



UCD Medicine Clinical Commencement 'White Coat' Ceremony 2018

Friday 9th February 2018, UCD O'Reilly Hall

Keynote Address by Professor Ronan O'Connell, Emeritus Professor of Surgery

Your excellency, Head of School, faculty members, white coat recipients, moms, dads, significant others and if there is anybody left, ladies and gentlemen.

I used to think that being asked to speak at an occasion like this might be considered that when I had arrived at the high point of one's career but as you've heard I've recently retired and now I realize that far from arriving I'm departing. So for me this talk is the beginning of the end whereas for you it really is the end of the beginning.



Professor Ronan O'Connell, UCD Emeritus Professor of Surgery

You are leaving the shelter of Belfield - well relative shelter, I don't know who built that wind tunnel in the School of Medicine! - but you're leaving the shelter for the maelstrom that is clinical practice and how I envy you. What an extraordinary adventure awaits you. Such opportunities are ahead. Who knows what discipline you will choose what country you will practice in? What discoveries you will make? You may already know that general practice or surgery or forensic medicine is for you and maybe you're right. Actually, and here I quote from a former colleague, Geoff Chadwick's *A Doctor's Letter* and it's good reading and it's on the internet.

For most practicing clinicians, myself included, it was not an innate aptitude or skill that dictated the choice of practice. It was the interaction with a small number of clinicians who have epitomised what you believe to be the best qualities of a doctor. Caring and compassionate, knowledgeable and skilful, academically ambitious and yet modest in their achievements.

They will act as role models for you they will motivate you they will inspire you and they will help you find your way. I certainly did not set out to be a colorectal surgeon - what a nice young man like you doing in a subject like that? - or indeed as a professor of surgery but I was fortunate to have mentors who were ambitious for me and who guided me through the maze of professional opportunity. So, if there's nothing else you remember from this evening remember to follow your instincts grasp the opportunities that will come listen to your mentors.



In the words of Yogi Berra, “if you come to a fork in the road, take it.” If you haven't come across the wisdom of Yogi Berra, you can google it! Actually, it is that ability to almost instantly access an infinity of knowledge which has transformed the way we think, the way we learn, the way we live our lives.

My generation was fortunate to experience the third Industrial Revolution, the one that introduced digital technology, the internet and mobile computing. You, on the other hand, as you begin your professional lives, you do so at the birth of the fourth industrial revolution, in which artificial intelligence, robots, nanotechnology, quantum computing and biotechnology will change everything in ways that you cannot even imagine. 40 years ago – there was life 40 years ago - a mobile telephone was a coin box with an A or B button. Trust me the B button never worked, you never got your money back. We use text books, we took lecture notes. No such thing as looking it up online. The library was a place you went to not accessed. An oasis of learning, of tranquillity, of hushed tones (sometimes) and turning pages. Coffee was coffee. Not express americano mocha cappuccino latte. Research started with index medicus, an enormous telephone directory of authors and topics. You were the search engine. Hours were spent looking for what now PubMed can deliver in seconds.

As a surgical resident at the Mayo Clinic, I was seen carrying a stethoscope by a chief resident who hailed from some where south of the Mason-Dixon line. He had a particularly droll sense of humor and his disparaging remark as he passed by was, “Boy if I needs to listen to a chest, I needs a chest x-ray!” Amusing as it was at the time but how prescient. In the modern era, as a surgeon, I don't see a patient with an acute abdomen without looking for a CT scan. What cardiologist sees a patient with a murmur without getting an echocardiogram? And I'm told now they even have mobile ones that are so small and they go to their smartphone. What neurologist sees a patient with a stroke without an MRI? I now never perform exploratory surgery as I have bespoke imaging of every complex case. Imaging that was simply unimaginable some decades ago.

You, on the other hand, have simply come to accept Moore's law that the number of transistors in an integrated circle will double every two years such that the computing power half-life of all your smart phones is between two and four years. My first computer - an Apple 2C had 128k of memory less than the average text message you guys now send. What's worse it cost a month's salary but it lasted me 10 years.

As a medical student in the 1970s ultrasound and endoscopy were the major new advances. Life expectancy when I qualified was 73 for a man and 74 for a woman. It's now almost 83 and 84 years respectively. What an extraordinary achievement and yet then there were enough beds to avoid trolleys in the ED, extended family networks looked after the elderly who eventually succumbed to chronic diseases often in their own homes attended by their family and their GP not in the anonymous setting of a trolley or a nursing home or an ED. So I see your greatest challenge not as lacked of access to knowledge or diagnostic facilities but resource management in an era of personalized and very expensive treatment and the ever-increasing costs of managing chronic disability. We are blessed to live and work in a resource rich country. That notwithstanding, the ability of the Irish to see a half-empty glass in every counter, even so there is poverty and hardship in every community and you must never neglect the less fortunate. Remember a patient does not really care what you know until he or



she knows that you care. And you have moral responsibilities outside of your own community. The Lancet Commission on global surgery has told us that 70% of the world's population does not have access to even the basic safe surgical care. As the costs of personalized medicine draw on first world resources the relative inequalities in resource-poor countries will only increase. More people in these countries have access to mobile phones than running water how long before the 70% realize this gross inequality and say no more.

So you are leaving the University campus and entering the workplace. In the next two years you will acquire clinical skills, develop diagnostic acumen and learn to work within multidisciplinary teams. Always remember your relationship with the patient is a privileged one. One that depends on the patient's trust in your professionalism. Professionalism is absolutely fundamental. It is fundamental to patient safety and the delivery of high-quality care. The Medical Council has articulated three pillars of professionalism as partnership, practice and performance. I would simplify this. Professionalism is above all else about respect, dignity and trust. You respect the patient's dignity and they trust in your knowledge and your care.

Wordsworth said of the French Revolution, "Bliss was it, in that dawn to be alive but to be young was very heaven." I said I envy you and I do. Because I know that in your professional lifetime extraordinary advances will be made, particularly in cell biology and understanding the molecular mechanisms of disease. In your professional career, cancer will be treated medically in much the same way that HIV, the great killer of the 1980s and 90s, is now treated as a chronic disease. You will have a cure for example for Crohn's disease. I spent my training years learning how to operate on peptic ulcer disease which is now cured with drugs rather than mutilating surgery. Hopefully you will also be able to treat dementia before it's too late for me!

I would like to finish with three aphorisms and a Yogi Berra-ism.

The first is *carpe diem* seize the day. Remember this day. Remember your family. Remember your friends. The friendships you make now in college will be the closest you ever make and they will last you a lifetime.

The second is *semper fidelis* always be faithful. Be faithful to yourself to your profession and to those close to you.

The third is *primum non nocere* which comes from the Hippocratic oath. Put your patients' welfare above all else and do no harm.

Oh and the Yogi Berra-ism. "It's tough to make predictions, especially about the future."

Opportunities will come your way, take them. If you wish to take the path less travelled by, do so and do so knowing that you are well prepared with the knowledge and clinical skills you have learned here in the UCD school of medicine. Mind those white coats. I wish you well in your clinical studies and your careers.

Thank you.