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Imagine, one day, in a local hospital ward, an elderly woman, lying in her bed, spoke to her daughter by phone.

She said, "I was sitting here, reading, waiting to see my primary care physician, when this group of doctors congregated in my doorway and started talking about me. There were so many of them!"

Her daughter asked what they had said that troubled her.

The woman replied, "They said my doctor—you know, the one I've been seeing for so long—had misjudged my diagnosis. They were sure I have had this disease for a while. They mentioned my lab tests, x-ray results, and medicines. But that's all I heard. I can't remember what they said I had. You see, they never really talked *to* me, just *about* me."

Her daughter responded that there must be some logical explanation for their behavior.

The woman, uncertain now about her condition as well as her caregivers, said, "Maybe, but what about me? When will someone tell me what's actually wrong with me? And who am I supposed to believe?"

It is unlikely that such a scenario would occur that thoughtful health care practitioners would be so indiscrete as to have such a conversation within earshot of a patient, and to speak disparagingly about colleagues to other professionals.

Nevertheless, this vignette will help illustrate my final message to you on this, your commencement day.

The woman's words, "But what about me?" resonate with the insecurity many patients and families have these days when dealing with our health care system. When it comes to coverage, access, and affordability, there is rightful concern that our system can't respond to their needs and do it well, with superior quality, honesty, and compassion.

Many who face the challenges of illness and the anxiety that surrounds and permeates the experience become possessed by fear at the very moment they should be cloaked in confidence. They wonder, how serious is my illness?

Do I have enough insurance to pay my medical bills? Who will take care of me and my family? Will I ultimately face this challenge alone? Does anybody really care what I think?

In essence, they wonder, “But what about me?”

Ironically, as patients enter the American health care system, they interact with many caregivers who are posing the same question. Health care professionals are routinely asking themselves, how will I pay my education loans? Will I earn enough to pay my bills *and to* support my family? Is there professional satisfaction in my choice of scientific inquiry or specialty? Do my colleagues respect me and my chosen profession or specialty, particularly if I’ve decided on primary care? Do the health insurance plans and the government understand the inherent challenges in the system? Was it a good decision to get into science, or nursing, or medicine in the first place?

In essence, they wonder, “But what about me?”

All of us in the health care professions are given the great gift and profound responsibility of providing care for others and, in that caring, to act as if the others were our own. We are all asked to make sacrifices, to make commitments, and to be present at the happiest and saddest moments in people’s lives. This charge is a privilege to which few aspire and even fewer are chosen. Yet, for most of us, the question, “But what about me?” still lingers. It is time for each of us to do our part to transform this question into the statement and sentiment, “I care.”

For example, in our labs, basic science investigators make discoveries that will forever change the course of science and create the therapeutics that will definitively change the course of disease. The intensity of their commitments is regularly recognized and celebrated—just as it should be for the work of our clinical investigators, without whose translational efforts could any of us succeed entirely. It is unfortunate but true that some people in our professions are judgmental about basic and clinical science research efforts. A more constructive approach to the work of our colleagues should be, quite simply, a demonstration of mutual respect and admiration. Then, as we celebrate each other’s accomplishments and agree that through collaboration our efforts indeed improve the lives of patients, we state, in essence, that *we care*.

In our clinics and on our wards, professionals in nursing and medicine provide interventions that mend the wound and cure the ill. When mending or curing is beyond our control, we should all reach out our hearts and our hands and, by doing so, support those who need our healing touch. At no time should our comments be demeaning toward our patients or judgmental toward our trusted colleagues. As professionals we are called to ethical standards that

contradict such harsh behavior. Be it a nurse, or primary care clinician, or intensivist, or super specialist, together we have the privilege to care for our patients. And so it is toward those patients as well as our colleagues that we each should say, “I care.”

Imagine the enormous repercussions of this simple declaration—*we care*—on our health care system: For starters, an elderly woman in a hospital bed would not have to ask the question “But what about me?” because the assurance *we care* would be evidenced in every word and action of her caregivers.

On our campus, we are engaged in collaborative efforts between primary care physicians and specialists that demand and epitomize this conduct, for the benefit of our students, who will carry this lesson with them throughout their careers, as well as our over one million patients, for whom we accept the responsibility to treat and for whom it is our privilege to serve. We do so because *we care*.

Imagine now, beyond the bedside, the profound joy that each of us would share if collaboration between basic and clinical scientists resulted in a breakthrough discovery that cured a young person, who eventually became a respected primary care clinician, who, together with a valued specialist colleague, cured the elderly woman about which I spoke.

On our campus, again, we are engaged in collaborative efforts in which our basic and clinical scientists are seeking cures for diseases that affect millions of people around the world. We do so because *we care*.

After all, to care is to respect, and respect is the hallmark of our professions, to be embraced fully and extended unreservedly.

As you, our graduates, go forward from this assembly to continue your pursuits of scientific inquiry, clinical encounters, or residency training and education, it is my hope that you will have learned from our dedicated faculty to respect your patients and your colleagues; that you will not need to be assured that you have been called to perform a great service; and that you will not need to question the career choices you have made. It is my hope that you may discover and relish the joys of a profession you love, and, in so doing, declare to everyone you collaborate with and serve, that you, too, care.