

# Social Mission and Life in Medicine

**Yale School of Medicine**

**Commencement Speech**

May 21, 2018

**Fitzhugh Mullan, MD**

Professor of Health Policy

Professor of Pediatrics

The George Washington University

I spent the summer of 1965 in Holmes County Mississippi. I had just finished the first year of medical school and went South as a medical civil rights worker. I live in the country on a small, poor farm run by Magnolia Reed and her 17 year-old son, Cat. My work was to do whatever I could to about local health problems and pitch in with the larger agenda of civil rights work going on across the state. I spent time going door-to-door to encourage folks to register to vote and worked to get parents to sign up their grade-schoolers for the white school that was to be integrated in the fall. I organized a health association, a chat group/organizing cell in Durant, the near-by town, and paid testy visits to the three GPs and to the administrator of the local 25-bed hospital. I spent half a dozen nights with a shotgun on my lap, smoking cigarettes, taking my turn guarding a rural, black church that had been the target of an earlier firebomb. The community had decided to defend it.

It was an historic summer for the country. Not only was the Civil Rights Movement in full swing, but that same summer the US Congress passed two pieces of legislation that were to have huge impact on Civil Rights and on health – the Voting Rights Act of 1965 and Titles XVIII and XIX of the Social Security Act -- Medicare and Medicaid.

It was certainly a momentous summer for me. I suddenly knew why I was in medical school. The son and grandson of physicians, I had gone to medical school with a general idea of doing something good but no real sense of what that was. I had been raised in comfort and had seen little of the world and the disparities in wealth and health that are the American reality and the global norm. The poverty, bravery, ignorance, brotherhood, racism, hate and love that I lived with for those short months called out to me. When I headed back to school in the fall, I knew what I wanted to be. I wanted to be a Civil rights doctor, a doctor for the people of Holmes County and others like them.

There was plenty to be done right away. When I returned north to the University of Chicago, it was to a medical school riven by inequities like those in Mississippi, if perhaps less blatant. One in 10 medical students in my class was a woman. One in 72 was black -- and he came from Nigeria. The main function of the Student American Medical Association was organizing dances and running a microscope exchange. The AMA was engaged in a last-ditch fight to block Medicare. A student didn't have to be a radical to conclude that medical school was preparing us for the past and not the future.

We responded by organizing students around the idea of social justice. We started a student run lecture series bringing speakers to the medical school to talk about health in Chicago's ghettos, racism in medicine, the war in Vietnam, and the dean of Harvard Medical School to talk about medical education reform. We raised \$200,000 to run a summer project that placed 100 medical, nursing and dental students in service-learning projects in community organizations around the city. We built the Student Health Organization -- a national alliance of activist groups in medicine, nursing, dentistry and social work. We marched with Martin Luther King who, in 1967, was campaigning to end segregation in Chicago's suburbs. We intended to take on society's big problems even as our education ignored them.

This work raised an important question then as it does now: why do we become doctors?

Medicine, we know, will guarantee us a good living. But, for many of us, the selection of medicine goes way beyond that. Idealism draws many of us into medicine -- the opportunity of

helping others, alleviating pain, extending life, and perhaps contributing new knowledge to the healing arts.

For others there is something more -- a sense of what I will call social mission that is more than the desire to heal. Social mission recognizes that there are inequities in the world and, more to the point, in access to health and health care. In ways articulate and inarticulate, many people entering medicine hope to help in this regard. They hope to make the world not only a better place, but also a fairer place. This is social mission.

So what is the role of the medical school in addressing these aspirations of its students?

Graduating competent doctors must be a number one concern. Many would also agree that it is important to go beyond technical proficiency by producing doctors who are compassionate, patient-centered, and good communicators.

But what about graduating doctors who want to change the world by making it more just. What about the social mission of the school and its graduates? Here there is not uniform agreement among medical educators. Should the school concern itself with health disparities and the social determinants of health in its community, in the country, in the world? Should the school be concerned about equity of opportunity for disadvantaged students to study medicine? Should it be troubled about gaps in rural health or geriatric care? Should it be concerned that the US has one physician for every 400 of its citizens while Tanzania has one doctor for 100,000 people?

Social mission is a broad idea that speaks to what a person or an organization does to reduce disparities and promote equity. It is not about scholarship or board scores or numbers of students graduated. It is about what person or a school does to improve its society – its neighborhood, its community, the poor or the doctor-less.

Why should medical schools have a social mission?

First, medical schools and the universities in which they reside are the custodians of intellectual and professional development in our society. They are, by their nature, idealistic institutions. To

that end, our society generously rewards medical schools with education and research funding and substantial tax benefits. They *are* public institutions and if they aren't the champions of social purpose, who would be?

Medical schools have a unique role to play in that they are the only institutions that can build doctors for our future. I say "build" because their role includes but goes beyond education. They select our future doctors and nurture them for at least four years. During that time, they teach them medicine, but they also mentor, mold, and motivate them. The culture of the medical school is a powerful influence on the values of its graduates and, ultimately, the physicians of our country.

So the articulated, celebrated, strategized mission that a medical school selects for itself has an enormous influence on who gets to be a doctor and what the values of that doctor are in the future.

### Social Mission of Medical Schools

The social mission of medical education has not received much systematic attention. *US News and World Report*, for instance, ignores it entirely in ranking medical schools. Over the years and, increasingly, in this epoch of health reform, some educational leaders some schools have focused more on social mission in medical education. But there is not a funding source, professional association, or consumer group that advocates for social mission or scores it in any regularized way.

This inattention to social mission in medical education stands in stark contrast to the rigor of teaching and repeated assessment that takes place in the basic and clinical sciences. We know, also, from published studies that social mission outcomes vary considerably among schools with some graduating high numbers into challenging practice settings while others continue to send more physicians to well-endowed specialties and localities.

### Flexner

These observations have a firm historical root. The most important single document ever written on American medical education was published in 1910 under the title of *An Examination of the Medical Schools of the United States and Canada* -- better known as the Flexner Report. Abraham Flexner was a distinguished educator appointed by the Carnegie Foundation to study the medical schools of the time. What he found and reported in 1910 was dismayingly. The clear majority of the 155 schools he visited were of terrible quality, largely commercial, and graduating "ignorant men".

Flexner's proposed solution was that medical education should be limited to "research universities" that were, increasingly, the beneficiaries of European science and scientific methods. Science offered a quality control mechanism against commercialism, opportunism, and charlatanism in medical education.

The Flexner report succeeded brilliantly in ransoming medical education from commercialism and bad science. Within 20 years, more than half the schools in the country were shuttered and virtually all that survived Flexner were university based.

Medical education proceeded as a university-based enterprise rooted in academic health centers for which research and service delivery, as opposed to education, became increasingly important enterprises. The Report effectively guaranteed that medical education would become increasingly expensive and elite. Its emphasis on science, important as it was, promoted technical accomplishment over cognitive and communicative capabilities in practice and in scholarship. It bound medical education up in massive institutions whose complex missions often did not prioritize the health of their communities or regions.

### Beyond Flexner

We live in a world more than 100 years removed from Mr. Flexner's Report where, despite horrible events along the way – social justice has actually prospered. Since Flexner the world that has lived with and now rejected colonialism, apartheid, Jim Crow, and Nazism; in more and more of the world, women can vote, be educated, own property, and run companies and countries. Homophobia, female infanticide, and genocide are in retreat. We now dare to talk

about health care as a human right. We have tools to measure health disparities, the social determinants of health, and Disability Adjusted Life Years (DALYs). Health equity is a vital and viable idea.

The question confronting American medical education now is how to move beyond Flexner. This is not to disown Flexner, science, or research but to re-think medical education based on the equity challenges that confront our population today.

Today, America is not compromised by quack medical schools. Nor is it suffering from a lack of research. Yes, we have not yet conquered cancer or found the vaccine for AIDS, but we have created a dazzling clinical armamentarium -- some of which is precise and well used, some of which is not. The proliferation of drugs, devices, and diagnostic tools we have invented is enormously costly; our system produces disappointing results when compared to other developed nations; and, still today, we fail to provide health coverage for all our population.

We need doctors who understand these problems and are committed to fixing them. The call for social mission is by no means limited to primary care or for those who see themselves as activists. We need physicians of all specialties to work in rural areas and to treat poor and low-income populations. We need physician research scientists and policy leaders equipped to tackle these equity problems.

We need the hospital chief medical officer who opens a Disparities Solutions Center that turns hospital-wide attention to inequities within the institution. We need the anesthesiologist who is concerned about differential patterns of pain management in her institution that seem to fall along racial lines for no good or stated reason. We need medical school deans who will make it a personal priority that graduates of their local, inner city high school are entering their medical school class four years later. Physicians and the institutions that train them need to see social mission as a living part of the medical skill set rather than an elective perspective exercised by some who are particularly compassionate.

You will recognize many of these ideas, I am sure, because a lot of them have been part of your experience here at Yale. In fact, Yale has been a leader in building social mission into its

medical curriculum led, in recent years, by innovators in your class. Robert Rock and Tehreem Rehman, in particular, have pioneered a new elective called U. S. Health Justice. The course brings equity topics such as implicit bias, social determinants of health, incarceration, and LGBTQ issues in healthcare into the curriculum. Indeed, your school's Educational Policy and Curriculum Committee has committed to incorporating a health equity thread into the school's overall curriculum.

Hearing about these student initiatives at Yale took me back to that summer in Mississippi half a century ago. Your activism calls to me across the decades. It is exciting and bonding to see how much your initiatives and our programs back then have in common. It is also raised the question of how well did our vision succeed? How did the career of the "civil rights doctor" work out? Has the world changed as we had hoped?

In many ways, yes. Integration has proceeded; opportunities for minorities in America are much improved, as is the economic well-being of many. In medicine, 14% of our students are underrepresented minorities as opposed to 3% in 1960.

But in many ways, no. African Americans, Latino-Americans and Native Americans comprise 30% of our population meaning that our efforts at opening opportunities in medicine have only reached a half way point. Residential and educational segregation remain in place everywhere. Huge disparities in income, net wealth, opportunity and longevity are the rule for minorities and the poor of all ethnicities. There is an enormous amount yet to do to build equity into our country and our profession.

That is where you come in!

As young people in medicine, you have a special opportunity and, I believe, a special mission. As with all generations of physicians, you are inheriting the future of medicine. Your work, your practice style, your priorities are all choices that, taken together, can change public thinking about what it is to be a good doctor.

Choices you will make about where to practice and how to practice will either maintain the status quo or extend the reach of health and health care to people who do not have it today.

For those of you who plan careers in academia, your selection of where and what to teach, what issues in the biopsychosocial world you choose to investigate, and what sort of role model you choose to be for yet the next generation will have a lot to do with what kind of country we become.

I would conclude that we have left some work for you to do.

Your graduation today from Yale School of Medicine is an enormous achievement for which you and your family should be extremely proud. It gives me great pleasure to welcome you into the profession of Medicine.

For my final word to you, I will repeat the invocation that made earlier. You have the chance to make the world not only a better place ... but a fairer place.

Be brilliant and congratulations!