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REMARKS AT COMMENCEMENT

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It is an honor and a special pleasure for me to participate with you today in the celebration of your graduation. And it is a personal privilege to welcome you as a full member of the medical community.

You enter the field of medicine at a moment in history when opportunity and challenge have never been greater. Advances in molecular and cell biology are opening an era in which we can begin a major shift from our traditional "sickness care" system toward one whose primary emphasis is prevention of disease and preservation of health — truly a "health care" system however one looks at it. Illustrative of today's potential is a major new research program called the "Children's Vaccine Initiative" — an internationally coordinated venture to develop by the end of the decade a vaccine which can be given orally to neonates at or soon after birth and which will protect for life against 15 or more diseases. When we met 18 months ago to first examine the science and the obstacles, some laughingly referred to such a vaccine as some sort of communion wafer but, as we proceeded to explore the possibilities, all eventually agreed it was, in principle, a substantially achievable goal and the program was launched.

With the now incredibly powerful tools of biomedical research, we are increasingly able to dream and to define what we want as an end product and confidently proceed toward achieving those results. I believe we are almost more limited by our vision and imagination than by science itself.

There is no reason why we should not proceed as vigorously and creatively in developing an affordable, more accessible health care system for all in our population. This is now the critical and limiting component of medicine and, as you know well, it is today the one of greatest concern.

What is the conceptual framework for doing this? Your training, as it has been historically, has been directed toward preservation and restoration of health. But whose health? Is it solely those who present themselves in your office? Is it solely those who can afford to pay and those who are motivated to seek care? For all too long, these indeed have been the persons to which most of our resources have been devoted. In this role, it is too easy for physicians to come to think of themselves basically as people mechanics — diagnosing and treating so many pieces of defective machinery. It is a set of mind which all too readily leads to boredom, fatigue and, not surprisingly, a desire to earn enough to retire to a career of golf or sailing — which predictably often proves as unsatisfactory.

If, however, we, as physicians, take as our conceptual framework — our concern — the health and well-being of the whole of the population — the community — priorities change. To do so inevitably will require significant changes in payment mechanisms, delivery systems and referral practices. It will require a broader involvement with and participation of many other providers of health care and education. In brief, it will require that you participate not as a mechanic in a system

but as an architect of new systems — a constantly changing kaleidoscope of broader challenges. And I can personally assure you that serving as such an architect is not dull.

There is an important imperative to doing this. Specifically, there is growing sentiment, indeed demand, by consumers and industry alike that a better system is needed. What I see so far is a willingness on the part of economists, MBAs and lawyers to design these new approaches. I see all too few physicians or professional societies taking an active role. I respect my colleagues in these other professions but I would much rather be served by a health system in which physicians have had a major role in its design. That change is before us and inevitably should not be threatening but be seen as a challenge, worthy of the personal involvement of each and every one of you. I wish you well and I salute you.