ORGAN SYSTEM, A MISSING OR DEFORMED LIMB -- OF ONE OF ANY NUMBER OF DISABLING CONDITIONS.

IN THESE CASES, THE PARENTS TURN FIRST TO THE MEDICAL STAFF AND THE QUESTIONS COME POURING OUT:

"WHAT DOES IT MEAN? ... WHAT'S THE PROGNOSIS FOR LIFE? ... WHAT KIND OF LIFE WILL THE CHILD HAVE? ... IS IT THE RESULT OF SOMETHING <u>WE</u> DID? ... IS IT BECAUSE WE DID <u>NOT</u> DO SOMETHING?"

AT THAT POINT, THE PHYSICIAN-PATIENT RELATIONSHIP IS NO LONGER CASUAL OR SHORT-TERM. THE PHYSICIAN HAS TO TRANSLATE COMPLICATED MEDICAL TERMINOLOGY INTO WORDS A PARENT CAN UNDERSTAND AND NOT FEAR. PARENTS MUST BE ABLE TO ABSORB AND UNDERSTAND THIS NEW INFORMATION, IN ORDER TO RATIONALLY TACKLE FAMILY, FINANCIAL, EMOTIONAL, AND OTHER ISSUES LATER ON.

IF THAT'S THE CASE, THEN PHYSICIANS AND SURGEONS NEED TO BE PREPARED FOR THEIR OWN INVOLVEMENT IN LONG-TERM RELATIONSHIPS WITH CERTAIN HANDICAPPED PATIENTS AND THEIR FAMILIES ... RELATIONSHIPS THAT CAN BE HIGHLY SENSITIVE ON BOTH A MEDICAL AND A PERSONAL LEVEL.

I BELIEVE THERE ARE WAYS TO TRAIN MEDICAL STAFF TO DEVELOP HELPFUL, LONG-TERM RELATIONSHIPS WITH PARENTS OF DISABLED CHILDREN, FOR EXAMPLE. BUT SUCH TRAINING IS NEEDED BY PHYSICIANS OF ALL AGES, I MIGHT ADD. AND IT'S ESPECIALLY IMPORTANT TO THOSE -- LIKE YOURSELVES -- WHO ARE ABOUT TO BEGIN YOUR PRACTICE.

YOU ARE LEAVING AN EDUCATIONAL SYSTEM -- GOOD AS IT IS -- THAT NEVERTHELESS MEASURES SUCCESS ALMOST EXCLUSIVELY IN TERMS OF CURING AND REPAIRING PATIENTS AND RETURNING THEM TO A SO-CALLED "NORMAL" STATE FOR THE REST OF THEIR LIVES.

AND THEIR LIVES MAY BE BRIEF ... OR LONG.

YOU'LL NEED TO UNDERSTAND THAT AND COME TO TERMS WITH IT BOTH PERSONALLY AND PROFESSIONALLY.

WE ARE OUTRAGED AT PARENTS WHO PHYSICALLY ABANDON THEIR CHILDREN. AND I'M OUTRAGED AT PHYSICIANS WHO INTELLECTUALLY ABANDON THEIR PATIENTS. OUR SOPHISTICATED DIAGNOSTIC EQUIPMENT CAN LABEL A CASE AS "HOPELESS," BUT THE SURVIVAL POWER OF THE HUMAN BEING -- EVEN IN ITS TINY NEWBORN STATE -- CAN BE TRULY AWESOME.

I COULD GIVE YOU THE NAMES OF MANY INDIVIDUALS -- MANY OF THEM MY OWN PATIENTS -- WHO ARE NOW HEALTHY AND HAPPY, BUT WHO HAD BEEN WRITTEN OFF AS "HOPELESS CASES" WHEN THEY WERE BORN 20, 30, AND EVEN 40 YEARS AGO.

LONG AGO WE GOT RID OF THE NOTION THAT CHILDREN WERE SO MUCH CHATTEL, COUNTED ALONG WITH THE ANIMALS AND THE FURNITURE. MORE RECENTLY WE STOPPED LOOKING UPON CHILDREN AS "TINY ADULTS."

AS WE'VE BEGUN TO SEE CHILDREN <u>AS CHILDREN</u>, A NEW CONCEPT HAS BEGUN TO TAKE SHAPE:

> THAT IS, THAT CHILDREN -- FROM THE VERY MOMENT OF BIRTH -- OUGHT TO RECEIVE THE FULL PROTECTION OF THE LAW ... THE SAME PROTECTIONS, IN FACT, THAT ARE AFFORDED ALL ADULTS.

AND, AS I'M SURE YOU KNOW, THERE IS STRONG SENTIMENT IN THIS COUNTRY FOR PROVIDING THAT SAME CONSTITUTIONAL PROTECTION TO CHILDREN EVEN BEFORE BIRTH.

FOLLOWING THAT SAME LOGIC, WE'VE SAID THAT A NEWBORN INFANT WHOSE LIFE IS PUT AT RISK BY A PARENT, A PHYSICIAN, OR WHOMEVER -- THAT SUCH A CHILD IS STILL A CITIZEN AND MUST BE GIVEN THE FULL PROTECTION OF THE STATE.

THE CLEAREST EXAMPLE OF THIS WAS THE NOW-CELEBRATED CASE OF "BABY DOE," THE HANDICAPPED BABY BOY BORN IN BLOOMINGTON, INDIANA, IN EARLY APRIL OF 1982.

"BABY DOE" WAS BORN WITH AN OBSTRUCTION OF THE ESOPHAGUS, ESOPHAGEAL ATRESIA, AND WITH DOWN SYNDROME. HIS PARENTS WERE ADVISED BY A PHYSICIAN THAT "BABY DOE" WOULD BE SEVERELY RETARDED AND THAT THE SURGERY TO CORRECT THE ESOPHAGEAL PROBLEM HAD A MORTALITY RATE OF MORE THAN 50 PERCENT.

THEREFORE, THE PHYSICIAN ADVISED THAT THE PARENTS NOT PERMIT CORRECTIVE SURGERY TO BE DONE AND, IN ADDITION, THAT ALL PARENTERAL NOURISHMENT BE WITHDRAWN AS WELL.

IT WAS A DEATH SENTENCE, FROM WHICH "BABY DOE" COULD NOT ESCAPE.

FROM A MEDICAL POINT OF VIEW, THAT PHYSICIAN DID NOT GIVE GOOD ADVICE. FOR EXAMPLE, NO ONE CAN ACCURATELY PREDICT THE LEVEL OF PERFORMANCE OF A DOWN SYNDROME NEONATE. WE HAVE NO TEST AND NO INSTRUMENT TO DO THAT. ALSO, THE MORTALITY FOR CORRECTION OF ESOPHAGEAL ATRESIA COULD BE ZERO. AT LEAST, IT WAS AMONG MY PATIENTS.

BY THE TIME I LEFT PRIVATE PRACTICE TO BECOME SURGEON GENERAL, I HAD PROBABLY OPERATED ON MORE "BABIES DOE" THAN ANY OTHER PEDIATRIC SURGEON IN THIS COUNTRY. DURING MY LAST 8 YEARS IN PEDIATRIC SURGERY, I NEVER LOST A BABY AS A RESULT OF THAT SURGERY.

I MIGHT ADD THAT NO PARENTS EVER QUESTIONED MY DECISION TO TRY TO SAVE THEIR BABY'S LIFE. AND, YEARS LATER, NO GROWN-UP EX-PATIENTS EVER ASKED ME WHY I BOTHERED TO SAVE THEM, EITHER.

YOU PROBABLY RECALL THE END OF THE "BABY DOE" STORY. IN SPITE OF A FLURRY OF COURTROOM ACTIVITY, WHICH I WON'T GO INTO NOW, "BABY DOE" DIED ... 7 DAYS AFTER HIS BIRTH.

HOWEVER, FOLLOWING THIS TRAGIC EPISODE, A CONCERTED EFFORT WAS MADE TO REGULATE THE MEANS OF PROTECTING ALL CHILDREN AGAINST ANY LIFE-THREATENING ACTIONS BY PARENTS, PHYSICIANS, LAWYERS, SOCIAL WORKERS, OR ANY ADULT, FOR THAT MATTER.

THE RESULT WAS THE ENACTMENT OF NEW CHILD ABUSE PREVENTION LAWS AT THE FEDERAL LEVEL AND IN ALL STATES AND TERRITORIES.

I WAS PART OF THAT EFFORT TO WRITE NEW REGULATIONS AND NEW FEDERAL LAW BECAUSE OF THE VITAL ISSUES AT STAKE.

FIRST, THERE WAS THAT CONSTITUTIONAL PRINCIPLE I MENTIONED A MOMENT AGO THAT EVERYONE -- AT BIRTH -- WAS A CITIZEN AND, THEREFORE, WAS ENTITLED TO THE FULL LIFE PROTECTION OF THE STATE.

SECOND, THERE WAS THE ETHICAL OBLIGATION THAT EVERY PHYSICIAN ASSUMES FOR DOING SOMETHING FOR HIS OR HER PATIENTS, WHEN THEY SHOW UP SICK. YOU PERSONALLY MAY NOT KNOW WHAT TO DO -- OR YOU MAY KNOW WHAT TO DO, BUT YOU YOURSELF CAN'T DO IT. IN THAT CASE, YOU ARE OBLIGED TO LOOK FOR SOMEBODY WHO CAN DO SOMETHING.

THIRD, "BABY DOE'S" PARENTS AND THEIR PHYSICIAN -- AND MANY PEOPLE NOT CONNECTED WITH THIS CASE -- MADE THE TOTALLY MISINFORMED AND UNFOUNDED ASSUMPTION THAT, IF "BABY DOE" WERE ALLOWED TO LIVE, HE WOULD EXPERIENCE A VERY POOR "QUALITY OF LIFE."

IT MAY SOUND GOOD --BUT IT'S IMPOSSIBLE FOR ANYONE TO PREDICT HOW AN INFANT WILL DEVELOP ... HOW HE OR SHE WILL RESPOND TO TREATMENT ... HOW THE FAMILY WILL RESPOND ... OR WHAT THE COMMUNITY AND SOCIETY WILL DO FOR THAT CHILD.

YOU ABSOLUTELY CANNOT PREDICT THAT ... EITHER FOR HEALTHY BABIES OR FOR SICK BABIES.

AND I'LL GO ONE STEP FURTHER. YOU'RE ON THIN ICE IF YOU TRY TO PREDICT VERY MUCH ABOUT THE FUTURE "QUALITY OF LIFE" OF ANY PATIENT OF ANY AGE.

"BABY DOE" LIVED FOR JUST ONE WEEK ... AND THEN DIED. YET, WE MUST BRING HIM TO MIND AT AN OCCASION LIKE THIS, BECAUSE "BABY DOE" MAKES US CONFESS HOW WE REALLY FEEL ABOUT OUR FELLOW HUMAN BEINGS.

HIS MEMORY PRODS US INTO REVEALING WHETHER WE ARE -- OR ARE NOT -- THE FRIENDS OF THE HELPLESS, THE WEAK, THE HURT, THE INJURED, AND THE TROUBLED.

AND "BABY DOE" REMINDS US THAT, FOR MANY DISEASE AND DISABLING CONDITIONS, WE SIMPLY HAVE NO CURES. AND SO HE PRODS US INTO OFFERING PATIENTS SOMETHING ELSE THAT IS JUST AS VALUABLE: A LOT OF GENUINE CARE.

PATIENTS STILL NEED US AS PEOPLE, EVEN WHEN WE CAN'T DO ANYTHING FOR THEM AS PHYSICIANS.

BUT WE ARE DOING MORE. NEW SCIENCE ... NEW LAW ... AND THE OLD MEDICAL ETHICS ALL CONTRIBUTE SUBSTANTIALLY -- YEAR AFTER YEAR -- TO THE LOWERING OF THE INFANT MORTALITY RATE IN THIS COUNTRY.

DURING YOUR TIME HERE AT BAYLOR, I HOPE YOU'VE COME TO APPRECIATE THE FACT THAT NO MEDICAL SUCCESS -- OR FAILURE -- OCCURS IN A VACUUM. HENCE, OUR SUCCESS IN SAVING HANDICAPPED INFANTS IS DIRECTLY LINKED TO ANOTHER SITUATION ... THE FACT THAT ABOUT 6 TO 8 MILLION ADOLESCENTS -- OR 1 ADOLESCENT OF EVERY 5 -- HAS A SIGNIFICANT CHRONIC HEALTH PROBLEM OR HANDICAPPING CONDITION.

AND A SMALL BUT SIGNIFICANT PERCENTAGE OF THEM ACQUIRED THEIR DISABLING CONDITIONS AT BIRTH.

FOR ABOUT A MILLION OF THESE YOUNGSTERS, THE ILLNESS IS BOTH CHRONIC AND SEVERE: MUSCULAR DYSTROPHY ... SEIZURE DISORDERS ... CYSTIC FIBROSIS ... DIABETES ... AND SO ON.

THE OTHER MILLIONS OF AMERICAN CHILDREN BECAME DISABLED LATER IN THEIR CHILDHOOD AS A RESULT OF AUTOMOBILE, PLAYGROUND, OR HOUSEHOLD ACCIDENTS OR AS A RESULT OF PHYSICAL ABUSE AND NEGLECT ... USUALLY AT THE HANDS OF THEIR PARENTS, I'M SORRY TO SAY.

INCIDENTALLY, THESE NUMBERS ARE ESTIMATES FOUND IN THE LITERATURE, BUT THE EXPERTS GENERALLY AGREE THAT THEY ARE GROSS UNDERCOUNTS, SINCE THOUSANDS OF CHILDREN ARE NOT ADEQUATELY SCREENED AND DIAGNOSED FOR MOST DISABLING AND HANDICAPPING CONDITIONS.

THAT SHOULD BE THE END OF THE STORY. BUT IT ISN'T. SO I WILL CLOSE WITH AN OBSERVATION ABOUT YET ANOTHER IMPORTANT OUTCOME OF OUR ETHICAL RESPONSE TO HANDICAPPED INFANTS, CHILDREN, AND OLDER PEOPLE.

AFTER WATCHING THIS FROM THE VANTAGE-POINT OF THE SURGEON GENERAL, I'VE BECOME MORE AND MORE CONCERNED ABOUT THE EFFECTS UPON THE FAMILIES OF THE HANDICAPPED: THE PARENTS AND SIBLINGS, IN THE CASE OF CHILDREN; AND THE CHILDREN AND GRAND-CHILDREN, IN THE CASE OF HANDICAPPED ELDERLY PEOPLE.

ALL THIS CALLS TO MIND THAT LINE BY TOLSTOY, THAT ... "HAPPY FAMILIES ARE ALL ALIKE, BUT EVERY UNHAPPY FAMILY IS UNHAPPY IN ITS OWN WAY."

YOUR DECISION TO SAVE AND REPAIR A DISABLED CHILD, FOR INSTANCE, CAN HAVE A DEVASTATING FINANCIAL IMPACT UPON HIS OR HER FAMILY, IF THEY HAVE INADEQUATE HEALTH INSURANCE ... OR NO INSURANCE AT ALL.

YOUR DECISION TO PROVIDE A FEW MORE YEARS OF LIFE TO A DISABLED OLDER PARENT MAY STRETCH TO THE BREAKING-POINT THAT PARENT'S ADULT CHILD.

THESE AND OTHER CIRCUMSTANCES ARE TRAGIC, TO BE SURE. BUT THE PHYSICIAN'S FIRST DUTY MUST BE TO THE PATIENT NEEDING THE IMMEDIATE MEDICAL CARE.

NEXT, IF AT ALL POSSIBLE, THE PHYSICIAN SHOULD ALERT THE FAMILY TO WHATEVER COMMUNITY SERVICES ARE AVAILABLE, TO SOURCES OF FUNDS, OR TO WHATEVER ELSE IS APPROPRIATE.

AND MAYBE RIGHT HERE IS WHERE WE NEED A NEW AND EQUALLY STRONG ETHICAL RESOLUTION.

WE NEED TO RESOLVE THAT, AS PHYSICIANS, WE WILL DO WHAT WE CAN TO CORRECT THE FRAGMENTED AND DISJUNCTIVE MEDICAL AND SOCIAL SERVICE SYSTEMS THAT EXIST IN MANY COMMUNITIES ... SYSTEMS THAT CRUELLY WEAR DOWN AND CRUSH THE VERY FAMILIES WITH THE COURAGE AND THE HEART TO RETURN HOME WITH A HANDICAPPED OR DISABLED RELATIVE.

I DO NOT THINK THE ATTENDING PHYSICIAN OUGHT TO BE TOTALLY RESPONSIBLE FOR MAKING ALL THE CALLS AND ACTUALLY GETTING HELP FOR SUCH A FAMILY.

NEVERTHELESS, MY OWN EXPERIENCE HAS CONVINCED ME THAT THE PHYSICIAN IS THE BEST POSSIBLE PERSON AT LEAST TO INITIATE THE PROCESS FOR GETTING FINANCIAL AND OTHER KINDS OF ASSISTANCE TO THE FAMILY OF A HANDICAPPED INFANT OR ADULT.

I BELIEVE THAT SUCH BEHAVIOR BY A PHYSICIAN REFLECTS THE HIGHEST ETHICAL STANDARDS OF MEDICAL PRACTICE.

HENCE, WHETHER YOU WELCOME IT OR NOT, THE MANTLE OF LEADERSHIP FOR RESOLVING A VARIETY OF PROFOUNDLY SERIOUS ETHICAL ISSUES NOW PASSES ONTO YOUR SHOULDERS IN THIS COMMENCEMENT CEREMONY TODAY.

IT IS MY EARNEST HOPE THAT EACH OF YOU WILL WELCOME THIS MANTLE AND WILL WEAR IT ... IN ALL THE YEARS TO COME ... WITH WISDOM AND WITH HONOR.

THANK YOU.

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FOOTNOTE: I'M PLEASED TO SAY THAT, WHILE I WAS A PRACTICING PEDIATRIC SURGEON, I PLAYED A VERY ACTIVE PART IN THAT HISTORY. AN IDEA FOR WHICH I HAVE ALWAYS BEEN PERSONALLY VERY PROUD IS THAT OF THE NEONATAL INTENSIVE CARE UNIT, A FACILITY THAT DIDN'T EXIST UNTIL I INSTALLED THE FIRST ONE IN THE CHILDREN'S HOSPITAL OF PHILADELPHIA IN 19 --.