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Of robes and roles in medicine

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Mr. Minister, Professor Spencer, distinguished guests, ladies and gentlemen. Professor Spencer has indicated that this will be his last such ceremony. I wish publicly on behalf of the University to thank him for all that he has done to nurture this program and bring it to the stage when it can produce this number of graduates and post-graduates.

I say it every time I speak here and repetition has not dulled sincerity over the 37 years that I have been visiting the Bahamas. I am always delighted to be in the Bahamas and the passage of time has not in anyway dimmed my appreciation for the warmth and joie de vivre of the islanders in the stream as Craton and Saunders describe the Bahamians. My first contact with the Bahamas was vicarious through my classmate Cecil Bethel and I got to appreciate that the connection with the rest of the Caribbean ran deeper than most imagined. We islanders share many similarities. I was surprised for example to learn that Cecil's father had studied in Barbados. I like to think that the University of the West Indies has cemented these bonds even further through interchange and sometimes marriage. We all know that Universities are excellent marriage markets.

This evening's ceremony is another manifestation of the presence of the University of the West Indies in the Bahamas and an earnest of the commitment that the institution has to contributing to the various facets of Bahamian development. Many of these facets have little to do with matters economic, and perhaps are more related to the aspects of functional cooperation that are as important as the other parts of the Treaty of Chaguaramas to which the Bahamas is a signatory. I am pleased that in the quasi cabinet of CARICOM your Prime Minister is the lead prime minister for functional cooperation-the kind of cooperation that is functional in the sense that it serves to bind together the enterprise that is the Community and provide benefits that should be palpable to all citizens.

This evening we recognize those students who have been successful in their recent medical examinations as well as others like them who have qualified to graduate in the formal ceremony of presentation of graduates. This ceremony marks a passage for them-the passage that attests to one of the principal functions of a University-that of

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[*] **Presented at "Recognition of Graduates and Oath Taking Ceremony" of the 2009 graduating class of the UWI School of Clinical Medicine and Research, The Bahamas, 21 June, 2009**

credentialing. The University signifies to the body public that the student has satisfied the requirements in terms of knowledge and skills necessary for him or her to be recognized as having authentic credentials in the particular discipline. I congratulate them on their achievement and wish them well in all their future endeavors.

We are marking this passage by the robing of these young persons in a white coat and having them repeat one of the oldest of the commitments to ethical practice-the Hippocratic Oath. For those who are not familiar with what has become known as the "white coat ceremony", let me describe its origins briefly. The Arnold P. Gold Foundation initiated the white coat ceremony in 1993 at Columbia University in New York for students who were entering their clinical training. Since then the ceremony has undergone several modifications and is carried out in schools of other health professions such as pharmacy and at different times in the student's academic career. But with all its variations, the spirit remains the same. The act of robing signifies the introduction of young initiates into a new phase of life in the relevant health profession.

I have participated in and given the address at one of these and was moved by the seriousness with which the initiates, or should I say novitiates took it. I was struck by the extent to which they sought to analyze with me afterwards how the oath had formed a framework for my own medical career and to what extent the vertiginous global changes of which they were well aware, would alter their own adherence to its fundamental principles. I could assure them as I assure you now, that although much of the language is arcane and the references obsolete, it enshrines essential and timeless ethical principles.

The whole ceremony brings with it reflections that go beyond a white garment which may or may not these days serve the practical purpose for which it was intended originally. Much has been written about the white coat and the ceremony of robing. It has been suggested for example, that it has an unfortunate quasi-religious significance and others have decried it as appearing to confer a status of elitist privilege which should not be the normal tenor of the relationship of the physician to the patient.

But I confess to being partial to symbols and rituals and cloak ceremonies such as these with special meaning. I take the robing and the repetition of the oath in the presence of an interested public as a manifestation of a commitment to the humanism and professionalism that should mark the practice of medicine. It is important that these ceremonies be public because these two characteristics do not exist in a vacuum. The responsibilities of the physician derive not only from his or her inner ethical compass but also from the trust that the public places in him or her and the expectations of how he or she should perform. The best manifestations of that trust come through in the interaction of the physician with the public. I am careful to say public since I hope some of you will enter the kind of practice that deals with whole populations while others become immersed in the disciplines of personal-care medicine. But let it be clear that the trust is no less when it applies to groups that are often not seen than when it relates to an individual patient.

This concern with the ability to reciprocate that trust is stronger with me today than when I was at your stage. That is why I have become more preoccupied with the technification of medicine and its negative consequences. I am no Luddite who looks askance at the advances in technology which have improved care in all its dimensions. I am however concerned that care is increasingly being driven by the technological imperative. I am almost terrified at the prospect of the machine becoming the master and the physician losing the capacity and opportunity for the humanism that should be one of the essentials of medical practice. I am appealing to you not to lose the capacity for care and caring, for empathy and sympathy and not to lose the ability from time to time to wear the pajamas of the patient's illness. I am urging you never to be so consumed by the passion for the technical result or solution that you lose the compassion for the human being who must at the center of your concern. I am asking you as one author put it to *"recognize that the language of medicine and the language of the patient's world transformed by illness are not the same"*.

You must never lose sight of the fact that you are now professionals and as such you are agreeing to be partners in a social contract with society or as one author put it you must seek to *"strengthen and extend the kind of fiduciary morality that has long been part of the ethos of medicine"*. Physicians themselves have made many efforts to establish the nature of their professionalism, especially given the stresses that now challenge medicine. I have been attracted to a Physicians' Charter set out by one of the professional groups which establishes three fundamental principles; the primacy of patient welfare; patient autonomy and social justice. These are underpinned by a set of professional responsibilities or commitments, the major ones being in my view: professional competence; honesty with patients; patient confidentiality; maintaining appropriate relationship with patients; improving quality of care; improving access to care; a just distribution of finite resources; generating and using scientific knowledge and maintaining trust by managing conflict of interest. I urge you not to think of these as mere abstractions of academic theorists, but indeed a serious effort to codify how you should exercise that knowledge and skills which you have acquired over the past few years and will hopefully continue to acquire after you leave here.

You will face an ever changing epidemiological picture when you leave here. There is no longer the rigid separation of the communicable diseases from those that are presumably non-communicable as we can safely predict that research will show that some of the latter are indeed caused by infectious agents or by agents that behave as though they were such. I know that you will have learnt that the major health problems that confront the Caribbean as a whole are the chronic non-communicable diseases such as hypertension, diabetes heart disease, stroke and cancer and the scourge of HIV. The Bahamas Living Conditions survey showed that the prevalence of diabetes was 3.3% and nearly 1 out of every 10 persons had a self reported history of hypertension. Obesity is a major problem and the same survey showed that 34.4 % of adults were overweight and a further 30.9 % were obese. It was of equal concern that 14% of 2 to 10 year old children were overweight. Bahamas has made considerable progress in its efforts to control the HIV epidemic and there have been some spectacular success in the reduction and virtual

elimination of transmission of the virus from mother to child, but the prevalence rates for HIV are still high.

I trust that some of you will, after appropriate training consider a role for yourselves in addressing the modifiable risk factors for both these health problems. Particularly in the case of HIV, the drivers are to be found in the social environment in which we live-early and irresponsible sex, the gender inequality that fuels the increasing prevalence among girls, and the stigma and discrimination both against patients infected with HIV as well as against those who are perceived as having a major responsibility for transmission of the virus. Homosexuals are particularly the object of stigma and discrimination even though the data show that the dominant form of transmission is through heterosexual contact. It is to Bahamas' credit that it is the sole CARICOM country that no longer makes a criminal offence of sex between consenting adult males and whose labor laws prohibit discrimination on the basis of disease or sexual orientation. I am among those who hope to see the other CARICOM countries follow the example of the Bahamas.

My pleasure at being here and participating in this ceremony also derives from the fact that I consider this medical program now in its eleventh year, as an expression of the kind of expansion that can take place in our University. To see the graduate and postgraduate programs take root here gives me immense pleasure. I believe that it not only expands our ability to increase the physician pool of the Caribbean, but I hope that it also provides some satisfaction to those of your eminent physicians who believe that their practice of medicine is more complete when they have the opportunity to impart some of their knowledge and skills to the young. I contend that helping a student internalize information and construct his or her own knowledge has to be one of life's pleasures. I wish to express my sincere thanks to the local staff for their participation in this program. Without you it would not be possible.

Many of you know that the expansion of the University has also found form in the establishment of the Open Campus which will bring blended learning to an ever increasing number of Caribbean students. Our expansion has also been geographical as Bermuda is now a contributing member. The University of the West Indies is grateful for the continuing support of the Government of the Bahamas and I trust you will find us receptive to your suggestions as to how we can be supportive of your aims to increase your stock of human capital.

Finally, let me thank the relatives and loved ones of the students here. The medical course is not short, and I know it must have entailed some measure of hardship, if not financial, at least emotional for you. I trust that you are satisfied and will encourage them to take heed of the ethical principles enshrined in the oath they have taken. Remember that none of us is entirely self sufficient and I am sure they will continue to need your support for many a day to come. And to you the graduating students, there is one last request I will make of you. You must join our alumni association. We have a vibrant chapter here in the Bahamas and I hope that not only you, but all here who are our alumni will support it. Mythology has the Pelican feeding its

young, but I would add that the young after they have left the nest also have some responsibility to the origin of their nurture.

Again let me congratulate you and wish you a professional life full of the satisfaction that can come from practice of medicine that embraces humanism and professionalism.