

Commencement address
School of Medicine, Ateneo de Zamboanga University
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 Prof. Andre-Jacques Neusy



André-Jacques Neusy, MD, DTM&H, is Chief Executive Officer and co-founder of Training for Health Equity Network (THEnet) of which the ADZU-SOM is one of 8 founding international medical schools in the world. He was past president of the Global Health Education Consortium (GHEC), a consortium of more than 80 North American Universities that have global health programs.

Dr. Neusy is a retired Associate Professor of Medicine at New York University School of Medicine where he founded and directed the Center for Global Health until 2007. He is a visiting professor in several universities around the world. Dr. Neusy earned his medical degree at the Free Univ. of Brussels and a Doctorate in Tropical Medicine and Hygiene at the Institute of Tropical Medicine of Antwerp-Belgium. He completed his postdoctoral medical training at New York University Medical Center, joined its faculty in 1974 and became the director of the nephrology section at NYU-Bellevue Hospital Center in 1984.

He serves on scientific and health committees of various organizations including the International Society for Urban Health, Capacity-Plus, and the Global Forum on Health

Professional Education for the 21st Century at the Institute of Medicine, National Academies of Sciences.

Father Moreno, Dean Fortunato, trustees of ADZU, distinguished faculty, dear graduates, parents, families, and friends:

It is a privilege and honor for me to be asked to deliver today the commencement address to the 2013 graduates of the School of Medicine of the Ateneo de Zamboanga University. ADZU School of Medicine is a very special and unique school. I was here in 2008 as part of a study tour after hearing how innovative your medical school is, but I will say a few words about this later.

But today, dear graduate, it is your day. We are celebrating a landmark in your life. You have the right to celebrate your accomplishments, earned by sacrifice, hard work, perseverance and dedication, not to forget your family and love ones who supported you along your journey. You are entering into the most wonderful profession and you have earned your title of doctor in medicine. Congratulations!

In my address, I will share briefly with you some of the defining moments in my professional life, talk about the changing landscape in health care and medical education, and also explain why I think you are particularly well prepared to face the many societal challenges you will encounter in your professional life.

I remember the day I was in your shoes some forty-four years ago when I graduated from the Free University of Brussels School of Medicine. On the day of my graduation, I went

home, locked myself in my room and cried. I felt somewhat confused, scared but also hopeful and proud. I was overwhelmed by the enormous privilege and responsibility conferred on me by society but I felt like an impostor!

Like you today there were many questions racing through my mind. Will I be up to this sacred mission? Will I be capable to meet the expectations of society? Did my education and training prepare me for my chosen profession? One day I was a student and the next day people were calling me doctor. But I was still the same guy...So, if you feel like an impostor today, don't worry I felt the same. You are not alone.

However, this sense of loneliness was also matched by great excitement. When I graduated the landscape of medicine was very different. It was also a time of scientific breakthroughs. Looking back, medicine has seen incredible changes with an explosion in discoveries such as the molecular structure of the DNA by Watson and Crick in 1953, vaccines against poliomyelitis, rubella, measles, mumps, chicken pox, meningitis, hepatitis A and B. Advance in immunology led to the first kidney transplant in 1953 followed by heart transplant in 1968. Medicine was changing fast and of course I wanted to be part of this exciting change.

Most of us stumble into our futures. It certainly was my case. My path was not a straight line but a series of unexpected opportunities. Steve Jobs, the late founder of Apple, described his life as a series of connecting dots. I can relate to that. I grew up in Africa born in a missionary family, went to medical school in Europe and then went to the US. For me it all started in very special place in New York City, called Bellevue Municipal Hospital where I trained in internal medicine and nephrology. Let me tell you something about this place. Bellevue is the oldest public teaching hospital in the US. Its origin can be traced to 1736. Bellevue's mandate is to treat the indigent of New York. It has a long history of taking care of the sickest and poorest of NYC, accepting all patients who come through its doors, irrespective of their race, legal status or ability to pay. The hospital is also the major teaching hospital of New York University where I joined the faculty. Bellevue and NYU School of Medicine have a partnership whereby the hospital offers our medical school a unique setting for clinical training that is second to none. Working in this unique institution was a turning event in my life.

There I was, working in a place that is the last resource for the poor, taking care of socially disadvantaged groups, including homeless people, refugees and illegal immigrants, the excluded and neglected segments of New York City, one of the richest city in the world.

Like many graduates from traditional schools, I found myself in circumstances vastly different from those I experienced during my training. After all, I was trained to diagnose and treat diseases and here I was, confronted by a set of very different problems. My patients presented with medical conditions at a late stage of their disease. Because they could not afford health care, they put off seeing a doctor and end up in the ER when they got seriously sick, frequently too late. Many of these conditions, if treated earlier would have been prevented. They were the consequences of circumstances in which the patients were living: poor housing, poverty, lack of education, poor eating habits, lack of access to health care. Does this ring a bell to you? I am of course talking about circumstances familiar to you, here in Southern Mindanao, namely the social, economic, cultural and political determinants of health; I am talking about health inequities which, as you know concern those differences in population health that are systemic, socially produced and preventable, thus unfair and unjust. I am talking about social justice.

New York City is a magnet city that attracts people from all over the world. The patients we were seeing at Bellevue came from every possible country in the world and it was evident that we were also dealing with health inequities occurring in their countries: lack of resources, medicines, the absence of health system, poverty... Many patients coming from poor countries would find their way to our hospital through the word of mouth. We call this the Bellevue Express. Bellevue Hospital is literally a window on the world of global health. This was the reason why I became interested in global health and with another colleague we founded the Center for Global Health at New York University, an initiative meant to do something about health inequities.

Our health care system in the United States like in the majority of the world countries is too removed from current social realities. Medical interventions are delivered too far downstream. Our health care systems should be geared at keeping people healthy-not just taking care of the health consequences of a dysfunctional society where the divide between the “have” and the “have not” has grown to shocking proportion. In short, what we have is a sick care system instead of a health care system. Health care systems should be judged not only by diseases they can cure, but by those that they can prevent. And this is not going to happen if we stay entrenched in our hospital instead of reaching out to the community and address problems before they become more serious. We are society’s cosmetic surgeons, providing a quick fix. My experience in Bellevue Hospital shaped my understanding of health and diseases.

These observations raise an important question that is what to do about it. How could we as physicians be a force for social change? Where do we fit in this landscape? Rudolf Virchow already said it when he wrote and I quote: "Medicine is a social science and politics is nothing but medicine on a grand scale". Virchow was a German pathologist widely credited for his advancements in public health lived in the 19 century. He also said and I quote again: "The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction."

Were we asleep for most of past century? Why are we still failing to produce the new kind of doctors called for by Virchow? So this is how another dot appeared in my professional path: my interest in health professional education and policies.

Of course the world has changed dramatically since Virchow and even more since I graduated. Just think of the Internet, cell phone, laptop, and the digital revolution that has impacted our lives. We are living at the 24/7 pace. Look at the speed transportation and the volume goods and people crossing borders and continents. Huge social, political and economic changes have occurred globally. The world is interconnected like never before and yet, the benefits of these changes have not been shared equally among people. It has created a divide between the privileged and the disadvantaged. And among this sea of changes medical education has been lagging to adapt to the evolving new realities of society. Although besieged by pressing societal needs, Ivory towers remain stronger than ever and resistant to change; the bio-medical model has not changed since Abraham Flexner's report that became the blue print for medical education in the 20th century.

However medicine has seen enormous changes... The explosion of scientific discoveries and the advances in medical sciences generated important new and effective ways to approach a wide range of diseases. These successes also generated an explosion of new specialties and hyper specialties that have a very modest impact on the overall health of populations, particularly the poor; the disadvantaged and socially marginalized that are most at risk for ill health. The plethora of new emerging super-specialties has had predictable consequences. We are all concerned by the development of a specialty driven health care system that is increasingly fragmented and has driven health care cost to unaffordable levels, thus taking away resources essential for other critical public goods. We are also very concerned by the impact that overspecialization has on the allocation of resources for research and on medical training. The concern is that medical schools are producing more and more specialists, technically competent practitioners but lacking the skills to care about

the person behind the disease and whose services are unaffordable to the poor and disadvantaged. In fact, medical schools that produce graduates trained on such a model contribute actively to producing health inequities thus increasing the equity gap.

Over the years, alarm signals were made and several calls for reforms issued by various bodies. You all are familiar with the Alma Ata declaration, calling for health system reform with a focus on primary care but I would like to mention two more recent and important reports that involve directly your school. You may or may not know that ADZU School of Medicine is now being recognized by the health professional international community as a model to be followed by the rest of the world. In 2009, Dean Fortunato was invited to participate with a group made out of 130 organizations and individuals from around the world with responsibility for health education, professional regulation and policy making. The aim of this initiative was to agree on strategic directions for medical schools to become more socially accountable, that is that they must be accountable for their results on health outcomes of the population they serve. This eight month long process resulted in an important document called “The Global Consensus for Social Accountability of Medical Schools”. The other report, The Global Commission on education of health Professionals for the 21st Century was launched in January 2010 by The Lancet with the aim of landscaping the health professional education field, identifying gaps and opportunities, and offering recommendations for reform a century after the landmark Flexner Report of 1910. The Lancet Global Commission was composed of eminent international experts and the report points to ADZU School of Medicine as one of the innovative medical schools in the world. All these reports provide recommendations for medical schools to produce the new type of doctors Virchow was asking for some 130 years ago: a physician with the skills, knowledge and behavior needed for a changing global health environment and committed to work where the needs are the greatest.

Of course, ADZU School of Medicine is not the only innovative school. A number of schools of medicine and health sciences located in different parts of the world have not waited for these reports to take action. They had also recognized that current models of medical education are failing to produce the people, research and services needed to address the needs of their community and particularly of the underserved. They share with ADZU similar institutional goals and principles, i.e. to realign their resources (education-research-

service) with community needs and define success by their positive impact on the health of the population they serve. Partnering with ADZU seven other schools of medicine and health sciences, located in 4 different continents decided to form a consortium to share experience, develop common tools and research to build the evidence needed to influence policies and change. This is how, in 2008, the Training for Health Equity (THEnet) was born. THEnet's member schools are recognized as pioneers. Community engagement is hardwired into all aspects of the schools' work. Not only is their aim to help provide health services where there are none, but also to mobilize and support communities to take responsibility for their own health over the long-term. You will easily recognize the principles, strategies and values of your school, one of the founding members of THEnet.

There is a wonderful book called "The World Upside Down" written by Nigel Crisp. In his book he makes the point that many innovations are coming from places where the needs are pressing, and where resources are limited. He makes the point that well-resourced countries need to learn from the global south. You may be surprised but your school, in spite of all its difficulties and limited resources is on the radar screen and at the center of innovation of medical education. Not the Ivy League schools like Harvard, Columbia or NYU...And this is the moment for me to express my profound admiration and respect to your dean, familiarly called Dr. Khryss for his vision, perseverance and dedication...He is truly an inspirational leader to us all. I also extend my admiration to all of those who worked countless hours, faculty, administrators, staff and students who put all the pieces together to make the dream come true.

You are privileged to graduate from this very special medical school. You have acquired a fund of knowledge and competence to diagnose and treat diseases but you have also acquired other important knowledge that help you in understanding the intimate relationship patients acquire with their illness, and how it shapes their interaction with their family, friends and community. But there is always a danger that medical technology, an essential tool of our trade, could deprive the patient from the experience of their illness. Doctors can set themselves at a distance from a patient and his family, now that we have MRIs, disease management algorithms; computer-generated diagnosis, CT scan etc... Don't get me wrong. All of these technological advances are very important but there is always the danger of reducing the patient's illness to a fragment of his/her life. Illness becomes anonymous...It is your role as a doctor to respect and preserve this relationship and restore it when threatened, all the while using the power of medical technology to their benefit.

Lastly, I would like to leave with you some personal reflections. Modern medicine with all its extraordinary technology has accomplished wonder. Look at the distance we have come from, the progress we have made. But I wish I could say the same about the changes in society. Progress? Look at the global suffering in place like Syria, the Middle East, Congo, Afghanistan, Darfur, Iraq, Mali, more recently Boston....The world is plagued by discord, social injustice and violence is becoming a major public health issue. The world urgently needs healing. It needs people who care about the well being of others and committed to alleviate suffering. People like you. This is where you, dear graduates, are coming in. This is your calling. This is your opportunity to be part of something bigger, to be part of a spiritual transformation, a human transformation. You can change the world no matter where you are and what kind of practice you will choose and I can assure you that in the process you will be changed. So my advice is:

- Plunge into the life of your patients, and in the process you will lose your fear of failing. And in doing so, find our own voice and convey to your patient the sound of your humanity.
- Listen to your patient: listening will give you an opportunity to witness words being born out of their mouth. Their words express more than factual information, it is an expression of how they live life, physically, mentally, emotionally and spiritually; how they view the world with whatever condition they might have.
- Recognize the unique nature of each human being. No patient is quite like any other. In your practice you will be confronted with situations you may not recognize. Be ready to step out of your comfort zone, the familiar theories and knowledge and address the special needs of the individual at hand. Keep an open mind. Your patients will change you, gradually, almost innocently.
- Keep questioning your self and search for meaning. As doctors you are dealing with all the big questions. What is right, what is wrong? Is there a meaning to life and death? Search in your faith for these answers because they are there, not necessarily as scientific truth but as spiritual nourishments. I come from a family where faith and questioning is part of our life. I found that faith has made me a better scientist. Faith and sciences are not at opposite ends; they are intricately linked.

- Don't be discouraged by the problems you will face. There will be many but they always have solutions if you use your mind and heart.
- Advocate for the poor, the disenfranchised and stay alert to their needs of your community and do something about it.

After all life is not random. It is a series of connecting dots that are part of a grand design and you are part of it.

Congratulations and God' speed!