

Recently, I performed what I consider to be my most enjoyable duty as president of the Dallas County Medical Society. Like so many presidents of the society before me, I administered the physician's Hippocratic Oath to the graduating class at the University of Texas Southwestern Medical School. For me it was an emotional, almost surreal, trip down memory lane as I had taken the same oath with my graduating class at UTSW almost 25 years ago to the day. However, unlike the sweltering hot environment of the outside concourse by the campus administration building, where the ceremonies had traditionally been performed (until 2009), this ceremony was held inside the beautiful and air-conditioned Meyerson Symphony Center in downtown Dallas.

Upon my arrival, I was given a packet of information and told I would be seated with eight other individuals. So far, so good. However, I was completely unprepared for what happened next. As the ceremony started, we began to march. We marched up the stairs ... and onto the stage ... and sat on the front row! At the Meyerson! It was a packed Meyerson at that! Let me tell you, those lights are bright! All right, I thought to myself, I was Parkland trained. I could handle impromptu, unexpected, pressure situations like this.

As UTSW President Dr. Daniel Podolsky, the master of ceremonies, began his comments, he informed the audience that he would like to introduce some special people in the audience, and have them stand one by one as he recited a brief biography. Yes, you got it! He was going to be talking about the eight of us in the front row! This is the moment my Parkland training failed me; I was completely unprepared. Looking down the row, I immediately knew this was not good. It looked like a murderer's row for overachievers. I was No. 7. Numbers one through six were seated in this order: Kay Bailey Hutchison, US Senator; Dr. Johann Deisenhofer, Nobel Prize winner; Dr. Bruce Beutler, Nobel Prize winner; Greg Fitz, MD, UTSW Executive Vice President for Academic Affairs, Provost and Dean; Linda Hart, Vice Chairman and CEO of The Hart Group, and Southwestern Medical Foundation Board of Trustees; Kern Wildenthal, MD, PhD, former UTSW President and currently President and Chief Executive Officer of the Southwestern Medical Foundation; and then little ol' yours truly. For those of you wondering, UTSW now boasts five Nobel Prize winners, more than any other medical school in the world. I am just thankful the other three weren't up there on stage, as well. Sitting directly behind us facing the audience were numerous other legendary faculty members and members of the National Academy of Sciences who were not individually introduced. Talk about a mismatch. Now I know what a fish out of water feels like.

However, as the ceremony progressed, my insecurity quickly dissipated and I was rapidly immersed into the excitement of this special event. As I sat there, the quiet acoustic perfection of the Meyerson was shattered by the obligatory shouts of "way to go," and "we love you," from proud and ecstatic family members as each student's name was announced. Watching from a few feet away as the graduates received their diplomas, their overflowing enthusiasm, eagerness and youthful exuberance was palpable. As they descended the stage one by one, now as doctors, their exuberant smiles were infectious and electrifying, almost like shock therapy. For me, a physician of 25 years who has been tarnished, as most of us have, by the cynicism and pessimistic harsh realities found in our profession, what I witnessed was both therapeutic and rejuvenating. Every physician should attend a med school graduation ceremony and be transported back to that moment when we were full of unlimited energy, hope and innocence, and bathe in their optimism like manna from heaven.

After each name was called, images of my own former classmates flashed through my head – guys like (Drs.) Sam Chantilis, Joey Peterman, Baron Hamman, Trey Herndon, and Drew Dossett (which reminds me ... Drew, you still owe me money for all of those Notre Dame victories over USC during med school and residency). The faces of senior resident mentors and friends under whom I served on the

wards back then and who had a profound influence in shaping the course of my medical career, such as Nina Butwell-Radford and Brent Glamann, came into clear focus. Other memories of former professors and intense morning rounds at Parkland danced around in my mind. Many of these individuals are the “giants” we often speak of during lunchroom chatter. Before the ceremony began, I was reunited with several of these former giants who were then, and still are, my heroes, such as Drs. Don Seldin (affectionately, “The Don”), Dan Foster, Wes Norred, Chuck Ginsberg, and Kern Wildenthal – all icons of medical education excellence. I also was reacquainted with several former senior residents who are now anchors of the medical school and Parkland, such as Drs. Jim Wagner and Jay Shannon. (Don’t worry guys; for the right price, your secrets are safe with me!)

During the rather lengthy ceremony (227 graduates), I began to recall my own “glory days,” as Bruce Springsteen calls them. Visual echoes buzzed in and out of rounding on the wards of Parkland (affectionately referred to as “The Lands” to those who trained there) and the medicine ER (less so as “The Pit”). In a series of flashbacks, I relived a roller coaster of emotional highs and lows, those life-and-death moments that are reflected in the human condition as moments that touch one’s soul, especially in a teaching hospital, especially at Parkland. I still get chills remembering the sheer awe of the Parkland experience. Today, most of us, when asked where we did our training, will answer with pride, “at Parkland,” just as readily as we reply “Southwestern.” That is simply the prestige that both Parkland and UTSW have in the academic and medical communities worldwide. The two are so intertwined that they are almost like inseparable Siamese twins. Parkland training carries with it a brand of excellence that is the envy of the nation. The name Parkland often is received by those not fortunate enough to have trained there with a bow of acknowledgment and respect. It’s almost legendary amongst academic and medical training institutions. I still remember how we would exchange our two chief residents with two from Brigham and Women’s Hospital (a teaching affiliate of Harvard University) for 2 weeks on a yearly basis, and how overwhelmed the two from Boston would seem after witnessing the depth of knowledge of our students and residents, and, of course, at the complexity of our morning report. The broad spectrum, breadth and acuity of diseases that one cares for at Parkland are difficult to rival nationwide. In very few places is one exposed to the end stage of so many disease processes, and in fewer places are those patients treated with as much expertise and compassion, as well.

It is not just North Texas patients who benefit from the depth of training that takes place at Parkland. In 1986 I treated a few Afghan refugees from the Soviet invasion. They were transferred halfway around the world to Parkland for excellence in burn management. In fact, the gold standard fluid management protocol for burns is called the “Parkland formula.” I also recall how patients requiring dialysis from Monterey, Mexico, would arrive with hand-drawn maps with directions to Parkland given to them by doctors in Mexico. The doors at Parkland were open to all those who came. It was an island of hope for those desperately seeking help – a veritable Ellis Island of health care.

To have one’s medical training pedigree include Parkland carries with it the same prestige as attending an Ivy League school. Parkland. There is certain magic in the sound of the name. It is uttered with awe, demanding respect. Those of us who served there in the trenches say it with pride.

Thus, it is with sadness that I have witnessed the negativity in the press directed toward Parkland over the last 18 months. It is truly painful to those of us who once called Parkland home. Is Parkland a perfect institution? Well, of course not. No place is perfect. It certainly is not infallible. Are there mistakes made there? Sure, just as there are at most major hospitals. Are there systemic deficiencies that need improvement and that would benefit from a corrective action plan? Yes; however, the incessant and scathing criticism by the local newspaper toward Parkland is not the manner in which to bring positive reform and change. The execution of the well-publicized corrective action plan is underway, so the seemingly unending attacks are unnecessary. During my training days at Parkland, the No. 1 rule taken from the Hippocratic Oath that was drilled into us almost daily was, “Above all, do no harm.” It was recited regularly, almost fanatically. This is still Parkland’s No. 1 goal, but each day with

very limited resources Parkland takes on a very difficult task of providing health care to the underserved and most vulnerable of our community, a progressively growing group. Almost 36 percent of Dallas County residents are currently uninsured and 100 percent bed occupancy is not unusual at Parkland. One of the major obstacles Parkland faces is that it has serious manpower issues and is chronically understaffed. For the newspaper to “serve the community” by pointing out deficiencies and systemic errors that need correction is one thing, perhaps even admirable. But, to level unending personal and institutional attacks by using vitriolic, over-the-top rhetoric is another. That does not serve the goal of correction. The bias is obvious and isn’t exactly a fair and balanced approach. It seems that Parkland has been particularly targeted, for some unclear reason. It almost makes one question the agenda of the editors (Pulitzer Prize, headline-grabbing sensationalism, circulation enhancement, etc.).

The damage of this approach taken by the newspaper is substantial and serves as a major contributing reason I cancelled my print subscription a while ago. The brilliant careers of Drs. Ron Anderson and Kern Wildenthal, who devoted decades to the betterment of the Dallas medical community and the underserved, have been dimmed. Continually dragging the reputation of this fine institution through the mud makes the task of executing the corrective action plan even more difficult. Significant numbers of ancillary staff and medical personnel are leaving Parkland because of the incessant barrage of negative media coverage, which makes the job of alleviating the dire manpower issues that much more daunting. There are even whispers by some that Dallas would be better served if Parkland were shut down in the name of quality. The problem with that argument is if you have no access, you definitely have the worst quality of care possible. It has been suggested that the remaining major county hospitals could pick up the slack. I am here to tell you that that is just not happening. For example, last year Parkland delivered 13,000 babies while the rest of the county hospitals delivered 26,000 collectively. You do the math.

Some would say I am biased. You’re darn right I am biased – and proud of it, as are most of the other physicians who have ever trained there. My love of medicine was initially sparked at Parkland while I served my required 100 community service hours as a Jesuit High School student. As a second-year medical student at UTSW, I remember going down to the ER on Friday and Saturday nights with some classmates to volunteer, as opposed to visiting the bars on Greenville Avenue, because we were so eager to start our Parkland experience. Altogether, I spent 9 years as a medical student, resident and fellow in those hallowed Parkland corridors. I also met my wife, Dr. Shelley Hall, while she was a medical student there. She also devoted 9 years to Parkland during the course of her training. So, for me it is a very special place.

But, Parkland is not just a place, a hospital or a system. It is not merely a building, with brick and mortar. It is the spirit of the much broader Dallas medical community that is embodied in all those who have ever served under its roof, physicians and nonphysicians alike. Parkland has left an indelible mark on the medical community and patients of Dallas. According to DCMS records, 40 percent of all physicians in Dallas County trained on some level at Parkland. To a larger extent, Parkland is the medical community of Dallas, not just those physicians who serve within the Dallas County Hospital District system proper. It was at Parkland that our compassion and respect for human dignity and life was forged. It was through the Parkland experience that our sense of integrity, collaboration, leadership, and excellence were given birth. These gifts are not only taught by those mentors we call professors and attendings. They are especially demonstrated in the lab techs and orderlies, transporters and janitors, administrators and nurses. But, most of all, they were taught to us by the patients themselves. Parkland is a medical jewel for the citizens of Dallas where miracles happen every day. The patients themselves are the ultimate teachers. Within Parkland is a unique symbiotic relationship where the patients are the teachers and the caregivers are the students.

As the very last of the 227 students received his diploma and descended the stage, I began to make my way to the podium, under those bright lights, to administer the physician’s oath. I realized, at that

moment, that a new generation was entering the Parkland fraternity – a fraternity you really never leave. The pride and affection that we all share for Parkland and our Parkland heritage is one that is not and cannot be diminished by the biased attacks of the media.

Forty-nine years ago, just 5 months before he died, Parkland's most famous patient found himself in an enclave of hope and democracy surrounded by an adversarial government and a thoroughly biased propaganda media machine. That patient gave an iconic speech, in a show of solidarity with the people of an isolated city. That speech is still recited today.

Borrowing from that famous patient, President John F. Kennedy, I too would like to declare, on behalf of myself and the Dallas County Medical Society, solidarity with Parkland in its dedication to the underserved of Dallas and its pursuit of quality by proclaiming loud and proud:

“Ich bin ein Parklander.”

“I am a Parklander.”

The Physician's Oath

I pledge the following as an expression of the spirit in which I strive to practice medicine:

To promote health and to relieve suffering in the living and the dying.

To approach all my patients with integrity, candor, empathy, and respect.

To honor the confidences entrusted in me.

To be a student and a teacher always, and to remain conscious of my limitations.

To place the welfare of the patients above personal gain, and to protect patients from improper care.

To respond always in an emergency.

To improve health care for the underserved, and to work to change those conditions in society that threaten the health of the community.

To withdraw from active practice when I am no longer capable of fulfilling these pledges.

To keep the promise of Hippocrates: “Above all, do no harm.”

I make these pledges solemnly, freely and upon my honor.