

Identity Politics in Medicine and Bioscience
Tufts Medical School Commencement Address
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Fellow trustees, Dean Rosenblatt, faculty, graduating students, family and friends, I am most pleased to have the opportunity to address you today. As you heard, my affiliation with Tufts has spanned undergraduate education to trusteeship, and all of these associations have invigorated my life. Indeed, I am proud of my associations with this great university, of which my medical school experience was the most important. To return here on this day is to revisit one of the most memorable days of my life. I hope that you, the graduating medical doctors and biomedical graduate students, will similarly look back on this occasion with pleasure. Undoubtedly your experiences here can neither be easily summarized, nor properly evaluated now. But with time, I trust you will have the perspective to truly appreciate the richness of this day.

I know of what I speak. Thirty-seven years ago I matriculated at this medical school. It was a very different time. A month before I started classes, the Woodstock festival proclaimed, for those still in doubt, the Age of Aquarius: sex, drugs and rock and roll. The following year, classes were suspended following the national soul-searching provoked by the shooting of four college students at Kent State; by the time I was a third year student,

Rolls Royce had gone bankrupt, cigarette ads were banned from television, a bomb went off in the men's room of the White House, and the New York Times started to publish the Pentagon Papers. And in my last year of medical school, the Vietnam War was slowly coming to an end as the North Vietnamese crossed the demilitarized zone in September and the Peace Treaty was signed in January; Nixon was embroiled in the Senate Watergate hearings by May; the Supreme Court ruled on Roe versus Wade, and Herbert Boyer and Stanley Cohen conceived the idea of recombinant DNA.

Of course, all of this occurred before most of you were born, but these flash-backs are the touchstones of the generation which nurtured you, and these events have, in turn, impacted on you in obvious, as well as subtle ways. And more to the point, the social and political events of my generation continue to influence you very directly. History teaches, and it suitably provides me with a theme appropriate to this occasion.

Of that rich history, I want to pluck out a small segment, one that neither I, nor I would venture, any of my classmates fully appreciated at the time. We were so engrossed in the immediacy of fulfilling our educational objectives, the bigger picture was dimly perceived, if at all. I am referring to the larger context in which our training took place, specifically the health care crisis, which finally burst the economic bubble during the early 1970s.

It is a relevant date, because the same health care crisis facing us today began then.

In 1971, *Time* magazine made health care a central focus of its coverage. In July, the following comment appeared:

Neither Republicans nor Democrats any longer question the need for federal action to cope with the rising cost of health care (*TIME*, June 7). What they disagree on is the method of providing such assistance... President Nixon believes that private enterprise can do the job. His plan would provide Government-sponsored insurance for most—though not all—of the non-working poor. (July 5, 1971, *TIME*)

Only in Massachusetts, a few weeks ago, did a state manage to write legislation, which achieved that universal insurance goal. It took thirty-five years for even our liberal commonwealth to fulfill that need!

In the interim, various other solutions were sought, because the costs of health care were putting an onerous strain on the U.S. economy. Needless to say drastic measures were required, and the managed health care movement took off like a rocket, amidst much resistance. While the debate focused on efforts to constrain rising costs, access to care also appeared on the agenda as an unmet need. Indeed, the general inequality of health care delivery that remains in this country, where almost 50 million Americans

have no health insurance, speaks to a political failure. But that inequality masks an even deeper problem: Economic inequality looms before us as a huge political and moral quandary. It spills over into the health sector and there you, a new generation of biomedical clinicians and scientists will meet a reality not described in either your textbooks, nor your lectures. Indeed, it is hardly a consuming topic of discussion on the wards or in the laboratory. Yet what happens “out-there” in the health care sector largely frames how you will practice medicine if you are a physician or capture resources if you are a biomedical scientist.

I raise this context issue here to make an obvious point. You have assumed a professional persona, which you reasonably believe means that you will administer the lessons you have learned in your graduate studies. I suggest that identity is far more complex than you might suppose. Indeed, I believe that we are all facing a profound moral crisis, and health care is only one of several parameters, which measure it.

In the next few minutes I want to schematize the moral dimensions of your new identities. [drawn from Tauber, A.I. *Patient Autonomy and the Ethics of Care*, MIT Press, 2005] I begin with the new physicians. You will be caught in a vise of multiple responsibilities that demand different kinds of responses beyond a focus on the ethics of caring for patients. After all,

doctors are accountable not only to their patients but to their employers and investors; managed care plans and insurance companies; hospitals and professional associations; and over-riding each of these domains, the government and its laws that monitor professional competence, legal and ethical conduct, and adequacy of access. As if these diverse domains of accountability were not enough, there are at least three models in which these relationships are enacted. Ezekiel Emanuel [Emanuel E.J. and Emanuel L.L. *Ann. Int. Med* 124:229-39] schematizes them thusly: a professional model, which answers the demands of professional services to provide patient care (e.g., licensure, certification, malpractice, etc.); an economic model, which defines health care as a commodity with certain performance standards and financial expectations and restrictions; and finally a political model, where policy decisions concerning health care delivery are made and executed. Situated within the matrices of these interacting systems are the various components of the intimate doctor-patient relationship. This last domain cannot be circumscribed, as might the others, but instead fills in the spaces between them to hold in place (or cohere) the social, economic, and political influences that so powerfully impact on the character of health care.

Each of these contending points of view describes, and ultimately redefines, the doctor's professional identity from one characterized by direct responsibility for patient care to one that reflects the complexity of our contemporary health care system. Challenges heretofore absent, press for answers. What has been lost as a result of the growing dominance of the corporate structure of health care delivery? How do, or should, physicians respond to the mixed responsibilities to their employers or payers on the one hand, and to their patients, on the other hand? With this "splitting" of professional focus, the challenge is to again make the patient the focus of your concerns. But the context of care makes that simple directive *very* complicated.

In the end, the health care crisis must be understood as both an economic and political imbroglio, as well as a moral one. All of this points to what seems apparent to me: Being a physician is much more than being professionally competent. That we assume. What is less obvious is how to become a morally self-aware physician, and that requires different kinds of skills. Unfortunately, those you will have to learn largely on your own. I trust that you will, simply because I believe the basic values that brought you to medicine will serve you well in developing a broader moral consciousness.

Now a comment to the biomedical graduate students, lest you feel neglected. I believe the same general observations also pertain to you. Your professional identities are most keenly focused on the expertise you bring to the laboratory. But the laboratory has fragile walls. Those boundaries are ill-defined, and in fact the walls separating your future professional niches are porous to a vast complex of social and political influences. You cannot escape the impact of the political climate on your own work and the broader contexts in which you work will force you to make decisions that place you beyond the domains you have studied so well. In fact, you are responsible for much more than you might be aware. I once wrote a paper entitled, “Is biology a political science?” [*BioScience*. 49:479-86, 1999] I concluded that it was for several reasons:

The political dimensions of science extend throughout society. I construe “political” as extending from social policy to economic resources and allowances; from definitions of normal and abnormal to prescriptions of health and disease; from education and definitions of knowledge to describing the limits of knowledge and the place for religious belief; from depictions of social organization to the psychology of cognition, emotions, and motivations. In short, scientific explanations are inseparable from definitions of who we are, prescribing what we do, and explaining why we

do what we do. Science thus moves well beyond the laboratory to the newsroom, the legislative committees, the classroom, and the poll booth, and scientific advisors have become the “fifth branch” of government, serving both domestic policy makers, as well as those designing foreign policy. Indeed, the “boundary” that would segregate science as some autonomous activity has proven to be a difficult project for those who would circumscribe science’s activities in order to characterize its influence, costs, and social contributions. The most judicious conclude that boundaries have vanished, if they had, in fact, ever existed. In short, the political uses of science are legion.

The generalization I venture from these observations seems simple enough: Science is politicized at every level of its activities. So scientists must become active in the political process to protect the special place their vocation holds in our society. That position is held only with effort. Your work will be scrutinized, either directly or through layers of political assessment, because society’s support of research always involves a lobbying effort by various interest groups ranging from the scientists themselves to those who would profit from your work. As a result, you will, knowingly or not, become politicized. And in those politics, moral judgments will be called upon.

And this finally brings me to the end of my history lesson: We are celebrating your newly earned doctorate and your induction into your chosen profession. A large part of your professional identity might be labeled as “professional responsibility.” Whether a physician or a scientist, each role assigns certain professional privileges, but also duties. These obligations are constitutive to your roles: You must be knowledgeable, competent, trustworthy, as well as a host of other ethical characteristics that will be enacted through your sense of professional selfhood. That identity is in part assigned and in part created individually. Neither you, nor your faculty, nor your families have any clear idea where your professional trajectories will take you, but all believe, as you must, that your degree confers not only a professional expertise and a professional code of conduct, but necessarily also includes a moral responsibility that branches out into the civic domain. You are among society’s best and brightest. You are expected to lead, and if you remain confined to a narrow sphere of influence, those potentials will not, cannot, be fully exercised. I urge you to accept the challenges of your new professions as well as the civic responsibilities which accompany them. Not only will you more fully achieve personal satisfaction, you will be paying back society’s huge investment in you.

So, I close with my own hearty congratulations on achieving fulfillment of this phase of your life. Be assured, it only gets better.

Thank you for your attention.