

ORIGINAL

ETHICAL IMPERATIVES AND THE NEW PHYSICIAN:
VI. RESPONDING TO THE PATIENTS OF TOMORROW

COMMENCEMENT ADDRESS BY
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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I WANT TO THANK THE BOARD OF TRUSTEES, THE FACULTY, AND THE CLASS OF 1988 FOR INVITING ME TO TAKE PART IN THESE COMMENCEMENT EXERCISES AND, ESPECIALLY, FOR THE HONOR YOU'VE CONFERRED UPON ME.

THIS IS MY 7TH YEAR AS YOUR SURGEON GENERAL AND IT'S BEEN AN ENORMOUSLY REWARDING EXPERIENCE. FRANKLY, I'VE OFTEN WISHED THAT -- SOMEHOW, EARLIER IN MY CAREER AS A PHYSICIAN -- I COULD HAVE HAD A TURN AT PUBLIC SERVICE.

THE ISSUES WOULD HAVE BEEN DIFFERENT, OF COURSE. AND I WOULD HAVE HAD A LITTLE DIFFERENT VIEW OF THE WORLD AS WELL. BUT I MIGHT HAVE ALSO HAD MORE OF THE OPTIMISM OF YOUTH ... AND CERTAINLY MORE OF ITS ENERGY. ALTHOUGH I MANAGE TO KEEP UP A PRETTY GOOD PACE AS IT IS.

BUT I THINK I MIGHT HAVE TRULY BENEFITTED FROM A YEAR OR TWO -- OR MAYBE MORE -- OF BEING FORCED TO THINK ABOUT ISSUES IN MEDICINE AND PUBLIC HEALTH IN TERMS OF THEIR RELEVANCE TO AN ENTIRE PEOPLE AND NOT JUST TO THE PATIENTS IN MY OWN PARTICULAR PRACTICE.

DON'T GET ME WRONG. MY DAYS IN ACADEMIC SURGERY AND PRIVATE PRACTICE WERE THE HAPPIEST, MOST PRODUCTIVE DAYS OF MY LIFE AND I DON'T REGRET A MINUTE OF THAT TIME. NEARLY 40 YEARS, I MIGHT ADD.

AND MY GREATEST WISH FOR EACH OF YOU TODAY IS THAT YOU MIGHT HAVE THE SAME KIND OF LIFE -- AS PROFESSIONALS ... AND AS PEOPLE -- THAT I WAS PRIVILEGED TO HAVE HAD.

AND THE ONLY OTHER THOUGHT I WOULD ADD TO THAT IS A WISH THAT EACH OF YOU MIGHT FIND YOUR OWN WAY OF GETTING A HEALTHY NEW PERSPECTIVE ON YOURSELF AND YOUR CAREER THROUGH SOME FORM OF PUBLIC SERVICE. AND THAT YOU DO IT WHILE YOU HAVE THE ENTHUSIASM AND THE ENERGY OF YOUTH.

I PROMISE YOU, IT WILL MAKE YOU -- AND OUR SOCIETY -- A LOT STRONGER.

THAT'S ONE CHALLENGE I WOULD LAY BEFORE YOU TODAY. BUT IT'S NOT THE ONLY ONE.

IN FACT, I WANT TO USE THIS OPPORTUNITY TO SHARE WITH YOU A FEW NOTIONS ABOUT A RATHER FORMIDABLE CHALLENGE FACING YOU, AS YOU EMBARK ON A CAREER IN MEDICINE.

THAT CHALLENGE IS TO BEGIN -- AS SOON AS YOU CAN -- TO PUT YOUR OWN ETHICAL HOUSE IN ORDER, TO UNDERSTAND IT, TO BE COMFORTABLE WITH IT, AND BE PREPARED TO RELY ON IT VERY MUCH IN THE YEARS AHEAD.

THIS ADDRESS, BY THE WAY, IS THE LAST ONE IN A CYCLE OF 6 MEDICAL SCHOOL COMMENCEMENT ADDRESSES I AM DELIVERING THIS SPRING. I GAVE THE FIRST ONE A MONTH AGO IN WASHINGTON, D.C.

EACH ONE IS DIFFERENT, OF COURSE, BUT ALL ARE CONCERNED WITH THE "ETHICAL IMPERATIVES" THAT CONFRONT THE NEW PHYSICIAN. LATER THIS SUMMER I WILL SEND EACH OF YOU A FINAL PUBLISHED COPY OF ALL 6 ADDRESSES. I DON'T WANT YOU TO MISS A WORD OF ANY OF THEM.

IF YOU'VE THUMBED THROUGH ANY NEWSPAPERS OR NEWSMAGAZINES OVER THE PAST YEAR OR SO, YOU KNOW THAT PERSONAL AND PROFESSIONAL ETHICS HAVE BECOME A SERIOUS CONCERN NOT ONLY FOR MEDICINE BUT FOR AMERICAN SOCIETY IN GENERAL.

FOR MANY GOOD REASONS, VIRTUALLY EVERY PROFESSION AND TRADE IN OUR SOCIETY IS GOING THROUGH THE SAME AGONY OF INTROSPECTION THAT MEDICINE IS GOING THROUGH, IN RESPECT TO THEIR CODES OF ETHICAL CONDUCT.

ETHICS IS CURRENTLY A SUBJECT OF GREAT MOMENT TO MILLIONS OF PEOPLE IN BUSINESS AND INDUSTRY ... IN THE LAW ... IN POLITICS ... IN SCIENCE AND RESEARCH ... AND IN VIRTUALLY EVERY FIELD OF HUMAN ENDEAVOR.

THESE SAME PEOPLE, BY THE WAY, ARE YOUR AGE PEERS ... YOUR FELLOW CITIZENS ... YOUR NEIGHBORS ... AND SOON THEY'LL ALSO BE YOUR PATIENTS.

HENCE, I AM FOCUSING ON YOUR NEED FOR A SYSTEM OF PERSONAL AND PROFESSIONAL ETHICS TO GUIDE AND SUPPORT YOU, AS YOU STEP OFF INTO THE WORLD OF PATIENT CARE.

WITH THE HELP OF A COHERENT SYSTEM OF ETHICS, YOU, YOUR COLLEAGUES, AND YOUR NEIGHBORS WILL BE BETTER EQUIPPED TO WRESTLE WITH ONE OF THE OVER-RIDING ISSUES OF THE AGE ... AND, I SUSPECT, OF THE AGES YET TO COME.

THAT ISSUE IS THE CONTINUING TENSION BETWEEN OUR ASPIRATIONS AND OUR RESOURCES ... OR, SAID ANOTHER WAY, THE TENSION BETWEEN WHAT WE WANT TO ACCOMPLISH AND WHAT WE CAN AFFORD TO ACCOMPLISH.

I'D SAY THAT -- FOR THE REST OF THIS CENTURY ... AND BEYOND
--- EVERY MAJOR DISCUSSION ABOUT MEDICINE AND HEALTH WILL REFLECT
THAT TENSION:

- * THE INTEGRITY OF THE MEDICARE PROGRAM, FOR EXAMPLE ...
- * OR IMPROVED MEDICAL CARE FOR THE HANDICAPPED ...
- * OR THE IMPACT OF THE RISE IN THE NUMBERS OF OLDER
AMERICANS ...
- * OR THE CHALLENGE OF SPECIFIC DISEASES, SUCH AS AIDS.

EACH OF THESE ISSUES AND MANY OTHERS SWING BACK AND FORTH BETWEEN
OUR COMMITMENT AND DESIRE TO DO MORE AND DO BETTER ... AND OUR
REALIZATION THAT WE DON'T HAVE THE RESOURCES TO DO EITHER.

THIS IS A NEW SITUATION, ONE THAT WE'RE NOT QUITE USED TO AS YET.

FRANKLY, WE'VE ALL BEEN A LITTLE SPOILED BY SEVERAL DECADES DURING WHICH WE DREW UPON AN APPARENTLY UNLIMITED SUPPLY NOT ONLY OF DOLLARS BUT ALSO OF PEOPLE, FACILITIES, AND EQUIPMENT.

BUT THAT PERIOD IS OVER ... AND WITHOUT A DOUBT, IT'S OVER FOR GOOD. WE NOW KNOW THERE ARE LIMITS. AND SOME OF THOSE LIMITS ARE BEGINNING TO PINCH.

SECOND, THANKS TO AN EXPLOSION OF NEW KNOWLEDGE IN SCIENCE AND TECHNOLOGY OVER THE PAST SEVERAL DECADES, WE KNOW HOW TO DO MANY NEW AND FASCINATING THINGS: WE CAN TRANSPLANT MAJOR ORGANS AND REVERSE INFERTILITY AND MIX-AND-MATCH THE GENETIC CODE AND SO ON.

BUT KNOWING HOW TO DO SOMETHING HAS NEVER BEEN ENOUGH. PEOPLE ALSO WANT TO KNOW WHY ... OR WHY NOT? AND TODAY, WE'RE ASKING "WHY?" MORE OFTEN AND MORE INSISTENTLY.

AND THE ANSWERS ARE NOT ALWAYS EASY TO COME BY.

LAST YEAR, FOR EXAMPLE, THE STATE OF OREGON DECIDED THAT IT HAD TO MAKE A CHOICE BETWEEN PAYING FOR 30 ORGAN TRANSPLANTS OR FOR IMPROVED PRENATAL CARE FOR 1,500 EXPECTANT MOTHERS. THE MOTHERS WON.

OREGON'S DILEMMA WAS ONE OF WHAT GUIDO CALABRESE, THE DEAN OF YALE LAW SCHOOL, HAS CALLED THE "TRAGIC CHOICES" OF OUR ERA.

THE FIRST CASUALTY OF OREGON'S "TRAGIC CHOICE" WAS 7-YEAR-OLD ADAM HOWARD, WHO NEEDED A BONE MARROW TRANSPLANT THAT WOULD HAVE COST THE STATE \$100,000. THE STATE WOULD NOT PAY AND ADAM HOWARD DIED IN DECEMBER.

IN MEDICAL TERMS, A BONE MARROW TRANSPLANT NO LONGER QUALIFIES AS "HEROIC" OR "EXTRAORDINARY" MEDICINE. BUT IT CLEARLY DOES QUALIFY -- IN OREGON AND IN MANY OTHER PLACES, TOO -- AS "HEROIC" AND "EXTRAORDINARY" ECONOMICS.

IS OUR SOCIETY STILL READY AND WILLING TO DELIVER HIGH-QUALITY, TECHNOLOGY-INTENSIVE MEDICAL CARE TO EVERYONE, REGARDLESS OF COST? I'D HAVE TO SAY THAT SOCIETY'S ANSWER IS ... "PROBABLY NOT."

WHILE THE OREGON EXPERIENCE HAS BEEN HIGHLY DRAMATIC, THE REAL EFFECT OF LIMITED RESOURCES IS BEING FELT, I'M AFRAID, BY SOCIETY'S MOST VULNERABLE POPULATION GROUPS: THE HANDICAPPED ... THE POOR AND THE DISADVANTAGED ... AND THE ELDERLY.

WE ARE ALREADY HEARING THE SUGGESTION THAT OLD PEOPLE WHO ARE SICK -- ESPECIALLY THOSE WHO ARE TERMINALLY ILL -- OUGHT TO BE ALLOWED TO -- OR EVEN BE ENCOURAGED TO -- DIE AS QUICKLY AS POSSIBLE.

BY HASTENING THE DEATHS OF OLDER PEOPLE, SOCIETY CAN MAKE MORE MONEY AND OTHER RESOURCES AVAILABLE TO PAY FOR THE HEALTH AND MEDICAL CARE OF YOUNGER PEOPLE.

AND GUESS WHO WOULD MAKE THE NECESSARY LIFE-OR-DEATH DECISIONS UNDER SUCH AN ARRANGEMENT? SOME GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY, ACCORDING TO THE ADVOCATES OF THIS APPROACH.

WHENEVER I HEAR THAT PROPOSAL, I ALWAYS AGREE. THEN I SUGGEST THAT THE JOB BE GIVEN TO THE U.S. POSTAL SERVICE. AND THAT TENDS TO QUIET THINGS DOWN A BIT.

BUT I AM CONCERNED TO LEARN OF MORE AND MORE INDIVIDUALS WHO FEEL THAT IT IS ETHICALLY OKAY IF THEY THEMSELVES DETERMINE THAT LIVING OUT THEIR LIFE UNDER LESS THAN OPTIMUM CIRCUMSTANCES IS NO FUN AND, THEREFORE, THEY ASK -- OR INSTRUCT -- THEIR PHYSICIANS TO HELP THEM TAKE THEIR LEAVE.

A GENERATION AGO, YOU WOULD HAVE BEEN HARD-PRESSED TO FIND A PHYSICIAN WHO'D HAD AN ELDERLY, TERMINALLY ILL PATIENT WHO ASKED OUTRIGHT TO BE HELPED ALONG TO A PREMATURE DEATH ... IN OTHER WORDS, TO SUICIDE.

BUT NOT SO TODAY. I THINK IT'S QUITE POSSIBLE THAT MANY OF YOU MAY WELL HAVE THAT DIFFICULT EXPERIENCE MORE THAN ONCE IN YOUR PRACTICE. IT WILL NO DOUBT BE THE MOST TORMENTING CHALLENGE EVER MADE TO YOUR OWN SYSTEM OF ETHICS BY A PATIENT WITH A DECIDEDLY CONTRARY SYSTEM.

I THINK WE'RE UNWITTINGLY ALLOWING ECONOMICS TO DETERMINE WHAT OUR ETHICS WILL BE. BUT THAT'S BACKWARDS AND I DON'T LIKE IT.

I BELIEVE WE'VE GOT TO GET BACK TO THE POINT WHERE WE CAN ONCE AGAIN MAKE SURE THAT ETHICS WILL DETERMINE WHAT OUR ECONOMICS WILL BE.

AND WE DON'T HAVE A GREAT DEAL OF TIME TO DO THAT BECAUSE DEMOGRAPHY IS NOT ON OUR SIDE.

TODAY, FOR EXAMPLE, FOR EACH PERSON WHO IS OVER THE AGE OF 65, THERE ARE 5 YOUNGER, TAX-PAYING WAGE-EARNERS TO PAY FOR THAT ONE PERSON'S MEDICARE COVERAGE.

IN ANOTHER 20 YEARS, HOWEVER, FOR EACH PERSON OVER THE AGE OF 65, THERE WILL BE ONLY 3 YOUNGER, TAX-PAYING WAGE-EARNERS CONTRIBUTING TO MEDICARE.

IF WE'RE FEELING THE PINCH NOW, WHAT WILL WE BE FEELING THEN? AND WHAT WILL WE WANT TO DO ABOUT IT?

I MAY OR MAY NOT BE AROUND TO FIND OUT. BUT YOU WILL BE. INDEED, YOU SHOULD BE AT THE PEAK OF YOUR CAREERS BY THEN, WITH THE AGE AND EXPERIENCE TO BE AMONG THE LEADERS OF THE MEDICAL PROFESSION.

AND IT MAY WELL BE YOUR LOT TO HELP SOCIETY DECIDE HOW TO ETHICALLY RECONCILE THE GROWING DEMAND FOR HEALTH SERVICES FOR OLDER PEOPLE WITH THE SHRINKING POOL OF MONEY TO PAY FOR THEM.

SOME OF YOU MAY WELL BE CALLED UPON TO SERVE IN AN ADVISORY CAPACITY TO PUBLIC POLICY-MAKERS WRESTLING WITH THE RUNAWAY COSTS OF HEALTH CARE. ALL WELL AND GOOD. I HOPE YOU ARE.

BUT IT WON'T BE AN EASY TASK, IF YOU ARE ALSO INVOLVED IN PATIENT CARE. YOU CAN'T WEAR BOTH HATS AT THE SAME TIME. THE RELATIONSHIP BETWEEN YOU AND SOCIETY -- WITH A CAPITAL "S" -- IS NOT THE SAME AS THE RELATIONSHIP BETWEEN YOU AND YOUR PATIENTS -- WITH A CAPITAL "P."

AND WHAT OF THAT SECOND REASON FOR GETTING ONE'S ETHICAL HOUSE IN ORDER ... THE NEW QUESTIONS RAISED BY SCIENCE AND TECHNOLOGY?

THIS IS A COMPLICATED MATTER FOR QUITE OPPOSITE REASONS. FIRST OF ALL, THERE ARE THE ETHICAL PROBLEMS RAISED BY SUCH DEVELOPMENTS AS "TEST-TUBE" BABIES, SURROGATE MOTHERHOOD, GENETIC SCREENING AND GENETIC MANIPULATION, THE USE OF FETAL TISSUE FOR THERAPIES IN OTHER INDIVIDUALS, ORGAN TRANSPLANTATION, AND SO ON.

THESE HAVE BEEN WIDELY DISCUSSED IN BOTH THE POPULAR AND THE PROFESSIONAL PRESS. RATHER THAN RE-HASH ALL THE ARGUMENTS, LET ME MERELY SAY THAT WE SEEM TO BE BACK AGAIN IN THE KIND OF PERIOD IN THE HISTORY OF MEDICINE THAT COMES IN GRAND CYCLES ... A PERIOD WHERE SCIENCE, LAW, AND RELIGION ALL INTERSECT AND OVERLAP.

IT'S A CIRCUMSTANCE THAT COMES AROUND ABOUT AS OFTEN AS HALLEY'S COMET AND, LIKE THE COMET, IT PROVIDES US WITH A RARE DEMONSTRATION OF THE MYSTERIOUS FORCES OF NATURE, LEAVING BEHIND A LONG TRAIL OF DEBRIS ... AND MANY UNANSWERED QUESTIONS.

THE CONJUNCTION OF THOSE THREE POWERFUL FORCES IN HUMAN HISTORY -- SCIENCE, LAW, AND RELIGION, OR MORALITY -- IS WHAT HAS SHAPED THE PRESENT-DAY ETHOS OF MEDICAL PRACTICE.

IN THE COURSE OF TIME, EACH OF YOU CAN EXPECT TO REACH YOUR OWN ACCOMMODATION WITH THE CONTEMPORARY ETHOS OF PRACTICE. AND THE RESULT OF THAT PROCESS OF ACCOMMODATION WILL BE YOUR OWN PERSONAL SYSTEM OF MEDICAL ETHICS.

BUT I SAID THAT THERE WAS AN OPPOSITE SIDE AS WELL, TO THIS ISSUE OF THE NEW TECHNOLOGIES OF MEDICINE. IT'S THE DEGREE TO WHICH THE NEW AND MOST PROVOCATIVE TECHNOLOGIES ARE REMOVED FROM THE DAILY REALITIES OF MEDICAL PRACTICE.

IN OTHER WORDS, THE VERY TECHNOLOGIES THAT RAISE THE MOST SERIOUS ETHICAL, MORAL, AND LEGAL ISSUES ARE TECHNOLOGIES FOR CONDITIONS THAT ARE QUITE RARE OR ARE TECHNOLOGIES FOR CHOICES THAT THE GREAT MAJORITY OF PEOPLE DON'T WANT TO MAKE.

FOR EXAMPLE, I WOULD NOT FOR A MINUTE MINIMIZE THE SIGNIFICANCE OF THE MORE ESOTERIC TECHNOLOGIES THAT REVERSE INFERTILITY. HOWEVER, THE POPULAR PREFERENCES FOR DEALING WITH THIS PROBLEM ARE STILL ADOPTION, ROUTINE DRUG THERAPIES ... AND RESIGNATION.

AS I SAY, THESE APPEAR TO BE THE PUBLIC'S PREFERENCES AND NOT MERELY WHAT PHYSICIANS TEND TO RECOMMEND.

BUT IT'S DEEPER THAN THAT. EXCEPT FOR THOSE FEW GRADUATES WHO PURSUE BIOMEDICAL RESEARCH OR WHO CHOOSE SPECIALTIES WITH HIGH RATES OF TERMINAL ILLNESS, MOST OF YOU WILL SEE PATIENTS WHO WON'T REQUIRE MUCH -- OR EVEN ANY -- HIGH-TECH CARE.

ACCORDING TO ONE SURVEY OF PHYSICIANS, THE LARGEST CATEGORY OF PATIENT COMPLAINTS INVOLVED "CONDITIONS WITHOUT ILLNESS."

IN OTHER WORDS, THE AVERAGE PRACTICE -- NOT JUST AMONG FAMILY PHYSICIANS BUT ALSO AMONG MANY SPECIALISTS -- HAS A SIGNIFICANT NUMBER OF PATIENTS WHO ARE IN RELATIVELY GOOD PHYSICAL AND MENTAL HEALTH, BUT DON'T BELIEVE IT ... AND WHAT THEY WANT FROM THEIR PHYSICIAN IS SOME DISPLAY OF REASSURANCE, UNDERSTANDING, SOLACE, OR SYMPATHY ... SOME DEMONSTRATION OF WHAT SHAKESPEARE CALLED THE "MILK OF HUMANKINDNESS."

WHAT WE HAVE, THEN, IS A RISE IN THE NEW TECHNOLOGIES AVAILABLE TO PHYSICIANS ... BUT, AT THE SAME TIME, A DECLINE IN THEIR SIGNIFICANCE FOR A SUBSTANTIAL NUMBER OF PATIENTS.

I WOULD SAY, FOR EXAMPLE, THAT YOU MAY NEVER FACE THE ETHICAL CHALLENGE OF PRESCRIBING A LIVER TRANSPLANT FOR A MIDDLE-AGED EX-ALCOHOLIC. ON THE OTHER HAND, YOU WILL VERY LIKELY BE ASKED TO RESPOND TO A VARIETY OF NON-MEDICAL BUT VERY HUMAN COMPLAINTS -- THESE "CONDITIONS WITHOUT SICKNESS" -- WHICH DRAW YOU MORE DEEPLY INTO THE LIVES OF YOUR PATIENTS.

MEDICINE HAS ALWAYS PLAYED THIS ROLE TO SOME EXTENT. TODAY, HOWEVER, THIS KIND OF ROLE IS A SUBSTANTIAL PART OF ONE'S TOTAL MEDICAL PRACTICE.

AND I CAN ASSURE YOU THAT THE SKILLS YOU NEED FOR IT COME LESS FROM TEXTBOOKS AND MORE FROM YOUR OWN HEART AND SOUL.

LAST YEAR I CONDUCTED PEDIATRIC GRAND ROUNDS IN ONE OF THE NATION'S TOP MEDICAL SCHOOLS. FOUR INTERESTING CASES WERE PRESENTED. I DISCUSSED THEM TO THE BEST OF MY ABILITY. BUT WHEN I FINISHED, I FELT COMPELLED TO NOTE THAT ALL FOUR CASES WERE NOT EXAMPLES SO MUCH OF MEDICAL PROBLEMS AS THEY WERE OF SOCIAL PROBLEMS.

AND JUST LAST MONTH I WAS IN THE NETHERLANDS TAKING PART IN A CONFERENCE ON HANDICAPPED CHILDREN. WE BEGAN BY INTRODUCING OURSELVES AROUND THE TABLE. AND ONE OF THE DUTCH PHYSICIANS INTRODUCED HIMSELF AS A "SOCIAL PEDIATRICIAN." IT WAS THE FIRST TIME I HAD HEARD THAT TERM ... BUT I SUSPECT IT WON'T BE THE LAST.

PHYSICIANS -- ESPECIALLY FAMILY PRACTITIONERS -- WILL ALWAYS BECOME INVOLVED IN THE SOCIAL PROBLEMS OF INDIVIDUAL FAMILIES. INDEED, AS A PEDIATRIC SURGEON I GOT A GOOD DEAL OF SATISFACTION AT BEING ABLE TO FERRET OUT THE SOURCE OF A FAMILY'S ANXIETY AND THEN TO WORK WITH THEM AS THEY DEALT WITH IT.

I SAY ALL THIS KNOWING FULL WELL, BY THE WAY, THAT WE PHYSICIANS MUST GUARD AGAINST SOCIETY'S TENDENCY TO SEEK MEDICAL ANSWERS TO ALL OF SOCIETY'S SOCIAL PROBLEMS. IT'S NICE TO KNOW THAT THE PUBLIC THINKS SO WELL OF US THAT THEY WANT US TO CURE ALL THEIR HEADACHES -- THE FIGURATIVE ONES AS WELL AS THE REAL ONES.

BUT WE DON'T HAVE THAT KIND OF MAGIC. AND EVEN IF WE DID, I DOUBT THAT SOCIETY COULD -- OR WOULD -- PAY THE PRICE FOR IT ANYWAY, AS I'VE ALREADY NOTED.

BEFORE THINGS GET TOO CONFUSING, LET ME STOP HERE AND SUGGEST AN APPROACH FOR YOU ... AN ATTITUDE ... THAT MAY HELP YOU PRACTICE YOUR PROFESSION -- YOUR "CALLING," WHICH IS THE TERM I PREFER -- SOMETHING TO GIVE YOU THE WHEREWITHAL TO MAKE DIFFICULT CHOICES FOR YOUR PATIENTS ... AND WITH YOUR PATIENTS.

FIRST OF ALL, I URGE YOU TO KNOW AND UNDERSTAND AS MUCH AS POSSIBLE ABOUT YOUR OWN ETHICAL APPROACH TO LIFE AND TO HEALTH CARE ... AND BE STRONG ENOUGH TO REMAIN TRUE TO IT, FOR YOUR OWN SAKE ... AND FOR THE SAKE OF YOUR PATIENTS.

LOOK AGAIN AT THE PEOPLE AND THE EVENTS THAT HAVE SHAPED AND ENRICHED YOUR LIFE AND TRY TO UNDERSTAND WHY THAT IS SO. WHAT MESSAGE DID THEY CARRY TO YOU?

AND ARE YOU, IN TURN, ABLE TO ENRICH -- AS WELL AS TO SAVE -- THE LIVES OF OTHERS THROUGH YOUR OWN ETHICAL CONDUCT AS A PRACTICING PHYSICIAN?

YOUR ANSWER SHOULD BE "YES."

AND BY BEING SUCH A PHYSICIAN, YOU WILL -- ALONG WITH A HALF-MILLION OF YOUR COLLEAGUES -- PRODUCE WHAT IS CALLED THE ETHICS OF THE MEDICAL PROFESSION.

AS I MENTIONED AT THE BEGINNING OF MY REMARKS TODAY, THIS IS THE LAST OF A CYCLE OF 6 COMMENCEMENT ADDRESSES I'VE GIVEN THIS SPRING ON THE SUBJECT OF "ETHICAL IMPERATIVES AND THE NEW PHYSICIAN."

IN EACH OF THE PREVIOUS 5, AS IN THIS ADDRESS, I DON'T BELIEVE I'VE ASKED ANYONE IN THE CLASS OF '88 TO DO ANYTHING BRAND-NEW. RATHER, I BELIEVE I'VE ESSENTIALLY BEEN DESCRIBING WHAT EVERY GENERATION OF PHYSICIANS HAS HAD TO DO -- AND, TO BE SURE, HAS DONE -- BUT PERHAPS WITHOUT AS MUCH DISCUSSION.

AFTER ALL, MY GREATEST LEGACY TO YOU WILL BE MY OWN ETHICAL CONDUCT AS A PHYSICIAN FOR THE PAST HALF-CENTURY AND THE WAY THAT MY CONDUCT -- TOGETHER WITH THE CONDUCT OF ALL OTHER PHYSICIANS -- HAS HELPED BUILD A TRUE IMAGE OF MEDICINE AS AN ETHICAL PROFESSION WITH A FIRM MORAL BASE.

IT'S AN IMAGE THAT IS CHERISHED NOT ONLY BY THE GENERAL PUBLIC ... AND BY OURSELVES ... BUT, MOST IMPORTANT OF ALL, IT IS CHERISHED BY OUR SUCCESSORS, YOURS AND MINE ... BY THE GENERATIONS OF PHYSICIANS WHO HAVE FOLLOWED ME ... AND BY THOSE WHO WILL FOLLOW YOU.

AGAIN, I THANK YOU FOR YOUR INVITATION AND FOR YOUR GENEROUS HOSPITALITY. AND LET ME EXTEND TO THE MEN AND WOMEN OF THIS FINE SCHOOL -- ITS GOVERNORS, ITS FACULTY, AND STUDENTS -- AND MOST ESPECIALLY TO THE CLASS OF 1988 ... MY VERY, VERY BEST WISHES.

THANK YOU.

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