

**Acceptance Address Part I**  
**University of Texas Health Science Center**  
**San Antonio, School of Medicine**  
**Distinguished Alumnus Award 2012**  
**By James L. Holly, MD**  
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(Editor's note: In a two-part series, this is Dr. Holly's address at the presentation to him of the 2012 Distinguished Alumnus Award.)

**Introduction**

Thank you. You will not know in this life, what this evening and this award means to me.

Forty-eight years ago, on December 7, 1964, I had my first date with a young lady. On February 7, 1965, I asked her to marry me and on August 7, 1965 – the same year that Medicare Care became law – she said, “Yes,” when she maybe should have said, “I’ll think about it.” That young lady is my wife of almost 48 years, Carolyn Bellue Holly. We have traveled this medical professional journey together all of the way. It is a fact; it is not false humility, or self effacement to say, “Without her and her support, I would not be standing here tonight.” My son, his wife and their four children – the delight and joy of my heart – are here. My daughter and her family were unable to attend.

On November 22, 1968, 44 years ago, I received my letter of acceptance to the 1969 class at UTMSSA. It is signed by my professional mentor, Dr. F. C. Pannill. My wife framed it and I brought it with me tonight. On October 9, 2012, I wrote Dr. William Henrich, the President of the Health Science Center and said:

“As Carolyn and I prepare to go to San Antonio this weekend to receive the honor which I most desired in this life – to be a Distinguished Alumnus of my beloved School of Medicine – I wish to tell you and Mary that if I had a choice of knowing you and being your friend, or receiving this award, I would choose to be your friend. You have afforded me opportunities which I never imaged would be possible and I am grateful. You have extended your warm embrace to me and to my family beyond anything I could have imagined and I am grateful.

“As Carolyn and I continue to hope and to believe for your full and complete recovery, we want you to know the esteem in which we hold you and the love which we have for both of you. God bless you. Larry”

In August, 2012, I attended Dr. Pannill's Memorial Service; on October 10, 2012, I wrote his children and grandchildren and said:

“Today, I am preparing to leave tomorrow for San Antonio. On Saturday night, I shall receive the 2012 Distinguished Alumnus Award. I shall carry with me to this event, the framed copy of my letter of acceptance to the 1969 entering class, signed by

„MY“ Dean, Dr. Carter Pannill. My greatest regret is that your father and grandfather will not be there. In my professional career, no person has influenced me more than Dr. Pannill – I could no more call him Carter, than I could stop breathing. He shall always be the epitome of professionalism, leadership, scholarship and the kind of physician

I have always wanted to be.

“You know these things but as I stand before the convocation on Saturday evening, I want to know that I have laid this honor at his feet and expressed my gratitude that I knew and loved him and that he respected me. No honor could be more valued by me.

I am pleased for you to know that in my judgment, Dr. Henrich and your father are men of the same caliber and cut from the same cloth. I think your father would like that.”

Tonight, I remember that I have always been proud of my school of medicine and that I have often wondered if my school of medicine could and would be proud of me.

## **Basic Science, Clinical Science Human Science**

### **Basic Science**

I have also always been proud of the basic science and research programs of my School of Medicine. I am proud that my School is steadily joining the first rank of programs in research dollars and in academic excellence in the sciences.

It is the foundation of my basic science education and the continuing research programs which inform the evidence-based medicine that SETMA practices every day. It is that research and the substance of the evidence-based medicine which allows us to make the proposition with our patients that, “If you make a change, it will make a difference.” It is that science foundation which allows us to calculate all twelve of the Framingham Cardiovascular Risk Scores for each patient each time we see them

It is the foundation of the Krebs Cycle, Adenosine Triphosphate (ATP), exercise physiology and pulmonary physiology which allows us to:

1. Prepare a personalized exercise prescription for each of our patients at each visit.
2. Teach our patients about energy metabolism with a weight-management assessment including energy expenditure, BMI, BMR, Body Fat and protein requirement.
3. Confront each patient with pulmonary and cardiovascular consequences of exposure to primary, secondary, or tertiary tobacco smoke.

This program is called the **LESS Initiative** (Lose weight, Exercise and Stop Smoking). SETMA’s **LESS Initiative** has been peer reviewed by the Agency for Healthcare Research and

Quality and has been published on their Innovation Exchange as a recommendation to others.

## **Clinic Science**

I am proud of my School of Medicine's clinical science program and of the new clinical-skills center, although the thought of that facility spreads fear in my heart. I am proud that SETMA's use of medical informatics and statistical analytics is founded on the clinic science excellence of my School of Medicine. I am please to know that if I practice for eight more years, that half of my 48 years of practice will have been done with the use of electronic health records (EHR) and with electronic patient management.

This expertise has allowed SETMA to:

1. Design, deploy and employ population management tools for all of our patients.
2. Publicly report by provider name on over 300 quality metrics on our website at [www.jameslhollymd.com](http://www.jameslhollymd.com).
3. Engage in the transformation of healthcare by internalizing the passion and vision for excellence in clinical practice which all of our professors exemplified before us and taught to us.

My School of Medicine's clinical science has enabled SETMA to eliminate ethnic disparities in diabetes and hypertension care of the patients we treat.

## **Human Science**

In May of 2010, I wrote an article entitled, *Technology and Humanity: The Critical Balance in 21st Century Healthcare*. In part that article stated: "Technology must never blind us to the human...In our quest for excellence, we must not be seduced by technology with its numbers and tables. This is particularly the case in healthcare. In the future of medicine, the tension - not a conflict but a dynamic balance - must be properly maintained between humanity and technology.

"Technology can contribute to the solving of many of our disease problems but ultimately cannot solve the „health problems“ we face. It is my judgment that the major issue facing healthcare delivery today is that men and women, boys and girls have replaced the trust they once had in their physician with a trust in technology.

"The entire focus and energy of „health home“ is to rediscover that trusting bond between patient and provider. In the „health home,“ technology becomes a tool to be used and not an end to be pursued. The outcomes of pure technology alone are not as satisfying as those where trust and technology are properly balanced in healthcare delivery.

"The challenge for our new generation of healthcare providers and for those of us who are finishing our careers is that we must be technologically competent while at the same time being personally compassionate and engaged with our patients. This is not easy because of the efficiency (excellence divided by time) of applied technology. A referral or a procedure is

often faster and more quantifiable than is a conversation or counseling.

“As we move deeper into the 21st Century, we do so knowing that the technological advances we face are astounding. Our grandchildren's generation will experience healthcare methods and

possibilities which seem like science fiction to us today. Yet, that technology risks decreasing the value of our lives, if we do not in the midst of technology retain our humanity. As we celebrate science, we must not fail to embrace the minister, the ethicist, the humanist, the theologian, indeed the ones who remind us that being the bionic man or women will not make us more human but it seriously risks causing us to be dehumanized. And in doing so, we may just find the right balance between technology and trust and thereby find the solution to true healthcare.”

Winston Churchill's response to the sinking of the Titanic juxtapositioned technology and humanity. Upon hearing of the tragedy of the Titanic's sinking, Winston Churchill wrote to his wife and said, "The Titanic disaster is the prevailing theme here. The story is a good one. The strict observance of the great traditions of the sea towards women and children reflects nothing but honor upon our civilization...I cannot help feeling proud of our race and its traditions as proved by this event. Boat loads of women and children tossing on the sea – safe and sound – and the rest – Silence. Honor to their memory."

“Forty-eight hours later, Churchill added the following comment: "The whole episode fascinates me. It shows that in spite of all the inequalities and artificialities of our modern life, at the bottom, tested to its foundations, our civilization is humane, Christian and absolutely democratic. How differently Imperial Rome or Ancient Greece would have settled the problem. The swells, the potentates would have gone off with their concubines and pet slaves and soldier guards, and then the sailors would have had their chance headed by the captain; as for the rest – whoever could bribe the crew the most would have had the preference and the rest could go to hell. **But such ethics can neither build Titanics with science nor lose them with honor.**"

### **The Center for Medical Humanity and Ethics**

To the excellence of basic science and clinical science, my School of Medicine has added the laboratory for “human science.” It is here that students learn that without hope and trust science is helpless. When your greatest hope is that today you will not be shot in a drive by shooting, decisions about your healthcare are not a high priority.

### **Lecture One: *Betrayal of Trust: Critical Issues In Global Healthcare***

As a part of the 2012 Alumni Weekend, we were invited to attend the Center for Medical Humanities & Ethics' Tenth Anniversary Celebration: A Voice for Compassion in Medicine for Ten Years: 2002-2012. The first lecture which I attended was the 10<sup>th</sup> Annual Frank Bryant, Jr. MD, Memorial Lecture in Medical Ethics, *Betrayal of Trust: Critical issues in Global Healthcare*, by Laurie Garrett, Senior Fellow for Global Health, Council on Foreign Relations.

As I listened to the needs of the world for nutrition, clean water, environmental protection and healthcare, particularly in regard to HIV Aids, I realized that I can't deal with global health personally. But I can lead my practice, as I have, to screen all patients for HIV. I can set the example, as I have, of being tested myself and of having my grandchildren tested. And I can act compassionately in my community toward all.

I had my blood drawn for an HIV test on live television and announced that the following week I would announce the results. During that week, I realized how wrong that was. If my test happened to be negative and if I announced that, and if everyone whose test is negative announced that, then those who feared that they may be positive and who desperately need to be tested would be reluctant to do so. Therefore, the next week, I announced that I was not going to disclose whether my test was positive or negative and I encouraged everyone to maintain the confidentiality of their result except with their family and healthcare provider.

Twenty years ago, a Beaumont physician was indicted for sexually molestation of a minor. He was my friend and I called him. I told him that I objected to his behavior but I wanted to help if I could. His response was sobering. He said, "Larry, I knew that if you rejected me, I had no hope." I befriended him even after he was convicted and after he discovered that he was HIV positive and even after he developed an HIV related infection. My wife and I visited with him as his health failed and on the night that he was dying, we stood by his side, she holding his left hand and me holding his right. We shared this last experience of life; the experience of death.

As he breathed his last, I looked down at the hand which I was holding and his finger-nail bed was bleeding. The blood was dropping on my bare hand. I washed my hand carefully, confident that it was not possible to contract HIV in that manner but having no doubt that I was glad that my friend had not died alone. I cannot deal with global healthcare individually, but in the universe of my friend's life, Carolyn and I met his global needs.

Next week, Part II will be published.