As I write this, on September 11, 2001, I've just learned that nine MedEvac helicopters en route to the United Flight 93 crash in Somerset County have turned around. The well-equipped Pitt emergency personnel on those copters had received word from Somerset's local emergency services professionals: No survivors. There's nothing you can do.

That thought numbs. “Doing nothing” is antithetical to the constitution of the professionals on those helicopters, just as it is antithetical to the American mind-set. What tomorrow will bring, we don't know, except this: There will be many, many heroes. I expect that more Pitt people than I could hope to trace have already found ways to lend their talents at this horrific time.

As we welcomed the Class of 2005 this August during our annual White Coat Ceremony, I reminded them that they are entering the medical profession during an unpredictable era, and that they will be counted on for their strength and creativity. A small consolation is that those challenges appear more manageable in light of what we will likely soon face together as a nation. Still, the climate could be defined by a series of paradoxes, which are both stark and daunting: About 45 million people in the United States have no health insurance and very limited access to health care. Most of these 45 million work full-time. Further, the cost of health care continues to rise, largely explained by the cost of drugs, litigation, the nursing shortage, and the very costly focus of care on the end of life, rather than on care for infants and children. And managed care, though it has devoted a needed emphasis to evidence-based medicine and to prevention, has turned out to be excessively bureaucratic and expensive. The university itself is fraught with paradox: Academic physicians have found less time for scholarship and teaching as solvency issues of academic medical centers demand that they increase their clinical productivity. Moreover, while the promise of biomedical research now is almost beyond imagination, that promise stands to be compromised by the political process (both a strength and a weakness of our particular form of government). Finally, the need for physician-scientists has never been greater, yet the ever-growing debt of our graduates decidedly dampens the appeal of a research career—or a career in primary care.

During this summer's White Coat Ceremony, I also let our students in on a secret. Though the white coat is a somewhat new tradition for physicians—dating back 120 years to when doctors first embraced science and the uniform of the lab—taking part in a fecund scientific community is not the MD’s greatest honor. The true privilege of donning that symbolic coat is being invited into another's life, hourly and daily. Once invited to bear witness to our patients’ stories, we are humbled to reflect on our own mortality and reconsider whether we are living lives that are true to our own potential. That message has just been tragically reinforced as we are again reminded that the veneer of our civilization is thin indeed.

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