

HARVARD MEDICAL SCHOOL CLASS DAY JUNE 4, 2009 Samuel Shem

(Stephen Bergman '66, M.D. '73)

Thank you _____. And thank you to the brave class of 2009. It is an honor and pleasure to be here, celebrating this joyful day with the graduates, families, friends, and teachers. In rough economic times like these, perhaps we should offer a prayer of thanksgiving—how thankful we are that you are *not* graduating from business school. Health care is a glorious profession. It is so broad that each of you will find a job. If you love people and hate rats and molecules, you can be a clinician. If you love rats and molecules and are not so hot with people, a researcher. If neither, and you like travel to exotic places to help millions of people, public health or politics. And if, like me, you are a Jewish doctor who can't stand the sight of blood, there's always psychiatry.

When my first novel *The House of God*, the story of my medical internship, came out 30 years ago, it was viewed as a radical book, and I was not always welcome in gatherings like this. And when I told my buddies from *The House of God* that I would be speaking here today, their comments were not encouraging: “They must be really hard up to invite you—we *must* be in a depression.” And: “There must be some mistake—are you sure it wasn't the commencement address at the Harvard Liquor Store on Mass Ave?” And finally, from Eat My Dust Eddie, the intern in the motorcycle jacket: “Oh my God! This is the end of civilization as we know it!”

Over the decades the novel has become accepted, but even now, sometimes it's not safe. Several years ago I was at a pot-luck supper for our daughter Katie's class. Wandering around I happened to see two women talking, and realized that

they were both doctors at the Beth Israel Hospital—my alma mater! I sat down, waited for an opening, and said, “You know, I may not be the most favorite person at the Beth Israel,” and one of them, with venom, said to me, “Well! You can’t be as bad as that guy that wrote that book!” And then there was this delicious moment. “I *am* the guy that wrote that book.” She blushed beet red. That was the last play date our daughter had with hers.

So it’s really good to be here. It’s like coming home.

Thirty-six years ago I was in your shoes, graduating from Harvard Medical School. I was unprepared for the shock of internship, and began writing *The House of God* as a catharsis, to make sense of what seemed like the worst year of my life. Some say the novel is bitter. It was rewritten seven times, to get the bitterness out.

The first reaction to internship is terror. Here is our hero, Dr. Roy Basch, going to see his first patient: “Forty-two, bad heart disease, Zeiss needed a new IV. My hand shook, and drops of sweat plopped onto the sterile field. I missed the vein and Zeiss yelped. The second time, I went in slowly, and Zeiss moaned and cried out:

‘Help, nurse—get me my nitroglycerin!’ Terrific, I thought, your first cardiac patient and you’re about to give him a heart attack. ‘I’m having a heart attack!’ Wonderful. Call a doctor. Wait—you *are* a doctor now. ‘Are you a *real* doctor or what? My nitros, fast.’ I put a tablet under his tongue. He told me to get lost. Crushed, I wished I could.”

Another intern The Runt was having a hard time: “As he sat down to lunch, he took out a pillbox, put a pill on his hamburger, and munched it down. When I asked what it was, he said, ‘Valium, Vitamin V. I’ve never been so nervous in my life.’

‘Does the Valium help?’

‘It makes me feel kind of sleepy, but I feel pretty unflappable. I’m writing orders for it for all my patients.’

‘What? You’re putting all of them on Valium too?’

‘Why not? They’re all very nervous, having me as their doctor.’ After the others had left, the Runt said he had a confession to make: ‘It’s about my third admission last night. In the middle of all this trouble with the Yellow Man, this guy comes into Emergency and I...I couldn’t handle it. I offered him five dollars if he’d go home. He took it, and left.’”

The real hero of *The House of God* is a resident called the Fat Man, 300 pounds of pure genius, from Brooklyn, New York. He shows the interns that the delivery of medical care is to BUFF the patients to look good, and then TURF them to another part of the hospital, making sure they don’t BOUNCE back, and also to follow the thirteen invaluable Laws of the House. I’ll mention a few:

Law Number 3: At a cardiac arrest, the first procedure is to take your *own* pulse.

Number 7: Age + BUN = Lasix dose. This equation makes no scientific sense, but it works every time. Write it down.

10: If you don’t take a temperature, you can’t find a fever. Think about it.

13: The delivery of medical care is to do as much nothing as possible. There’s something wise about this Law. The body has amazing healing properties. It’s saying: stay out of the way and let life heal. Use what the old docs called “tincture of time.” The only interns who got into trouble in the House were too “aggressive,” invading the body mindlessly.

And Number 4: The patient is the one with the disease. In the years since, I've reconsidered this. It can be seen as "the doctor's disease," which goes, "I, a doctor, am separate from, and different than, you the patient." Treating patients like objects—"that liver in room 6"—was a symptom of our distress as interns. We felt unsupported and alone. And as Chuck, the Afro-American intern puts it: "How can we care for patients, if nobody cares for us?"

Gradually, each intern finds a way to survive: some use humor, some use sex, some drift into psychosis and sadism, mania and depression—Hyper Hooper sets a world record for most organs hit with a single needle shot. Marriages and relationships go on the rocks.

Looking back, what have I learned from *The House of God*? My generation came of age in the 60s. We grew up with the idea that if we saw an injustice and took action together, we could change things: we helped put the civil rights laws on the books, and we stopped the Vietnam War. In the fall of 1969, our first year at medical school, we refused to take the black bags and stethoscopes the drug companies offered. In the spring of that year four students were murdered by the Ohio State National Guard at Kent State for protesting the war, and all over the country universities went out on strike. We at Harvard were just starting The Kidney Block, and had to decide whether to join the strike. We called a class meeting—in the amphitheatre over there. People got up and said, "If we go out on strike, we'll never learn the kidney!" Others said "The hell with the kidney, let's go!" We went. I never learned the kidney. In the novel it is a vaguely-described organ, located somewhere between the back of the neck and the back of the knee.

In 1973 when we entered our internship, we were idealistic young doctors, wanting to learn, dedicated to treating our patients humanely. But soon we were asked to do things that we thought were inhumane. We were caught in a profound conflict: between the received wisdom of the medical system, and the call of the human heart. And so, without thinking about it, we resisted.

I have four suggestions for how to stay human in medicine.

Number 1: Stay connected. Isolation is deadly; connection heals. The hospitals we entered were large medical hierarchies. In these “power-over” systems, someone always has power over you, and you have power over someone else. Under pressure, we interns got isolated. Not only did we get isolated from each other and our friends and families, *each of us got isolated from our authentic experience of the system itself.* We started to think that *we* were crazy, for thinking *it* was crazy. And isolation can mean death—as when Potts, one of the interns, commits suicide. In a power-over system, the only real threat to the dominant group—whether dominance is based on gender, race, ethnicity, class, or sexual preference—is *the quality of connection* among the subordinate group. So in your training, please remember: *stick together.*

Many studies have shown the beneficial effects of good connection between caregivers and patients—on physical and mental health, alcohol and drug recovery, morbidity and mortality. Studies of newborn babies show that we come into the world with a *primary desire for connection*; long-term studies suggest that the best predictor of our happiness is *the quality of our relationships.* When you’re in a good relationship, you feel *more* yourself, not less. When you’re in love, you feel at your *best.* So ‘self-care’ is really ‘*relational care.*’ As the Fat Man puts it: “I make my

patients feel like they're still part of life, part of some grand nutty scheme instead of alone with their diseases. With me, they still feel part of the human race."

What he is saying is this: Live your life. The purpose of life is to live, there is no other purpose than to live, and to live is *to be related*. We can't let anything get to be more important than living, not even medicine. Medicine is part of life, not vice versa. And part of living is asking for help. When you're in trouble, do not withdraw. The way to stay human is to move *toward* others. Lean *into* life, not away. America places a terribly high value on the individual. *But happiness is not an individual matter*. As Roy realizes, "What these patients wanted was what anyone wanted: a hand in their hand, the sense that their doctor could care."

Number 2: Speak up. When we notice injustices and cruelties in the medical system—and believe me you will—speak up. Speaking up is necessary not only to call attention to the wrongs of the system, *speaking up is essential for your survival as a human being*. If we see something and say nothing, it will gradually tear us apart. But speaking up alone is dangerous. Stick together, and speak up with others. Because others before you have spoken up, your on-call hours are more humane. And that matters, a lot.

Number 3: Learn empathy. Once, when I mentioned this to second-year medical students, one raised his hand, "We learned empathy already." What? "Yes, last year in interviewing. Empathy is when you repeat the last three words the patient says and nod your head." How do you learn empathy? By putting yourself in another person's shoes, feelingly. By seeing, in that tiresome old lady, your mother, and in that cranky child, your son. By living not just in the "I" or the "You," but

the “We.” And when in your training you come across those golden ones—teachers who *live* compassion—follow along behind, like a duckling a mother duck. Realize that *any* good connection is *mutual*; the other person is getting as much out of it as you are.

One of the most encouraging developments in medicine is the increased number of women. In my class, there were less than 10%; now it’s over 50. Women are valued for being the carriers of caring in our culture, and bring particular qualities to being doctors—empathy, nurturance, emotion—which have often been seen as weaknesses. There are *not* weaknesses, but strengths. Women doctors need not mold themselves to the male model, but build on these “power-*with*”, relational strengths, and carry them into traditional realms of medical care.

Number 4: Learn your trade, in the world. You have to be competent to be compassionate. But the patient is never *only* the patient—the patient is the spouse, the family, the friends, the community, the toxins, the climate, where the water comes from and where the garbage goes. The patient is the world. And here’s the good news: you graduates are totally awesome in one big way that my generation was not: you are citizens of the world. You have been everywhere, done everything. You are not isolated from, or suspicious of, different people and cultures, you are *with* them—even if through tweets and twitters. You are the hope of the planet, and I—and your families and friends here today—are so proud of you it brings tears to our eyes!

But before you get cocky, here’s the bad news.

You are about to enter a disaster area: the health care “industry.” The system is broken. It is worse for doctors, worse for patients, and only better for the insurance industry. The issue is crystal clear: the for-profit health insurance industry spends 30% on administrative costs—over \$300 billion a year; the government-run systems Medicare and the Veterans Administration spend 3% per year. Coverage and satisfaction with for-profit is low; that for government systems is high.

Why in the world should health care be for profit?

Cost cutting is necessary, but there is *no way* that cost-cutting can save enough money to support the profits of a for-profit system. The solution is just as clear.

First: a universal coverage federal system. Anything less is just palliative, whistling past the graveyard of American health care. The for-profit system can continue, for the wealthy.

Second: tort reform, so doctors are not ordering tests to guard against lawsuits.

Third: in the Shem System, paying for *all medical education*, in return for service. This means *forgiving all student loans*—starting retroactively, from today.

How to pay for it? Simple. We as a nation must change our priorities. *A whole year’s* budget for the National Institute of Health is *a few days* budget for the Department of Defense. Isn’t health care for all a higher priority than spending half of our tax dollars for what, in my whole lifetime, has been an endless progression of foreign wars?

How do we get there from here? We are the workers. Has anyone ever heard, in a crowded theatre when someone collapses, the call go out: “Is there an insurance executive in the house?” We do the work. We have the power. Without us, there’s

no healthcare. If we stick together we can take action and change things, perhaps by working with our elected representatives and our national organizations that have called for a federal system, such as the 16,000 Physicians for a National Health Program, the American Medical Student Association, and the California Nurses Association. But if all else fails, we may have to do what workers historically have done: organize doctors and other healthcare workers and plan a national strike.

So. Stay connected. Speak up. Learn empathy. Learn your trade, in the world.

One of the casualties of this healthcare mess is the shortage of primary care doctors. My new novel, *The Spirit of the Place*, is about primary care doctors in a small town—a young doctor joining his former mentor in practice. This was a dream of mine, to go back home to practice. It didn't work out in life, so I did it in fiction. It shows the joys of primary care, and the sorrows. As the old doctor says: "The only person who knows what's going on around this town is me. People tell the truth in here. Fella' like me gets to lift up the lid, peek in under the edge, and see what's what." If *The House of God* is about how to stay human in your medical training, this is how to stay human when you get out, as a doctor who is a person in a community, a doctor out in the world. At one point the young doctor is making a difficult personal decision, and hears the words: *Don't spread more suffering around. Whatever you do, don't spread more suffering around.* This is like *primum non nocere*—first, do no harm—but it goes further: don't do more harm in your life.

This is the basic human story. We are all on the same journey. Every one of us will suffer—there's no way around it. The crucial question is not suffering, it's how we move through it. If we isolate ourselves and try to gut it out, alone, we will suffer

more. If we move through the crucible of suffering with caring others, understanding will arise, and awareness. As a doctor, a writer, a husband, a father and a person, I believe in this power of good connection to heal, I believe in this spirit, this redemption.

We doctors are privileged. We are present in this basic human journey, we are there in the *realness* of the vital events in people's lives, from birth to death. Medicine is "caring," in the full sense, "taking care of", *being with* the patient—even being with the life-force itself. It is hard to care. We must use all our tools and skills to care. We will try to care, no matter what. And even trying to care, sometimes is a hard thing to do. Not only caring for patients, but caring for the others in our doctor's lives.

Finally, that's the challenge, the thrill, the joy in *The House of God*: to become aware that the pain and suffering of others is the same as our own; to become aware that if we are ignorant of our neighbor's sorrow, we bring sorrow to our own door; and with that awareness, to take anger and spin it to compassion; to give solace, to heal. For at our best, we don't just doctor, we heal.

Let me end with the Fat Man. On his last day in *The House of God*, Roy finds the Fat Man in a crowd of admirers, and to say goodbye, they retreat into the men's room and lock the door. The Fat Man is leaving for his gastrointestinal fellowship in Hollywood, doing what he calls "The Bowel Run of the Stars":

"The Fat Man was beaming. 'Isn't this great! I love it! It's like being at Coney Island on the Fourth of July! And tomorrow, Basch, it's the STARS!'

'Fats, I figured out why you stay in medicine.'

‘Terrific!’ he said. ‘Hit me while I’m hot!’

‘It’s the only profession that’s big enough for you.’

‘Yeah, and you know what the damn thing is, Basch?’

‘What?’

‘It might not be, after all.’

We were interrupted by a banging on the door and the cries of the Fat Man fan club, and feeling rushed, I asked, ‘Really?’

‘Sure. But that’s the game, isn’t it?’

‘What is?’ I asked, feeling that this wily fatso had outfoxed me again.

‘To find out. To see if it matches our dreams!’”

Thank you, congratulations, and good luck!