

**2008 COMMENCEMENT ADDRESS
UTHSCSA School of Medicine
Thomas C. Mayes, MD, MBA**

President Cigarroa, Dean Henrich, distinguished guests, parents and friends, and most of all the graduates of the Class of 2008, I want to tell you how very honored I am to have been asked to be the commencement speaker at today's ceremony. I truly believe graduation from medical school is one of the key events in a physician's life. Though I don't rank it with getting married or having children, it comes very very close. You are fortunate to be graduating from an excellent medical school that has a wonderful reputation across the nation for producing physicians who are clinically competent and who really care about their patients. I have been privileged to be on the full-time faculty for 14 years. My wife graduated from medical school here and subsequently did her pediatric residency training, her fellowship training, and has since been on the faculty. In addition, one of our children will be sitting in your seat next year. I completely have affection for this medical school, the faculty, and our students.

As I think about your class, the Class of 2008, I clearly remember my first interactions with Lane Cooper, your class president, , Annie Chan and Stuart Krein who came to see me relatively early in my tenure as interim dean to talk about the student action committee: what it was up to and what some of the opportunities would be. I am happy to say that many of the issues brought forth, like the medical school website not being functional, have been fixed. We now have laptop plugs in the lecture halls and we have made tremendous progress in getting to things like a student gym. We've made progress on academic support and tutoring. Most of this

would not have happened spontaneously, but it happened because you became advocates for yourselves and your fellow students. I have had the opportunity to get to know most of you on a personal level as you have spent time in our home and I had the honor of participating in your student clinician ceremony two years ago. So, with all of the medical school classes that I have interacted with over the last 14 years, yours is the one with whom I am truly connected. It is really with great pleasure that I take part in this very important ceremony. I am going to spend a little bit of time talking about the relationship between you, as a physician, and your patient and then talk about some things that are happening in medicine that will be different for you than they have been for me and my colleagues here on the stage or in the audience.

One of the first meetings I had when I began my tenure as interim dean was with the staff of the dean's office. I wanted to make it very clear to them that you, our medical students, were our primary customers. The School of Medicine exists for medical students and that of all the people who come through the door who were to be treated with respect and with a smile and with a "may I help you", it was you. I happen to know what you are paying for this in time, money, and debt and I think you deserve that level of respect. In some ways, you ought to begin to think about your future interactions with your patients in a way that they are your customers. Now you will never hear me talk about a patient as a "customer". I go nuts when people call my patients "clients" but you need to think about the relationship because we as physicians are really here to serve. The world does not revolve around our priorities – it revolves around our patients priorities. Doctors, as you begin to interact with your patients on July 1st after you have that "Oh My God" moment where you have figured out that you are not only a

physician, which is very wonderful and prestigious position, but that you also have awesome responsibilities that go along with the privilege. Begin to think about how best to make that relationship work.

Patients come to see us because they are seeking help with a myriad of problems. Those problems may be acute, they may be chronic, they may be physical, they may be spiritual, they may involve mental health, but the common theme is that they are coming to see you, their physician, seeking help. Their assumption is that you are competent and capable. In fact, you will be certified today as being competent and capable and you will receive a degree from The University of Texas that says you are. Then you are going to pursue three or four or five or six or seven or eight years of post-graduate training to further hone your skills. And so, the issue is not one of competence but rather it's one of approachability. You see, most patients want a physician who is professional, somebody who looks professional, acts professional, and will take time to learn about them - their lives, their problems, their worries, their fears, their hopes and their dreams. In order to do that, you have to be able to listen and so, the next key element in your relationship, besides being a professional, is to be a listener.

Doctor William Close, a surgeon, spoke at the American Medical Students' Association annual convention in March of 2003 and told a story about an experience that he had in the Congo. He described his experience with a night watchman, a gentleman named Tata Felix who was very old and watched over the clinic at night. The story goes that Tata the night watchman probably really didn't watch too much at night but rather he slept. One morning Tata summoned Dr. Close to go with him to see his wife. They went out of the city past the garbage dumps and eventually ended up at a shack made

of concrete blocks. Dr. Close entered this shack, Tata's home, with his black bag and began to attend to Tata's wife. The old woman was lying on a thin mat covered with a colorful African cloth and she was comatose. Dr. Close described that he did a physical exam and found her blood pressure to be high, that she was unresponsive, and that she had seemed to have had a stroke. So somewhat not sure what to do next, he did something he thought was appropriate, which was to give her a shot, preferably one that was painful so that there was some notion that he, the physician, had done something. In his experience this is what was expected of him in the African culture. So he gave her a shot of vitamin B. It hurt and the women cried out in pain. Dr. Close was quite surprised that the guard became very agitated and angry. Dr. Close was perplexed as to why the gentleman who dragged him out of the city by the garbage dumps into the shack to see his wife was so upset. When he asked Tata the problem was, he learned Tata Felix wasn't seeking to have his wife injected with a painful and ineffective medication in her final days but rather he wanted to be able to tell his family that a doctor had come and that there was nothing more that could be done for his wife. Dr. Close ends his story by saying that Tata Felix never returned for guard duty and that he had taught him, Dr. Close, one of the most important lessons of life – "to listen and try to understand before speaking, before acting." So, one of the most important things you will strive do as a physician will be to listen before rendering any sort of opinion whatsoever or acting on a preconceived notion or plan.

Despite what you might hear about medicine and the business of medicine and the cynicism associated with it - as far as I am concerned you are in the best profession in the world- a helping profession. This class has demonstrated its ability to respond to need. Whether it was responding to

Hurricane Katrina evacuees in the fall of 2005 or whether it is responding to San Antonians in need at the Alpha Home or at the SAMM Shelter or whether it is responding to need in the Lower Rio Grande Valley with the *Frontera de Salud* or your participation in the Communities for Children – The Border and Beyond or your participation in activities in India or Ethiopia, many of you have gone above and beyond the expectations of our academic curriculum. I have no doubt about your commitment to serving those in need.

However, you are about to enter a period of your life where you will be entirely focused on your specialty training. The hours will be consumed with lectures, clinics, hospital rounds, procedures, reporting your duty hours, learning the six competencies, and all the other things that will go on during your residency. And so I want you to think about what it is within you that compelled you to go the extra mile because that is the flame that you are going to have to keep alive during your residency training.

As I think back on my medical career, I remember that one of the first people that I examined on the ward as a second year medical student in my physical diagnosis class was a debilitated man with a very unusual skin rash. That afternoon I read in *The New England Journal of Medicine* about a strange outbreak of Kaposi's sarcoma in homosexual males that was being identified in the United States. I was a firsthand witness to the emergence of the epidemic of AIDS and for a number of years I pulled every article that I saw in my *JAMA* or in my *New England Journal* on AIDS and I put them in a box. After awhile I stopped pulling articles because there were so many and I really couldn't keep the filing system going. What I had been able to witness was the emergence of a new epidemic and also I have been able to witness effective care through prevention and through the

development of retroviral agents that has allowed us to prevent and treat this horrible disease. And so, when I took care of a child with AIDS in the ICU at Texas Children's Hospital where I was a fellow, that child had a death sentence. We had no therapies to offer. We could only offer comfort care. Today it is an extremely rare thing for me to see a child in the Pediatric ICU who has contracted HIV/AIDS as the vast majority of children exposed to the virus have received effective perinatal and subsequent care. But despite the wonderful advances that we have had in the care of our children, this is a worldwide epidemic where the solutions that we have developed in the United States with all of our technology and all of our resources simply are not going to work.

Begin to think about your relationship with your patient in a different way. Your individual patient is going to become a population of patients. While we have spent much time teaching you about the importance of the individual physician patient relationship, what I believe you will see over your career is the emergence of a new paradigm of health care where we provide health care for populations and where we provide that care in places that are not hospitals and don't have state of the art and expensive equipment and technology. And you will provide that care with an approach that is team-based where your role as a physician will be very different. I think a great example of this is actually the work that is being done by the San Antonio based Sisters of Charity of Incarnate Word at their mission in Mongu, Zambia, where they are attempting to change the lives of children who are born to mothers with HIV/AIDS, one child at a time, with simple antibiotics and substitution of formula for breast milk. While nurses and physicians are involved, this program is successful because it uses people from the community to educate and provide the care. And the care provided is

multidimensional- educational, physical, and spiritual. This project and many others like it will have a profound influence on health and disease as we move forward in the twenty-first century. We are citizens of the world's richest nation and we need to pause and think about what we can be doing better.

I have here a copy of the *Code Red Report*. I know our graduates have heard about this report. Everybody in the audience needs to read it. It can be accessed on the web. You Google "Code Red Texas" and you will be able to download these reports – the 2006 original report and the 2008 supplemental report outline the challenges we face in the state of Texas related to our health and not only its impact on the citizens and their wellness but also on the economy of our state. When you begin to think about the issues related to the status of health in our community , you will find that many of them are outside of your control as an individual physician because we are talking about education, we are talking about access to care, we are talking about insurance, we are talking about things that are not really in our normal thinking as clinicians and physicians. As I look around the room, I would dare say that most of us have good health insurance. Now I know most the Class of 2008 have Mega Life and it may not be the most user friendly and it certainly is not the best of breed; but it provides some level of reimbursement for care, particularly care that is catastrophic. Twenty five percent of Texans don't have any insurance and 80% of those uninsured are working or in families of working Texans. And the paradigm you will be dealing with as physicians, as caregivers, and as servants will be one where our health systems will be changing to meet the needs of our changing population, to respond to increasing cost pressures, to respond to new disease entities like obesity and Type 2 diabetes, which are the epidemics that you are witnessing like I witnessed HIV/AIDS,

and where you will have the opportunity to shape policies that impact the health of our society. You will have the opportunity to serve not only the individual patient but the community through your work as a physician, as an advocate, and as an educator. And so while the problems that are outlined in reports like this are huge, there are solutions that are proposed. The solutions are mainly policy solutions, but require your engagement as a physician to be successful. They include development of patient centered health homes, universal access to health care by all Texans, promoting disease management rather than episodic acute care, and assuring availability of health insurance for all Texans. The solutions are within our grasp if we decide to act upon them.

So the final thought I would like to leave with you as you get ready to receive your degree is that you have been blessed with a wonderful education; you have been blessed with family, friends, and supporters who have gotten you this far; you will continue to work hard; you will learn a lot; you will strive to be a wonderful physician; but think about your role not only as an individual physician for an individual patient but as an advocate for change in our health system- how we approach patients and how we think of them not only as individuals but part of a larger population And make sure that you maintain that flame of caring and compassion that you have had while you have been a student here.

I want to close with the 5 thoughts I pass on to each medical school class I have had the opportunity to address. You have heard them before.

First- the patient comes first

Second- do the right thing

Third- you are entering a profession- a calling- you are not starting a job

Fourth- be a lifelong learner and teacher, both to those who follow you in the profession, but also to those for whom you care

Fifth- take care of yourself, your loved ones, and your friends- maintain balance in your life

Thank you again for the honor of speaking at your graduation. As you go forth, have fun and continue to dare to care- really care....