

GRADUATION TALK 1995

I. Welcome to all of you here tonight:

Graduating class of 1995; family and friends
Faculty, staff, and fellow residents
Everyone ~~who~~ has come here tonight to celebrate an important transition, an ending and a beginning

whose support has made this graduation possible who have also made it

II. Nasrudin story

You may be wondering what this has to do with family medicine

III. Not comparing family docs to donkeys, or at least only in the broadest sense

A. I am saying that we are living in times where what once was considered ordinary and plain, family docs, now are recognized to have a value that far exceeds that apparent gold and glitter of the specialists & subspecialists

B. All of you graduates sitting here tonight ~~can~~ ^{should} be saying to yourselves, "I ~~am~~ a wise fool. ~~Three or four years ago,~~ ^{no matter} how many cardiologists and neurosurgeons told me to smuggle gold, I chose to smuggle donkeys."

IV. Like any crisis, both an opportunity and a danger in this ~~situation.~~ ^{new}

A. Opportunities ^{region}

1. Family medicine dog can finally wag its specialty tail
2. The very nature of medical practice in this country can be strongly influenced by the kinds of doctors whom we in this room believe know most about health care - family docs

3. You can finally introduce ^{the practice of medicine} the values and approaches that you have been taught but that, often ^{have} seem ^{at odds with} ~~the current~~ ^{traditional} medical system:

- a. Preventive medicine
- b. Population-based medicine
- c. Continuity of care
- d. Family-oriented care
- e. ~~Respect for careful analytic histories and physical exams rather than overreliance on laboratory values~~

B. Dangers

1. Risks are many, but I'd like to focus on one risk in particular that has been brought home to me in a very personal way

2. For the last 6 months, as acting chair, I've had to learn a new language

3. This is what that language sounds like:

- a. Managed care
- b. Capitation
- c. Covered lives
- d. Risk pools
- e. PM/PM
- f. Productivity analyses
- g. Utilization rates

4. These words, and others like them, are our future

a. To survive, to succeed, ^{we} we need to speak them, understand them, implement them

to be leaders in health care

b. The language of managed care, and the practice of managed care, is the gold currency of the current health system, and it is worth a lot

V. But ~~the language~~ of managed care ^{should be} is only a part of ^{your} our future

A. The other part is, if you will, the ^{traditional} old donkeys, ^{as family physicians} coexisting alongside the glitter of managed care; ~~the reality that~~ ^{of family medicine}

1. Beneath every PM/PM capitation rate is a sick and anxious human being

2. Somewhere inside the requisite volume of covered lives are unique individuals, sick and suffering, with unique needs and fears

VI. ~~It is this donkey reality, that lies beneath the surface glitter of managed care of which I would like to remind you (and myself) tonight~~

A. As you take the first steps toward your new beginning, ^{as family doctors} ask yourself what kind of beginning do you want it to be?

B. To some degree, life always involves a little smuggling - bringing along a little extra of what we truly value as we make our way through life

1. And we have a choice about what we select to smuggle

2. Often, unfortunately, we make the wrong choice, and end up smuggling jewels when we should be smuggling donkeys

4. We are seduced by the glitter and allure of what is popularly valued: in health care today, these jewels might be the bottom line, cost effective and efficient practices

5. There is nothing wrong with these new health care "jewels," just as there is nothing wrong with gold and diamonds

6. But it is important that we not forget the humble donkeys of family medicine, the beasts of burden that have faithfully carried family medicine's message for the past 30 years:

3. The person of the patient in the midst of disease, ^{we must search for}

4. The story of the patient as distinct from the narrative of the patient ~~record data charts~~

~~c. Quote~~

VII. On this happy occasion, as each of you makes his or her own beginning, as you contemplate how you will translate all you have learned and practiced into the care of patients, I invite you to remember that it is by smuggling these kinds of donkeys into the managed care environments ~~that await most of you~~ that your lives will truly become enriched.

I wish all of you fulfilling and meaningful futures and the very best of luck.

Before I sit down, I have one more task to perform, a very pleasurable one I might add. All of you graduates had the good fortune to complete most of your training under the leadership of Dr. P our former class. Therefore you know that Dr. P provided ^{unparalleled} inspiration and wisdom to both faculty and students, and was truly a role model par excellence of an academic family physician. I promised ^{and} I wouldn't praise him too fulsomely, as in his words, ~~that~~ such encomiums always sound as though somebody has died, which is

What are these family medicine donkeys?



and seek to discover

and the lives of your patients

for from the case. Therefore I'd just like to
invite Dr. P to step up and accept this
Plaque which I will now read: