COMMENCEMENT ADDRESS

by

EDMUND DANIEL PELLEGRINO

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University of Illinois at the Medical Center
EDMUND D. PELLEGRINO, M.D.
President, The Catholic University of America
EDMUND DANIEL PELLEGRINO

for the

HONORARY DEGREE OF DOCTOR OF SCIENCE

Mr. President:

I have the honor to present Edmund Daniel Pellegrino, clinician, scientist, teacher, philosopher, humanitarian, and administrator.

Born in Newark, New Jersey, Dr. Pellegrino received the baccalaureate degree from St. John's University in Brooklyn and the Doctor of Medicine degree from New York University, receiving specialty training in internal medicine at Bellevue Hospital.

Even a casual student of the "persona" of Dr. Pellegrino can discern two distinct and continuous themes in his life: one of science, the other of faith. He began his chosen career as a physician, teacher, and scientist. He achieved distinction, however, as an imaginative and innovative academic administrator, serving four university health science centers: as chairman of the Department of Medicine on two occasions; as dean of a medical school and then vice-president for health sciences; as chancellor of health sciences and then vice-president for health affairs; and, finally, as president and chairman of a governing board.

Born and raised in the Catholic Church, during his early formal training he became a scholar of the Greco-Roman and humanist traditions. He has striven to develop in himself a catholicity of interests — man and his god, man and science, and man and man. He was a founding member of the Society for Health and Human Values and subsequently served as its president. Later, he helped found the Institute of Human Values in Medicine. In addition, he has served as consultant to a broad constituency of interests in humanism, including the National Endowment for the Humanities. He is the recipient of fifteen honorary degrees.

In 1978, he moved to his present position as president of the Catholic University of America, and Professor of Biology and Religion — fusing successfully the two themes of his life.

Mr. President, upon recommendation of the Senate of the Medical Center, I present to you Dr. Edmund Daniel Pellegrino for the honorary degree of Doctor of Science.

Presentation by: Joseph Sheridan Began, Chancellor of the University of Illinois at the Medical Center, Chicago
My first task is the pleasant one of thanking you for the honor bestowed upon me this morning. I am delighted to be, vicariously at least, a member of the Class of 1980 and thus an honorary alumnus of this distinguished University. It is particularly pleasant to receive this honor along with Mary Kelly Mullane, who has for years inspired all of us with her concepts of nursing and her dedication to the advancement of nursing as an instrument in the improvement of care to all patients. To top this off, I find myself receiving an honorary degree at the same time that your new president, Stanley Ikenberry, is being invested on this campus. Such a constellation of honors is rare indeed, and I shall certainly remember this occasion with great satisfaction.

My second task is an equally pleasant one: to congratulate all of you here today for your combined accomplishments, despite the tinge of fashionable skepticism that may surround commencement ceremonies and hopeful occasions in our troubled world. This is, I believe, because they symbolize the fruition of a common and
shared human effort. I therefore congratulate all of you: family, friends, faculty, and graduates.

It is my third task which is somewhat more dubious than the first two. It is to impose upon you the last penance — to prove once again that every pleasure must be mixed with a little pain. I must, I fear, deliver the commencement address, that customary exercise of prophecy and challenge delivered usually by a middle-aged moralist to an audience understandably impatient to get to the real business of the conferral of degrees. I will try to heed the advice of the wise author of Ecclesiastes who said, "Let your words be few, for nightmares come with many cares and a fool's utterance with many words."

I could spend my few words on global topics: on the changes that will shape our profession in the next century; on the powerful social, economic, political, and scientific forces to which we must perforce respond. My preference, however, is to concentrate on the opposite — to speak of what will not, and cannot, change — the personal encounter of one person who is ill and another who professes to heal. For my greatest privilege today is to be first to welcome you formally — as physicians, nurses, dentists, pharmacists, or associated health workers — into the company of professed healers. This is what you share together as health professionals. How well you fulfill the obligations of your claim to be true healers will determine the future of your professions and your own satisfaction. This, rather than the external forces we blame so easily, will be the measure of your accomplishments in life.

The central malaise, the desuetude so many see in the health professions today, is rooted in a moral failure. It is a daring and transforming experience to attempt to heal another person. To do so is to penetrate, in some way, the mystery of that person's being; and it becomes disastrous, unless we are clear about our own being. As you accept your degree today, I would ask you to reflect on what it is to be a healer. You may think that receiving your degree puts an end to the questions your aunts, uncles, and parents have asked you ever since you were a child — that question you avoided so assiduously — "What do you want to be?" Actually, you will be answering that question for the rest of your life. Do not make the mistake of Hans Castorp, protagonist of The Magic Mountain, who would only answer that question by saying, "I am an engineer."

Let me assist you in your reflection today by asking you to examine the meanings of four very ordinary words: profession, patient, compassion, and consent. You and your patients will use them daily and, I fear, all too mindlessly. Our reflection on the pristine meanings of these words will illustrate the awesome nature of what you declare to do today when you accept your degree.
I. PROFESSION

The first word is *profession*. With the receipt of your degree, each of you officially becomes a member of a profession. You join a body of individuals sharing certain specific knowledge, rules of conduct, ideals, and entry requirements. Some will emphasize their entry to a privileged social group, which is entitled to a certain respect, a wide discretionary space in decision making, and a considerable authority over others. The more crass may even rejoice in the license a profession affords to set and charge their own fees.

While each of these construals of the word has a certain truth, the original meaning is much more powerful, and specific, to being a physician. It comes from the Latin word *profiteri* — 'to declare aloud, to make a public avowal.' It entered English in the thirteenth century, or thereabouts, to signify the act of public avowal and entry into a religious order. It was a public declaration of belief and an intent to practice certain ideals. In the sixteenth century, it included the public declaration of possession of certain skills to be placed in the service of others, as in the profession of medicine, law, or ministry. The word was visibly distorted in the nineteenth century when the language of an industrial society infected our parlance. A profession became simply a prestigious occupation. Instead of commitment, we began to talk of efficiency, productivity, utility — in Marxist as well as capitalistic societies.

If you consciously accept your degree — if you do not merely have it conferred upon you, you will make a public avowal that you possess competence to heal and to do so for the benefit of those who come to you. In that declaration, you bind yourself publicly to competence as a first moral obligation, not merely a legal one; and you place the well-being of those you presume to help above the personal gain you may receive from them. If these two considerations do not shape every medical act for the rest of your lives in every encounter with your patient, your "profession" becomes a lie. You are frankly a fraud, and you are guilty of undiluted hypocrisy.

These are strong words, but they derive unavoidably from the expectations you engender in others when you make your profession — your personal and voluntary acceptance of the obligations you signify publicly you are willing to assume when you accept the medical degree. That is the essence of the oaths, whether of Hippocrates or any of the others, traditionally administered at graduations. These oaths are not meaningless condescensions to tradition, but living witnesses to society of a lifelong commitment — one which will prevail no matter how powerful the external forces for change become.
A few years ago, it was popular for medical graduates to refuse to take any oath. To their credit, they took the oath seriously enough to resist when they could not agree with its content. I hope the more placid acquiescence of today is not evidence of moral lassitude or lack of courage to dissent.

You remake your profession every time you dare to offer yourself to a patient. The obligation is ineluctable. It leaves little room to excuse incompetence, selfishness, or even legitimate personal concerns, such as fatigue, lack of time, or the demands of family. Nor can it condone the prevalent bureaucratic ethos which buries individual acts in the faults of society, the institution, or the team. We must not be “auxiliary bureaucrats” — the term Gabriel Marcel used for those in a mass society — and excuse their laziness because they are mere functionaries.

If our profession had been authentic in the pristine sense, we would now have less malpractice, governmental regulation, and consumerism to worry about. I submit that it is in the actual or perceived failure to act in accordance with the full meaning of profession which underlies much of the public disquietude with medicine today.

2. PATIENT

The next word to examine is patient, another badly tortured word whose original meaning has also been seriously attenuated. The Latin root is patior, pati — 'to suffer, to bear something.' It was first used in its medical sense by Chaucer. A person becomes a patient when, in his perception of his own existence, he passes some point of tolerance for a symptom or a debility and is impelled to seek out another person who has declared that he or she can, and will, help. The patient bears and suffers something, and his expectation is that every act of the physician will be to relieve him of that burden and restore his lost wholeness — which is, incidentally, the meaning of the Anglo-Saxon word heal.

The patient, therefore, is a petitioner — a human in distress, and an especially vulnerable one. He enters a relationship of inequality. He is in pain, anxious, lacking in the knowledge and skill necessary to heal himself or to make the decision about what is best for him to do. The person who has become a patient thus loses some of the most precious of human freedoms — freedom to move about as he wishes, freedom to make his own decisions rationally, and freedom
from the power of other persons. The patient bears in a real sense the burden of a wounded and afflicted humanity. Illness, as Susan Sontag points out, "is the dark side of life, a more onerous citizenship."

Physicians all too frequently interpret the term patient to mean long-suffering, or enduring trouble without discontent or complaint—a trait they ascribe to "cooperative" patients. There are even a few physicians who see patients as their vassals—paternalistically protecting them in the distorted notion of their own moral authority; making decisions for, rather than with, the patient; and demanding compliant behavior from those they serve. We even talk, in a distorted way, of "educating" patients—meaning that they must conform to our notions of how to behave in illness.

Think now of the obligations you incur when you make a profession in the presence of a person who has become a patient. Reflect upon it daily, as you become impatient yourselves, or regard those who bear their burdens to you with the proprietary interest of a lord seeing a vassal.

3. COMPASSION

If we understand—and feel—the full meaning of the word patient, then we can also understand another word so often tortured on the rack of misuse: compassion. This word is simply a derivation of the same root, patior, which gives us the word patient. It means literally 'to suffer with' or 'bear together,' to share in another's distress and be moved by desire to relieve it.

Compassion is not some facile combination of talents or a public relations buzz word for bedside manner; nor, is it some mystical quality or charisma which radiates only from the gifted; nor, again, is it synonymous with mawkish or demeaning pity for the sick, or a saccharine piety and self-righteousness. These construals are all offensive to true compassion and an insult to the wounded humanity of the patient.

Compassion means genuinely to feel the existential situation of the person who is bearing a burden, who has undergone the insult to his whole being which sickness portends, and to feel as much as possible the uniqueness which is the experience of illness for a fellow human being. We can never enter wholly into the state of being of another human, but we must strive with all our might to feel it to the fullest extent our sensibilities will allow. It is our failure to feel along
with the patient that leads to the complaint of being humiliated and demeaned we hear so often today from patients and their families.

Speaking of the relationship of doctor and patient, Martin Buber put it very well when he said, “But as soon as the helper is touched by the desire in however a subtle form to dominate or enjoy his patient or to treat the latter’s wish to be dominated or enjoyed by him other than as a wrong condition needing to be cured, the danger of falsification arises besides which all quackery appears peripheral.” Richard Selzer, surgeon and colleague at Yale, puts it succinctly, “A doctor gazes at his patient and sees himself, joined they are one pilgrim in search of health.”

4. CONSENT

If we understand the full flavor of the meanings of profession, patient, and compassion, then we can easily understand the last word so prevalent in current legal and moral discourse: consent. Here the Latin root is sentire, a word which has two senses. One is emotional and physical and means ‘to feel.’ Therefore, consent is to feel together. And, the other sense is intellectual, ‘to know something together.’

Consent grows out of a human interaction between someone who seeks to know what to do, and one who advises what should be done. It is not the mere satisfaction of some legal formality — a signature on a piece of paper duly witnessed. It demands, rather, that the action to be taken arises from the ground between the patient and physician. Both must feel the action is the right one and agree on the basis of knowledge that it is a choice as rationally and freely made as the situation will allow.

It is not appropriate to undertake a detailed consideration of the moral and legal dimensions of consent which has become such a tendentious issue in medical relationships. I wish only to underscore that true consent can never be a unilateral experience; it cannot be valid where one party — physician or patient — decides for another; it does demand that both parties feel the decision as their own.

Consent of this quality is morally indispensable if we only think of the vulnerable state of the patient and the inequality of the relationship with the physician. The obligation to obtain consent flows from the fact of being a professed healer — one who purports to repair wounded humanity. The physician must restore as much of the patient’s lost freedom as possible. That means making available
the knowledge — the alternatives and probabilities — necessary to a free and human decision to take one course as opposed to another, or to reject what the physician proposes. Paul Valery describes it thus, “You doctors are the champions, the strategists, in the struggle of the individual against the law of life in the mass.”

It has been said that one picture can replace a thousand words. But we forget that one word can also paint a thousand different pictures in our minds. Pictures are static while words undergo constant change. If we destroy a painting, it no longer communicates. If we mutilate a word, it still has great power and can corrupt — where once it enhanced human existence.

The most authentic humanist in that very great novel The Plague by Camus was Rieux, the physician. He possessed the modesty to resist self-justification. He was a symbol against the moral indifference of the citizens of Oran who allow the plague to take possession of their fellows while they pursue their possessions and pleasures.

If we can educate humanists like Rieux, medicine may help to treat not only the personal plague of disease, but the pestilence of moral indifference that seems, like a cultural plague, to silently have possessed our spirits.

Instead of detachment, we need attachment — what Gabriel Marcel called “dedication to the intrinsic quality of what is done, its adaptation to the needs of the person served, and personal accountability for its quality.”

It is now time to take the advice of the skeptical but wise author of Ecclesiastes “Better is the end of the speech than its beginning.” (Ecc. 7:9)

The merciful amnesia of which I spoke at the outset may have already come upon you, and my name and my message may even now be falling into the least accessible recesses of your cerebrums. But if even once in the years ahead you remember some shred of this meditation on common words, if just once the richness and the challenges of their pristine sense modifies your behavior with a patient, I will feel excused for having intruded upon the joy of your accomplishment today. You may even come to think the penance of this commencement address worthwhile.
Commencement Exercises

The Commencement Exercises of the University of Illinois at the Medical Center, Chicago, were held in the Arie Crown Theater of McCormick Place on the shores of Lake Michigan, Friday, June 6, 1980. Students received degrees in the fields of dentistry, medicine, nursing, public health, pharmacy, associated health professions, health professions education, and graduate sciences. Dr. Pellegrino received an honorary doctor of science degree and was the Commencement speaker.
Funds for the publication of this booklet were provided by the George H. Miller Memorial Fund. A bronze plaque honoring Mr. Miller reads: “Forty-eight years of extraordinary devotion to the University formed the core of his existence. His competence as a curator of anatomical materials and his cheerful commitment to his work earned the respect of all. He is warmly remembered for his friendliness and unfailing dedication to the service of generations of faculty, staff, and students. His life's savings, substantial in amount because of an exceptionally frugal life, spiced only by travel, were willed to the Medical Center of the University of Illinois.”