

Does The Moral Arc of the Universe Really Bend Toward Justice?

An address by

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Do you agree that these are discouraging times? There have been so many occasions when I have cringed at current events and how they reflect on our nation's values.

Consider just a few:

- During a debate among presidential candidates, when a questioner asked Texas Governor Perry about his state's high rate of executing criminals, the audience cheered before Perry could even respond.
- In another debate, when Congressman Paul, himself a physician, was asked whether persons who voluntarily went without health insurance should face the consequences of death if unable to pay for care, he said yes. That audience also applauded.
- One of our two major parties, and – according to polls about half our population – would like to repeal the 2010 Affordable Care Act that promises to extend health insurance coverage to 23 million people. These opponents offer no alternative to expand coverage.
- When consultation for palliative care was introduced as a benefit in the House version of the Affordable Care Act, it was falsely labeled as government-sanctioned death panels by people who knew better. And, to the shame of our profession, no organized group of physicians – not even SGIM – stood up to argue the absurdity of that claim.
- Women's reproductive health services became a political football that tainted previously respected organizations – like the Susan Komen Foundation – with unwanted controversy.
- Significant proportions of the American public believe that our president is a Muslim, and think that both evolution and the threat of global climate change are fabrications foisted up on a guileless public by sinister scientific elites.
- In the wake of the Supreme Court's Citizens United Ruling, a torrent of money has been unleashed into political campaigns. And, because negative advertising trumps issue-oriented messages, results of the presidential primary campaign demonstrate just how influential money can be on public opinion and voting. It is estimated that we will be barraged with \$3 billion dollars worth of negative advertising between now and the fall elections.

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These are just some examples of why these times are so disturbing. What are we to make of these trends? Bill Moyers recently came to a dire conclusion:

“The great American experiment in creating a different future together has come down to the worship of individual cunning in the pursuit of wealth and power, with both political parties cravenly subservient to Big Money. The result is an economy that no longer serves ordinary men and women and their families.”

That is a serious indictment. And yet, hope is still alive.

I frequently meet with idealistic UCSF medical students who are searching for ways to influence the health policy process in order to help those who are less fortunate. I am glad to meet with them, and am impressed by their talent and idealism. But a nagging worry tugs at me: Has our political fabric become so corrupted that helping these bright young people become involved in health policy puts them on a path that will break their hearts, make them cynical, and waste their time?

In wrestling with how to reconcile my intrinsic belief in activism with my despair at the current situation, I revisited one of my favorite sayings, which is by Martin Luther King: “The moral arc of the universe is long, but it bends toward justice.”

Dr. King gave these remarks on March 25, 1965 on the steps of the Alabama State Capitol, having completed the third march to Montgomery. He told the Crowd:

“I know you are asking today, ‘How long will it take?’”....

“I come to say to you this afternoon, however difficult the moment, however frustrating the hour, it will not be long, because truth crushed to earth will rise again.

“How long? Not long, because no lie can live forever.

“How long? Not long, because you shall reap what you sow....

“How long? Not long, because the arc of the moral universe is long, but it bends toward justice.”

That powerful phrase can be traced to a once influential but now all but forgotten Boston Unitarian minister, Theodore Parker. In his 1853 sermon on Justice and the Conscience, Parker, who was an abolitionist, declared:

“I do not pretend to understand the moral universe; the arc is a long one, my eye reaches but little ways; I cannot calculate the curve and complete the figure by the experience of sight; I can divine it by conscience. And from what I see, I am sure it bends towards justice.”

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Martin Luther King was not the only famous person to borrow a phrase from Reverend Parker. Parker also said the following in 1850: “A democracy – of all the people, by all the people, for all the people.” Both these Parker-influenced quotations – the one by King and the one by Lincoln – are inscribed on a carpet in President Barack Obama’s Oval Office.

As I pondered those words: “the moral arc of the universe is long but it bends toward justice,” I reflected upon my own life and the amazing changes that have occurred since I entered medical school two score and 12 years ago. In my graduating medical school class there were 145 men and five women, one “negro” as African Americans were then called, and three students of Asian descent. And my medical internship was a similarly homogeneous cohort of 16 white men. By contrast, photos of today’s graduating class, or of the SGIM membership, look very different.

We assumed that all our medical school classmates were heterosexual, because those who were not were too embarrassed or too ashamed to declare openly their sexual preference.

So much as happened in this country since 1960 concerning racial relations, the status of women, and gay rights. A few personal examples:

- Graduates of my class who interned – in 1964 – at Southern and even Baltimore hospitals worked in segregated institutions. There was one ward for white men, one for “colored men,” one for white women, and one for “colored women.” It was only the passage of Medicare legislation – and the reality that segregated hospitals would not receive Medicare payments – that desegregated those hospitals. Later in that decade, spurred by the civil rights movement and the encouragement of medical students and some faculty, medical schools began increasing their proportions of students of color. The results, though short of what was hoped, have been impressive, despite legal challenges. And many members of SGIM work to reduce racial and ethnic disparities in health and health care through their clinical work and scholarship.
- The corporate sector was slower to adjust to these new priorities, but it did. For example, when I joined the Robert Wood Johnson Foundation in 1990, I was the youngest of 18 white male board members. Over time our board did diversify, and when I left at the end of 2002, my successor was an African American woman, whose appointment was remarkable only because she was so superbly qualified. Yet, even then, few suspected that only six years later an African American would become President of the United States.
- Of the five women in medical school class, four married other medical students. One was confronted by a faculty member after marrying a

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classmate the summer between her second and third year. “I am surprised to find you back here,” he remarked. “After all, you got what you came for!”

At a class reunion of my wife’s women’s college, a panelist described how when she became pregnant while working at a large firm, she was assigned to a secluded office so that no outside visitor would be disturbed by the sight of her pregnancy.

Today, women outnumber men at our nation’s colleges, and about 50% of medical students are now women. An even higher proportion go into general internal medicine.

- Finally, turning to gay rights, although we subsequently learned that several of our medical school classmates were gay and lesbian, they all kept their status carefully hidden, because in that era it was not safe to be out. In fact, the DSM manual of mental disorders classified homosexuality as a pathologic condition. A decade later, it was one of my gay classmates who led the successful fight to remove homosexuality from the DSM.

Now, it would be fatuous of me to assert that all the problems surrounding issues of race, gender, and sexual preference have been solved. Sadly, the media remind us daily how much work still needs to be done. But few would want to roll back the clock, because in these domains the moral arc *has* bent toward justice. And even more encouraging, polls show a much higher rate of acceptance of these changes among the younger generation. Those who promote hateful and mean-spirited policies and rhetoric are fighting a rear guard action. They are on the wrong side of history.

There are other areas where progress has occurred, although it has come haltingly. The rights of all people to receive basic medical care advanced with the passage and enforcement of Medicare, Medicaid, the SCHIP program, and – I hope – the Affordable Care Act. Yet, the reality that our country is still fundamentally divided on this issue means that it will not be easy to sustain – let alone expand – gains in access to care.

In the field of public health, where I now spend much of my time, we have witnessed – and contributed to – impressive gains against the scourges of tobacco, alcohol, motor vehicle fatalities, and HIV/AIDS.

The clinical science we now have at our disposal offers many more ways to help our patients, and despite such emerging challenges as obesity and physical inactivity, people are living longer and healthier lives than ever before. But those benefits are not uniformly distributed across the population. They are concentrated among the most fortunate, so that there is a widening health gap between the better off and those on the lower rungs of the social class ladder.

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And, of course, the daily fabric of our clinical practice as general internists is fraught with challenges, many of them articulately posed and answered at this very meeting.

So the central challenge remains, as it has always been: how to sustain hope in the face of what can seem like overwhelming obstacles. Here I want to share two other quotations. One is from John Gardner:

“Don’t pray for the day when we finally solve our problems. Pray for freedom to continue working on the problems that the future will never cease to throw at us.”

The other quotation is from Thomas Carlyle. It served as the driving inspiration for William Osler, the patron saint of American internal medicine:

“Our main business is not to see what lies dimly at a distance but to do what lies clearly at hand.”

So, don’t get discouraged, and keep plugging away. That may not sound very glamorous, but when multiplied over a lifetime, it can be a powerful strategy. How might it be expressed? Here are six suggestions, gleaned from watching a lot of people over the years, some of whom really made a difference, and others who fell short of their potential:

1. **Work on things that are important to you.** Too often people settle for assignments that they don’t really care about in order to get to a place they aspire to. In my view, that sort of compromise diminishes what you do and who you are. Try to align what you do with what you care about, both in your careers and in your roles as citizens.
2. **Be reliable.** Follow Osler’s maxim to do what lies clearly at hand. The best kind of colleague is one on whom you can depend to follow through. That means not over promising, but it also means taking pride in what you do and that you can be counted on to finish the task.
3. **Model your values in your day-to-day interactions** with patients, colleagues, and trainees, as well as in your choice of scholarship and teaching focus. One of the most important qualities is generosity. People who are generous inspire and attract others. Just as your children learn a lot more about you from how you act rather than from what you say, the moral arc of your own conduct is the best measure of your humanity.
4. **Try to avoid the false dichotomy of having to choose between professional and personal satisfaction.** I realize that “having a life” has become a mantra for many people. Freud put it differently. He said that the secret of fulfillment was work and love and in that order. Of course, he also smoked cigars and died of oral cancer, so you might question his judgment. That said, many of the most

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fulfilled people I know have been fortunate to have both rewarding careers and families. I wish that for all of you.

5. **Be resilient.** In an era of increasingly constrained resources, having to cope with disappointment will become an all too familiar challenge. Yet, those disappointments are part of the human condition, and how you cope will determine your effectiveness.
6. **Finally, the arc of history can be bent,** as Martin Luther King and his brave colleagues demonstrated. Just as civil rights for blacks, women, and gays are moral issues, so too is the opportunity for all people to have access to high quality, affordable health care. Our country is not there yet, and we are struggling. You can help us get there faster by your actions and advocacy, both in your professional and civic lives. You can help in two ways: by demonstrating to those who deny it that health care coverage really matters, and by acting to expand that coverage. Many of you have already done this and will continue to do so. Thank you for all you have done and all that you will do.

I began these remarks with the observation that these are disturbing times. And I shared with you my comfort from the perspective of Reverends King and Parker. I hope that you have come to the same conclusion: they were right – the moral arc of the universe does bend toward justice, event if it might take an unseemly long time to do so.

Thank you.