

'The doing of medicine, the being of a doctor'

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(Ed. Note: The following contains excerpts from the address given by Jonathan Asher Treem, MD, to his fellow students at the Alpert Medical School graduation this year. He will shortly begin a residency in internal medicine at the University of Pennsylvania.)

Hello, my name is Jon Treem. But you can call me, Dr. Treem!

First things first. MD class of 2013, for all you have accomplished, for as brilliant as you are, and for whatever great things lie ahead of you, none of it would be possible without your family, loved ones, and friends who are here to support you. Please stand up for a moment and join me in thanking them with applause. Thank you for the entire world you have given us.

In a brief two hours, a peculiar thing will happen. From that moment on, when you meet someone, one of the first questions they'll ask is, "What do you do?" And the response you will give from now on is: I am a doctor. Simple enough. But if you pay close attention, a subtle play on language has happened. A person asks you what you DO and you respond with I AM. They asked for an action and you respond with an identity. And though this may seem innocent, it belies a true confluence, a nod to the understanding that so much of who we are is wrapped up in what we do, that even at the level of language they are interchangeable.

In no profession is this more true than in medicine. When we say I am a doctor, we mean more than I practice medicine. We are offering both a description of our job and of ourselves. And this is true of the skillset of the profession as a whole – it is a marriage between DOing medicine and BEing a doctor. DOing medicine being the practical skillset of physicianhood: the lab interpretations, the physical exam skills, the clinical decision making; and BEing a doctor being the character of a person who heals: listening, advocating for patients, caring about outcomes, treating with dignity and ministering with grace. This duality of DOing and BEing is, at its core, a description of the interplay between the science and art of healing.

What I want to talk about today is the push and pull between these two ideals: the doing of medicine and the being of a doctor, because so much of the ideal of this profession lies in maintaining a balance between the two.

The 'DO-ing'

In terms of the practice of medicine, the DO'ing of doctordom, it's mostly learned. We've started the journey here at Alpert Medical School, but there's so much more road ahead in residency and beyond. Brown has put the sword in our hand, so to speak, and we will spend a lifetime learning how to wield it. Still, it's important to look back on

Hopes for the future

...I hope we always remember to be humble in the face of what we can do and what we can't. To remember that for all the power of medicine, we are always more limited than we want to be, and that every day is a new opportunity to do something better than the day before.

...So from this day forward, remember that when you were a medical student, even when you didn't know what to do, what disease a person had, or what medicine they need, you still knew how to connect – how to talk and how to listen, and how to engage, and how to ask for help.

...Next year, when you're on the wards, and nothing is going your way, and nothing is going as planned, remember how adaptable you were as medical student: bend in the breeze.

...What I sincerely hope for all of us, going forward, is to never forget that there's so much in this profession to marvel at.

—Jon Treem

what we've learned already. Think back a ways to the first day at your community mentor's office. The first time you put on your stethoscope, and your white coat, and if you're like me, loaded up your pocket with every conceivable gadget known to medical science: otoscopes, reflex hammers, pen lights, stethoscopes, and blood pressure cuffs – I looked like the stay-puff marshmallow man of medical science. You may have looked like a doctor, but the only thing you actually knew how to do was ask someone to rate their pain on a scale from 1 to 10. You had all the compassion in the world, but wouldn't have known a physical exam sign if it slapped you in the face. Compare that to what you can intuit about a person now, just by seeing them walk down the street: trendelenburg gaits, and port-wine stains, and pill rolling tremors, epicanthal folds and telangetasias – all were just sort of weird looking things on people four years ago. Now they're important clues.

Or think about the vocabulary you've gained. All other things aside, we've pretty much learned a new language. If you need evidence of that, I'm going to read you a sentence. It'll make sense to you but to no one who hasn't been through medical school: This is a 70-year-old male with PMH of CHF, ESRD, COPD, and remote DVT, here for NSTEMI with trop bump to 15.2, now two days status post PCI with bare metal stents in LAD and left circumflex. That sentence would have made me furious as a first-year student. Now, I think it makes perfect sense. We've learned a tremendous amount. We are new practitioners in the skill, the manner, and the language of physicianhood. We are on our way to perfecting the DO'ing of medicine.

The 'BE-ing'

At the same time as this explicit education in the skillset of medicine, another more implicit education has been taking place as well. And that is the education of physician character – the BEing of medicine. These four years of experience have worked their way inside and you are not the same as you were sitting here four years ago. There's a conditioning that happens in medical school with the long days in the library and the longer nights on the wards and the constant reminders that you need to know more. There's a way in which confronting the pain of sickness, and the grief of death, and the joy of recovery, and the struggle of addiction reorients your view of the world. And it's this conditioning that shifts your character just slightly, just enough to say I AM a doctor, to mean that that is part of who you are.

...Now we go on to residency. We're leaving the days of calling ourselves students behind for the days of calling ourselves doctors. And if you're like me, you were in a rush to get there. It was easy to look forward to the responsibility, and the esteem, and the paycheck. I was in a rush to learn the practice of medicine, the dosages, and the protocols so that I didn't have to feel so lost and incompetent on the wards. And I was in a rush to slough off the skin of medical-studentness – trade my short white coat for a long one, and introduce myself as a doctor. But the truth is that I would do better to figure out how to keep my studenthood even beyond medical school. How to preserve the communication skills, and the flexibility, and the humility, and the sense of wonder that we all carry.

Each experience here was a new one

and we threw our heart into them, and the emotions of it were real – not always what you thought they would be, but real nonetheless. Joy in recovery, grief in death, despair in pain, critique in failure, pride in accomplishment, and intimacy in connection. These responses are the human side of medicine. They are the 'I AM' in I am a doctor. So in this light, finding a way to stay a medical student, to preserve the human reaction, the surprise and the gratitude and the disappointment and the fear of each moment in medicine is the greatest gift you can give yourself. The things that will teach you how to DO medicine is the training, sure, and it's the differentials, and it's the pharmacology, and it's the diagnostic acumen, but the things that will allow you to BE a doctor: humility, wonder, adaptability, humanity, these are the real lessons to take away from this place, this education. ❖