

Commencement Address

Reflections on Three Decades at Ochsner: Lecture Delivered at the House Staff Commencement Ceremony at the Ochsner Clinic Foundation, June 13, 2007

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First, I want to offer to each of you, who are completing your formal graduate medical training program at Ochsner, my sincerest congratulations as well as my warmest wishes to your families who are with you today to share with us this, your very important event. You are now fully competent and able to enter into your varied aspects of medical practice. The training in your chosen specialties is very important to you and your families at this time; but, as is frequently stated at convocations such as this, it will be of only minimal value to you and your patients unless you are prepared now to commit yourselves to continuing education over the lifetime of your professional career.

Having made these two very personal points to you and your loved ones, I wish to share with you my personal thinking as a physician and academician who has devoted over 31 years to our Ochsner Clinic Foundation and its patients. During these years, I have had the privilege of addressing my thoughts to our house staff graduates on several occasions; and, I believe, they are as relevant today as they were on those occasions. My first presentation, in June 1976, emphasized my thoughts about the unique role of the multispecialty clinic as a vital healthcare and academic institution. To my knowledge, there still are no other countries in the world today where multispecialty clinics exist—especially in an academic setting.

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At the turn of the 20th century, Abraham Flexner, at the invitation of the American Medical Association and funded by the Carnegie Foundation, reviewed the qualifications of each of the very large number of medical schools in this country (155 medical schools and 12 postgraduate programs), and he personally recommended the closure of a large number (about one-half) because they failed to fulfill the essential objectives of a medical school: education, patient care, and research. For almost the next 30 years, with support of the Rockefeller Foundation, Flexner reviewed the credentials of the existing schools of medicine and recommended the establishment of a large number of new schools, all of which remain today among leading academic health centers in this country. One of the essential criteria for their accreditation was the absolute need for each institution to require that its clinical staff be involved directly in teaching patient care and that there must be a commitment to engage in meaningful research. These recommendations were made over 100 years ago and, after they were published, he was invited by academic institutions in Europe and the United Kingdom to similarly review their respective roles in teaching clinical medicine, training physicians, and providing excellence in medical practice and research. His report generated shock waves in academic medicine around the world. His recommendations still have a lasting and remarkable effect on the entire field of medicine as we continue to witness the required review of each and every medical school on a regular and periodic basis.

In considering the medical school and its needs, as already stated, there are three fundamental bases (or legs) to the classical academic “stool”: education, patient care, and research. Each is considered equally important to the mission of a school of medicine. However, this was not the initial concept when multispecialty clinics were established using the

paradigm envisioned by the brothers Mayo, George Crile, and Alton Ochsner and their colleagues who founded the Mayo, Cleveland, and Ochsner Clinics, respectively. Each of these medical iconoclasts envisioned the vibrant multispecialty clinic as one that would primarily deliver healthcare at the cutting edge of medical excellence, and where clinical expertise in every aspect of medical specialization would be provided. Education would be available for physicians in graduate training in each area of sophisticated medical practice so that the best and most modern medical care would be available to retain their clinical staff and to recruit additional staff members as they were required. Research, both fundamental and clinical, would only be conducted as the clinics' primary missions to provide the cutting edge of medical care for their patients were already satisfied. There were no restrictions as to which areas and what levels of investigation would be pursued—their only concern was to assure the maintenance of cutting edge of medical practice for their patients and the absolute necessity to recruit and retain a first-class clinical staff. The primary goal, then, of their clinics would be total excellence. It necessarily followed, therefore, that education and research would only be conducted as the clinics' funds permitted. Over the 67 years of its existence, this vision of Alton Ochsner and his colleagues has been fulfilled. I emphasize this concept since the mission of the multispecialty clinic is vastly different from the schools of medicine in which each of the three areas of commitment is an absolute necessity in order to satisfy their needs to educate the medical student, postgraduate trainee and, its faculty as well as to conduct innovative research.

Yes, there have been major “bumps in the road” (in fact, unplanned calamities) that have impinged upon our own clinic's growth in order to adapt to unforeseen changes, economic and otherwise, and to provide excellence in sophisticated and costly care. Consider first the entry of the United States into the Second World War immediately after the founding of our clinic and the medical needs of the nation's military services in that war and, later, in Korea, Vietnam, and the wars in the Middle East and elsewhere. More recently was the sudden devastating attack on the New Orleans community by Hurricanes Katrina and Rita and the ensuing flood. Each of you faced and has remained faithful to your commitments and our institution; that is why you are here today to culminate your invaluable and unique training experiences. Yet the strength of the clinic and its staff overcame these horrors, and it grew and strengthened although some of the staff and their families did not return. The character of our institution and its staff

has continued to grow in stature and number even though our fundamental mission has not changed. Our staff, our patients, and our overall community are all the better for our ability to master these most stressful and formidable times.

Perhaps, as less dramatic examples, Ochsner was the first institution—academic or otherwise—to establish a health insurance entity in Louisiana. It was able to assure its growth by establishing replicated larger clinics and smaller satellite clinics in other geographical areas of this state as their needs arose. Despite the inability of the two schools of medicine and one of the largest public clinics of this country to be sustained after Katrina, Ochsner reached out to help train their students and house staffs and to help correct the gaps in medical care. With its commitment to the greater New Orleans community, Ochsner additionally assumed responsibility for the re-establishment and productivity of three hospitals rendered impotent by the hurricanes and flood. Additionally, our administrative leadership took an active role in the dialogue concerning the support of health care for the disadvantaged, medical educational restructuring, and the redevelopment of the veterans' medical support system in this region. Recognition of these experiences of our multispecialty clinic is another aspect of Ochsner's societal commitment. These are but a few examples of the evolved strengths and expertise of a vibrant, multispecialty clinic. Thus, to you who are now entering into medical practice, there is no doubt that you, too, will face new challenges and opportunities as societal leaders. Your experiences at Ochsner will provide you with much to draw upon. The important thing is for each of you to be involved and to make commitments. We appreciate your decision to remain in New Orleans to complete your training and, now, in some cases, to remain here. And we are deeply aware that half of you who are remaining in Louisiana will be at Ochsner.

At another house staff convocation, I addressed my concerns about the necessity for other institutions concerned with the nation's health to contribute their fair share to support medical education and research while actively benefiting from the fruits of these products. More specifically, I referred to the unique responsibility of the vast profit-making health insurance industry which is the only business (to my knowledge) that fails to provide tangible support for the clinical, educational, and research benefits that it reaps. All other industries in our society expend a significant percentage of their annual budgets for the education and research from which they derive benefit. However, the health insurance carriers have contributed shockingly little to our nation's health even though they continue to enjoy the tremendous

gains provided through medical education and research. Aside from their disproportionately small contribution through taxation, their intellectual and fiscal support of the health and welfare of our society has been tragically meager. Moreover, when their expenses rise after disasters, they immediately call for increased insurance rates to replenish their coffers. To emphasize this latter issue were the tremendous expenditures resulting from the hurricanes and flood. Thereupon, the insurance carriers reflexively and immediately called for their insured to assume higher premium rates to compensate them for their outlays or the public will lose these benefits. Several years ago, I suggested a surtax on the income of these profit-making health insurance carriers of only a small percentage. A one- or two-percent surtax would assist the federal expenditures for health education; and any uncommitted educational funds would be made available for medical research. It is high time for our elected representatives to overcome their political inertia to provide this necessary contribution.

I have previously emphasized the importance and necessity for practicing physicians to become actively involved in their communities either by contributing time and effort to local and state medical societies, specialty organizations, or to the government through elected offices. For generations, medicine has been held in tremendously high esteem by the public; but, for one reason or another, the physician and organized medicine have been teetering on their pedestals of public admiration. Certainly, at present, with such a large percentage of the public support committed to health care, education and research, information, and criticism—it is our absolute obligation to actively assume this important duty. If we don't, medicine will pay the price, as public expenses for medical care, education, and research are cut back. This has already dramatically occurred over the past year; and we can anticipate further declines in the immediate future.

And, now, a final few words on my personal experiences at Ochsner over these past three decades. Our clinical and experimental research has been devoted primarily to the areas of hypertension, cardiovascular, and renal diseases. When I initially entered medicine over 50 years ago, hypertension was responsible for most hospital admissions. Deaths from stroke and coronary heart disease have subsequently decreased by over 70 and 50 percent, respectively; and hypertensive emergencies have become rarities. Much of these gains can be attributed to the introduction of antihypertensive

therapy and modern methods and technology, gains to which our efforts have contributed significantly. Our present research at Ochsner has been devoted to a better understanding of the mechanisms and treatment of the major medical complications of hypertension. And, most importantly, we have actively shifted our investigative activities from the bedside to the laboratory “bench” and back and forth. Indeed, this has been an excellent model for the currently termed concept of “translational research.”

I am pleased and grateful for these exciting efforts. I express my deep appreciation to all of my co-workers—research fellows and staff as well as the staff and administration of our clinic, in addition to our institution which continues to help provide us with much of the personal and material support necessary to continue with our important work. Over these years, I have been honored on behalf of my colleagues with many opportunities to contribute time and effort to the organizations which have supported us all—the National Institutes of Health, the American Heart Association, the American College of Cardiology, the Food and Drug Administration, the Veterans Administration, the World Health Organization, and our parish and state medical societies, as well as my other societal organizations. The intellectual and personal relationships and rewards achieved through these activities have more than compensated me for the considerable time and effort expended. And, of course, I am so very thankful to my wife and family for encouraging me unreservedly to continue with these activities. Their love and support has been the fuel which has permitted me to carry on over the years.

So I extend, once again, my warmest and heartfelt congratulations to you who are graduating and to your families. You are entering into a very special profession with a lifetime of great rewards. I sincerely hope that you derive as much excitement, happiness, and satisfaction from your life in medicine as I continue to enjoy from mine. But, please keep in your minds the following personal prescription written to me by my first role model, Professor John C. Krantz, who was the chairman of my university's Department of Pharmacology. He inscribed on a prescription in vertical fashion the capital letters G-R-O-W and, then, after slowly writing these four letters, he added the words (reciting them loudly to me) “Go right on working!” And I might add...become involved! And this is still my intention as I commend this most important advice to you, the graduates, your families, and to my esteemed colleagues in this audience.