Address to the Class of 2013 at the White Coat Ceremony on May 31st, 2011

By Mona Afif Nsouli

Dean Mohamed Sayegh, Distinguished Faculty of Medicine, Guests, Proud Parents and Grandparents, Families, Friends, Ladies and Gentlemen. Good Afternoon.

To the graduating medical students, congratulations!

It’s a great privilege and honour to address you on such a memorable day, as you receive your white coats and begin your clinical years.

You may be wondering why someone trained in library sciences, who has never worn a white coat, is addressing you today. I asked Dean Sayegh the same question when he asked me to speak at this ceremony, and it seems he believes that my life-changing experience as a daughter, who witnessed her mother’s illness and treatment at AUBMC, could be very relevant to you as you set out on your medical journey. If at some point during my talk, my voice becomes weak or shaken, please excuse me.

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When I see you sitting before me, brimming with youth and enthusiasm, I can’t help wondering what motivated you to go into medicine. Was it to attend to patients? To make a difference? The prestige of the profession? Or, to be blunt, for the money and lifestyle it provides?

My father, an orthopedic surgeon, always remembers how during his residency his chief used to tell him that success in medicine depends on the three A’s: Ability, Availability, and Affability. The three A’s are worth reflecting on from the standpoint of what patients see in their doctors. Ability, I think, can be taken for granted or you wouldn’t be here. There’s a lot to say about the other two, but very briefly, Availability is being there for your patients, even if it
sometimes comes at the cost of your personal time. Affability is how you show care and compassion, how you listen and communicate.

I would like you to keep the three A’s in mind as I tell you the story of my dearest Mom. A story that I will always keep close to my heart: a story of love, a story of pain, a story of dignity, a story of life and death.

I'm sorry to go into such detail but I want you to know exactly what happened:

In January 2009, my mother started getting chronic pains in her stomach: abdominal pain and pressure, nausea, loss of appetite, weight loss and weakness, and although she saw most gastroenterologists at AUH and had numerous tests and ultra sounds, the doctors kept telling her that there was nothing wrong with her. None of the gastroenterologists we visited thought her condition or pains were serious or even could be serious. She was never given a thorough physical examination; the doctors didn’t look for anything that seemed unusual. They assumed that the symptoms were in “her head” and treated her with aspirin and other pain relief medication. They just looked at the test results, and not very carefully. A CT scan of the abdomen and pelvis was performed at AUH on 10 February 2009, but the radiologist missed the mass at the pancreatic body-tail which measured 2 cm at that time.

But Mom’s abdominal pain was so intense that on the night of April 17th, I took her to another gastroenterologist in a different hospital, who closely examined her abdominal area, listened carefully to the symptoms she described and ordered a new CT scan of the abdomen and pelvis, new blood tests, including the blood marker. The CT scan showed a tumor in the tail of the pancreas which now reached 5 cm; there was also involvement of the lymph nodes next to the pancreas.

Mom had pancreatic cancer all along; it was in her head because she was the one who felt all the unbearable pain.
Mom was later admitted to AUH where attempts were made to control the excruciating pain in her abdomen, which was getting worse. She remained there for a month.

Throughout her hospitalization I could not count how many times a nurse, resident or intern asked her how she was doing; however, I can count on one hand how many times they actually listened to Mom’s response before asking other questions or beginning some procedure or exam.

The three A’s. I often heard the medical personnel referring to Mom as the “Pancreatic tumor case in Room X” or the “Patient in Room X”. Humane and respectful treatment? I think not.

My plea to you is not to think of your patients as numbers, but as persons who are looking for guidance, support and medical care. Patient care is an art that has to be worked at, that you need to acquire.

Mom received weekly chemotherapy treatments with the hope that surgery could eventually be performed. She experienced the side effects of chemotherapy and bore her pain with dignity; she went through almost endless problems, but she was a fighter and did her best to beat this ruthless disease. Chemotherapy was rough. VERY rough. She went through all the things that a person with cancer goes through, everything you can imagine, truly scary and beyond description. The treatment can alleviate many of the symptoms, but it also means a loss of control; being too weak to get up by yourself, to feed yourself, to go to the bathroom by yourself, to bathe yourself--to do anything more than simply lie in your bed.

Mom died on 1 August 2009.

Would Mom have lived longer had the radiologist detected her tumor in February, or if the physician hadn’t simply relied on the radiologist’s report? Or
if the doctors had given a careful physical examination instead of concluding that her pains were in her head?

It is indeed important to think about psychosomatic symptoms; to take into consideration the patient’s psyche. But one has first to make sure that there is no serious medical condition behind those symptoms.

If there had been a correct diagnosis in January, might she have had a fair chance to fight the disease or even, just maybe, survive?

I was bitter when my mother died, bitter at the overwhelming loss of this woman I continue to miss terribly every day, every second, whose face I will never see again, whom I will never hug again. I was bitter at her misdiagnosis for months even while she was fully aware that her body was doing something it wasn’t supposed to do. I was angry at this venerable institution.

Today, the bitterness is almost gone: I have learned that pancreatic cancer is among the frequently misdiagnosed cancers; that it is rarely caught early; that its symptoms, all of which Mom had, generally emerged only after the cancer has spread. But this doesn’t change the fact that no serious effort was made to find the cause of my mother’s symptoms. There was no real search for a diagnosis, no suggestion that, in the absence of a clear explanation, a re-evaluation must be undertaken even if it meant starting over with physical examinations and tests.

I will not hide to you that I went through a stage during which I felt a lot of anger. But thanks to the support of Dean Sayegh I was able to transform it into a positive action:

The month after Mom died, I sent a letter of complaint, which basically told the story I have just recounted, to the Dean of the AUBMC, the Chairman of the Dept, Faculty members. I didn’t know any of them then; I looked for their names in the AUB directory. What motivated me was my determination to do something to prevent this noble profession from becoming a cold business enterprise that considers the patient as a mere consumer, a room number.
When I received no reply, I promised myself that if my letter was not taken into consideration, I would take my complaint further. But if, on the contrary, my complaint was thoroughly reviewed and corrective measures were initiated, I decided I would do something to honor the courage my Mom demonstrated in her battle against cancer.

In fact, I did receive—ultimately-- an email from Dean Sayegh himself, informing me that he would discuss my letter with the team and get back to me. In the meantime, I had started reading about Dean Sayegh’s plans to achieve his vision and mission of transforming AUBMC to a leading institution of excellence in certain major segments, the team he has appointed to help him in this task, and noted especially the emphasis he placed on patients’ needs and his statement about caring, compassionate and conscientious doctors being the key to the practice of medicine.

These ideals were very much in line with what I was trying to convey in my letter. Later, I was called to a meeting at the hospital where a team of professionals had thoroughly reviewed Mom’s file and acknowledged certain evident limitations. I was informed that necessary initiatives had been taken to resolve certain issues and that corrective measures had been taken.

I felt there was a new climate that encourages others to initiate difficult conversations which can produce amazing results if engaged honestly and with the intention of improving the quality of patient care. Questioning takes courage and is the boldest of beginnings.

The three A’s are materializing again.

Cancer and deadly diseases can hit anyone at any time. My mom’s cancer affected my life profoundly and forever altered who I am. It has changed me in every possible way. The pain, disappointment, and frustration will never go away, because the loss is irreparable.

But what began as a feeling of helplessness and bitterness, even anger, evolved into a sense of opportunity to help others.
Wasn’t Mom’s favorite saying--and I quote--: “May hope run eternal in all of us”? Hope is helping people feel connected when cancer or any disease makes them feel isolated. Hope is defeating the feelings of loneliness that affect patients. Hope is resisting indifference and doing what we can to help others.

Despite everything, in good times and not-so-good-times, AUBMC has touched us all. Everyone has had bad and good experiences at AUH in their lifetimes.

But today, I have confidence that AUBMC is on the road to major improvements. I can feel the changes in this institution, the recruitment of specialized and committed professionals and staff. A “Patient Satisfaction Task Force” has been created to make sure that patients’ needs remain at the core of what AUBMC is doing. It is a blessed opportunity to know that this hospital is here, growing and expanding, not only through its progressive plans but through you, through your talents, efforts, skills and definitely commitment.

What does “commitment” look like in a medical facility? It is the radiologist who is very careful, who takes a second and third look at an X-Ray or CT-Scan and notices something no one else has seen. It is the doctor who insists on overseeing the quality of care for his patient, ensures that his recommendations and prescriptions are followed to the letter, and who defends a patient’s need for a test, a consultation with a specialist, or an operation. It is the nurse who consistently ensures clear lines of communication among all team members involved in her patient’s care; the resident who brings fresh eyes to a diagnosis, and who continues to enhance professionalism through a lifetime of constant learning; It is the medical team who directs patients to make healthier lifestyle choices; it is the operator who makes a special effort to be pleasant even when the caller is not. It is even the quality of food services in the cafeteria and the cleanliness in the patients’ rooms.

I visit the Naef Basile Cancer Institute regularly to run my hand on the door plaque of the room we have dedicated to Mom, because I feel that Mom’s fighting spirit lives on in this place. Dad and I have named the Chemotherapy Treatment Unit after Mom to honor a loving and caring person who has faced
adversity with grace, humor, and courage; we also did it to support the AUBMC and its mission.
I look at the staff when I’m there: don’t they get discouraged seeing so many helpless patients? How did they develop sensitivity to the needs of the patients’ families, particularly those of dying patients? How do they keep their warmth and good humor when faced with so much suffering?
The word “love” is not written into your job description. But it is an appropriate word to describe the quality of service you are expected to provide.
Of course we need the machines, monitors, and advanced medical procedures. Of course we need faculty physicians who provide state-of-the-art and cutting edge medical care and procedures. But for AUBMC to be called great, it also needs love. Not only professionalism, but humanism.

Grief still comes over me in waves. I wish I had been able to do something to alleviate Mom’s pain and disease. But I’ll do everything I can now, with you doctors, to make things better.

Today, I have committed myself to support the cancer research initiative at AUBMC. I want to invest in the future, YOU, because there are tremendous opportunities to transform this institution into a leading research center that will meet the medical needs of Lebanon and the region.

I believe in the new vision for the medical center and want to be part of realizing this vision. I want to help it grow and bring even more attention to the caliber of physicians and researchers that we have here.

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So as you receive your white coat, let me conclude with these points:

- Wear your white coats with humility. You will need to earn this white coat every day of your life. Don’t make this formal garment a representation of the barrier that separates the technical from the humanistic aspect of medicine.

- Never forget that a patient is not a medical condition, a disease, or a file number. When you make your rounds, be kind, be attentive. Know your patients’ names, address their fears, look them in the eye and listen to them; hold their hand if it helps.

- Listen carefully to your patients’ complaints. They are telling you their diagnosis in their own words. Don’t jump to conclusions because you’re in a hurry. That’s not how healing takes place.

- Don’t patronize your patients. They’re more aware than you think and have the right to get all the information about their condition, even when the news is bad.

- Communicate honestly with your patients with incurable conditions or life-threatening or fatal illnesses, and with their families who trust you to save their loved ones. Help them adapt to their illnesses and adjust to the hard new circumstances of their lives. Comfort them during stressful times; and help them die with dignity.

- We all understand the pressures and hectic demands on doctors, but from now on your time is your patients’ time, your comfort is your patients’ comfort. It’s tempting to keep your mobiles and beepers turned off, but never forget that not responding in a timely manner could cost a patient his life.

- Be curious: it can help you diagnose discrete illness. The information patients gives you does not require lots of digging through medical records, does not require many tests. It just requires the instinct of curiosity and the patience to listen.
• People have conferred authority on you, and it is up to you to live up to the trust they have placed in you.

• Be kind, be humble, and be wise.

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Today, your journey begins. Congratulations Doctors. May the remainder of your medical school training be full of growing confidence, professional competence, and moral sensitivity. I am sure you will bring honor to this noble profession.

And thank you again for inviting me here today.