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**UT Health San Antonio, The Joe R. and Teresa Lozano Long School of Medicine
1968 - 2018, Caring for People**

Part II

By James L. Holly, MD

Your Life Your Health

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As the National Chairperson of the Organization of Student Representatives' (OSR) Steering Committee, I served as a voting member of the American Association of Medical Colleges' (AAMC) executive committee for the school years 1970-1971 and 1971-1972. In that time, I:

- Attended the AAMC's 1970 Strategic Planning session at Airlie House in Virginia
- Attended the AAMC/AMA Annual Education Meetings in Chicago each January
- Served on the Executive Committee of the AAMC for two years, as a voting member
- Was the first medical student to be a voting member of an accreditation site visit which was at Cornell Medical College in New York City.
- Voted on the accreditation of UT Health San Antonio Long School of Medicine twice while I was a student.

At the first meeting of the OSR in December 2, 1971, I gave the following inaugural address. Its message is consistent with Dr. Berggren's, June 2017 note; I said:

“The irony, of which American medicine finds itself a part, is aptly described by Rosemary Stevens in her book, *American Medicine and the Public Interest*. She said:

“Recent developments in medical education represent a striking success. The average doctor has been transformed in sixty years from an incompetent physician, whose strength lay in the “beside manner” of his mystique, to a specialist... buttressed by an array of diagnostic and treatment aids and techniques. American doctors are among the best trained technological physicians in the world. Together, however, they are not providing optimal medical care; and it is this factor which has become the educational paradox- the manpower crisis- of the 1970's.

“Simply stated the irony is, ‘Good Doctors but Bad Medicine.’ You and I upon completion of post-graduate training will be among the best qualified physicians in the world today. We will

not practice in the anecdotal medicine of herbs and spices as did our great grandfathers; rather we will practice the medicine of EKG's, EEG's, TIDEL VOLUMES, SERUM CREATININES and TISSUE BIOPSIES. In short, we will be Good Doctors.

“But, what of our medicine, that is, the delivery of daily health care to John Doe, Susie Smith and Clarence Jones? In the middle of a crisis, if in the right place, or if financially able, they will receive excellent medical care. However, if in the wrong place, or if financially unable, they may in fact receive no care at all. In addition, the facilities for non-crisis, or preventive medicine are almost exclusively restricted to infectious disease and even those are inadequate. In short, we have a description of the remaining half of our irony, ‘Bad Medicine.’

“Why is this ironical? Listen to the definition of irony, ‘an incongruity between the actual results of a sequence of events and the normal or expected result.’ In 1910, the Flexner Report addressed itself ‘to the task of reconstruction of the American medical school on the lined of the highest modern ideas of efficiency and in accordance with the finest conceptions of public service.’ This report facilitated the assurance that our M.D.’s would be Good Doctors.

“Unfortunately, good medicine which was expected to follow as a result did not. In 1970, the Carnegie Commission Report was concerned with the ‘vital importance of adopting the education of health manpower to the changes needed for an effective system of delivery of health care in the United States.’ Here it is implied that academic and scientific excellence alone in the training of a physician will not insure ‘Good Medicine.’

“What relevance does a discussion of Good Physician and Bad Medicine have to do with an organizational meeting of the OSR? A great deal, I think.

“In 1967 Bob Graham, a Student American Medical Association (SAMA) officer, first made the suggestions that the AAMC have an organized student input. At the Annual meeting in the fall of 1968, the assembly of the association passed a resolution supporting the inclusion of students in the activities of the AAMC. In the fall of 1970, each medical school dean was asked to send a representative of his institution to the Annual SAMA meeting in Los Angeles. From that group of representatives, a steering committee was elected to meet with the president and chairman of the association and devise a plan for student input. In February of 1971, in Chicago, the assembly approved the recommendation made by the steering committee for the formation of the Organization of Student Representatives.

“Now to the relevance of the irony, ‘Good Doctors and Bad Medicine’. We have in name an organization and in fact an irony. It is my hope that the OSR within the AAMC can while maintaining the academic excellence in medical educations begun by Flexner in 1910, move toward the accomplishment of the concerns of the Carnegie report of 1970, that is, Good Medicine for the United States.” (Text of the Opening Address to the First OSR Meeting, By James L. Holly, Chairman, OSR, AAMC, December 2, 1971)

This address made forty-six years ago and the events at UT Health about to transpire, I believe are consistent with the hopes and dreams which Dr. Berggren addresses in her note above. And her note and the President of UT Health San Antonio's response to this address.

In an April 22, 2016 note, Dr. Henrich said:

"I read the attachment (Letters - OSR Address December 2, 1971, Addenda Election, Auditorium, Distinguished Alumnus), and enjoyed every word. It is clear your compass has been set on truth from the start, and that, in the end, it is the wisest path to follow. I admire the courage it took to stand up for Dr. Pannill to the Chancellor, and I appreciated hearing how meaningful your defense of him was to him.

"Your devotion to our School of Medicine and to the highest standards of professionalism began early in your career, and continues today. The approach you have informs the actions you have taken with your practice. SETMA reflects your values, your tireless efforts to avoid 'bad medicine'. Your example is meaningful to everyone touched by your approach: your patients, their families, your partners, your family, and, your alma mater. I count myself among most fortunate to have had our paths cross. You are an inspiration to me and to us.

"With great respect, admiration and devotion, Bill, William L. Henrich, M.D., MACP.
University President, University of Texas Health Science Center San Antonio, Professor of Medicine, School of Medicine, Division of Nephrology"

As, UT Health celebrates its 50 Year Anniversary next year, Dr. Berggren's congratulatory note memorializes initiatives begun 50 years ago. They celebrate advances in healthcare delivery which were rooted in the culture of UT Health San Antonio at its founding, advances which continue apace at the present time.

Dr. Pannill 's Humor

In above referenced link, I related a humorous event that took place at the AAMC/AMA Annual Education Meeting at the Palmer House in Chicago in February 1971. I led a meeting of all of the Deans of Schools of Medicine. You and I sat on the podium. The oldest dean of a school of Medicine was dominating a discussion session. I leaned over and asked you what I should do. You said, "Tell him to sit down!" With consternation, I struck the gavel and said, "Sir, we must move on, will you yield the microphone." You said, "My goodness, Larry, I didn't expect you to do that!" The audience applauded. I shall never forget that and the Deans stood up and applauded. Your sense of humor and of propriety was part of what I so admired about you."