**Vice Chancellor, ex Chancellor of the University, Richard Goldstone, Advocate George Bizos, Members of the Executive, Dean of Health Sciences, Acting President of Convocation, Members of Senate, friends and families and *most* importantly the “Graduates of 2017”**

Before I start I want to acknowledge the huge storm clouds of uncertainty swirling around your internships.

The level of non-communication, mismanagement, maladministration and chaos to which you have been subjected is inexcusable.

None of you deserve this as you step across the thresh-hold of your careers.

I trust that all will be properly placed, and that the Department of Health closely orchestrates the support, teaching, and supervision you deserve as you prepare for independent practice.

My talk today is entitled: “What must live and what must die”; a strange title?

Let’s see!!

My address is directed at those graduating MBBCh but it has relevance for everyone.

Let’s start with the difficult stuff. Many will be wondering about the sanity of your University in inviting an elderly white male to address a group of graduating young adults

* Young adults born into a society which had systematically abused people on the basis of skin colour
* Young adults who see the injustices of the privileges enjoyed by the likes of me. Those privileges have been enormous.
* Young adults who may regard anyone over 35 as decrepit and think the Dean & I are the same age

I understand and empathise with your reservation and doubt; I **shared** that doubt **BUT** accepted Wits’ invitation in the sincere conviction that I could offer something you might like to hear and so it is my **privilege** to address you today **despite** being “fired” by Wits 20 years ago!! Another story for another day but with a happy ending.

50 years ago I sat where you are sitting waiting to graduate.

50 years ago that moment of joy and sense of achievement were delayed by a graduation address given by some **apparently** worthy geriatric who seemed to think it was **his** day not mine!

Can I **remember** the speech? No.

Was it a **bad** speech? Probably not.

Was it **too long**? Almost certainly.

So **why** do we have graduation speeches?

There are 2 important reasons. **Celebration** of the here and now and, importantly, **contemplation** on what lies ahead.

B**efore** we **celebrate** let’s **contemplate** the future.

There is the **“Big Future”;** in **it,** you will be buffetted by much that is beyond your control: it will include the challenges of:

* Managerial and administrative inefficiencies
* Exploding obesity and the consequent chronic disease epidemic
* Drug abuse
* The ethics of birth control, euthanasia and assisted suicide
* Poverty, Injustice, Unemployment & Inequality
* Implementation of a National Health Insurance Scheme and its affordability

And on a lighter note ------

* How on earth to get Bafana Bafana to perform to potential!!

However today we focus **not** on the **big** future but rather on **individual futures** because it is out of **your personal futures** that the “Big Future” emerges. So what **are** your futures?

They are limitless in possibilities.

They will be rewarding.

They will be challenging.

There will be disappointment

There will be intense joy

There will be times of deep regret and doubt

BUT remember, **MUCH** of **each** of your futures will be determined **not** by fate BUT by **you**. **You** will determine your **own** future.

For each of you in this Hall there are not 100s, not 1000’s, but millions who wished unsuccessfully for the opportunities that await you today. We owe it to each of them to make it more and more possible for others to follow in your footsteps.

**“Giving back to society”** is the social imperative that comes with the privilege of any professional qualification.

Human beings have been constructed in such a way that we **have two strong and often competing characteristics.**

These two contrasting and complex **characteristics** will determine how you **pursue** your professional careers **and** how you **sleep** at night.

Let us consider 4, **not unusual,** scenarios.

Scenario 1: You are deep in a critical discussion with a colleague when a nurse rushes up to you and says “come quickly Doctor, Mrs M is feeling funny”. You do not hesitate and rush to her bedside.

Scenario 2: Your morning session in the outpatient department is completed; it is lunchtime. The afternoon queue is building up. Your colleagues are waiting for you to go to lunch. A young man steps out of the queue and starts to speak to you. You smile at him kindly and say “please sit down; I shall be back soon” and you walk away.

Scenario 3: You have just finished a hectic and emotionally draining casualty call; there was a serious MVA and 3 stab wounds. It is 0230am. You get home. Your partner has waited up for you. You both climb into bed and start fumbling for ------ for your alarm. Your partner looks at you and says “oh please, just for once, forget the alarm. Your **colleagues** seldom get to work on time”. You decide not to set the alarm and arrive at work an hour late the next morning.

Scenario 4: You are aware of senior staff neglecting the obligations of their appointments. They arrive late and leave early. You know you should report their misconduct but are anxious about protecting your own career. You turn a blind eye to their **neglect** of patients and **theft** of taxpayer money.

What do these scenarios have to do with the competing characteristics I mentioned?

Scenario 1 (Mrs M feeling funny) speaks to your **Compassion and Caring Characteristic.**

Scenario 2 (lunch time) speaks to your **“Selfishness”**. In this case the “selfish” was a **low** grade **good** and **necessary** selfish; you had to have a lunch break and the young guy had to wait.

In scenario 3 (not setting your alarm) you were acting **high** grade selfish. You were meant to be on duty. You opted out. You betrayed your obligations.

Scenario 4 (lazy corrupt seniors) is complicated; it has elements of “low” grade and “high grade” selfishness and is incredibly challenging. On one hand your **“survival”** and on the other **complicity** in patient neglect and theft of tax payer money.

Desmond Tutu said “if you are **neutral** in situations of **injustice** you have **chosen the side of the oppressor**”. We **must** speak truth to power.

**Sadly** you will experience scenarios such as these on a daily basis; your responses will become predictable. You will develop **patterns of behaviour.**

33 years ago I gave a lecture in this hall entitled **“who shall live and who shall die”**. It was about resource allocation, apartheid health care & curriculum content. I argued that patients were living or dying based on skin colour, resource allocation and availability of appropriate skills. Today 33 years later those inequities are being addressed. Improvements include:

A revised curriculum strong in primary health care, family medicine and rural medicine

A two year internship

Community service

More equitable – albeit inadequate -- resource allocation

Skills more closely match need.

**Who shall live and who shall die** is now being determined **largely** by **practitioner** **behaviour and managerial commitment**.

Our **High Grade** “selfishness” is taking over.

Money, laziness, irresponsibility, greed and corruption have become the scourges for practising health professionals.

**The privileged are abusing the poor on an unimaginable scale.**

You need to be vigilant; these scourges must **not** take root in you.

I have a challenge for each of you as practitioners and human beings.

You **must** take control. You have the **choice** to be **caring** or **selfish**; you need to exercise that choice conscientiously and wisely. Your patterns of behaviour must be dominated by care and compassion, for **patient** and **self**.

When you get up in the morning you are going to commit to the **90:10:0** credo.

* 90% of **caring with compassion and conscientiousness** for your patients and fellow human beings
* 10% of **“low grade” selfishness** (caring for yourself; this is **critical**; how well you care for yourself will determine how well you can care for **others**)
* 0 % of **“high grade” selfishness** (coming to work late, moonlighting in private practice when you have a fulltime job, treating your private patients better than your state patients, overcharging and witnessing corruption but not reporting it)

When at night, you can look yourself in the eye and say out loud

“I had a 90:10:0 day”

You will have achieved **two** things; a **healthier** country and a **healthier and happier** self. ---------------

You must become a **90:10:0** practitioner.

Think about it; you can do it.

**“It’s your choice”**.

**Enough of contemplation;** it’s time to **celebrate.**

Today is a day like no other.

Today is the day you take charge of your own destiny.

Today is your new beginning.

**Celebrate** with **joy** and with **passion**. But in celebrating spare a thought for those students who gave their all BUT are not here today. To reach final year and not graduate with your friends is a devastating blow. Our thoughts are with them.

Wits is your home; Wits is my home; Wits is OUR home. We are hugely privileged to have a Wits degree. Today we say, not goodbye, but “thank you”.

**Thankyou** is a too seldom used word. Today that must be different. For each of you sitting in a “graduating seat” I trust that you have at least one family member or friend in the Hall who has shared the ups and downs of your epic journey and who today is as worthy as you of heartfelt thanks and congratulation. Many have sacrificed enormously, taking on debt, foregoing much that would have made life easier, perhaps having to deny your younger brother or sister the opportunities you have enjoyed.

I say “thanks” to my family who shared and tolerated so much and without whom I could never have realised so many dreams; especially to Joan, my inspiration, my harshest critic, my best friend, and my loving wife. You were and remain incredible.

Thanks to the many extraordinary colleagues especially Tom Bothwell who mentored me and William Pick, Sharon Fonn & Laetitia Rispel (each of them a 90:10:0 person) who took the baton from me & so contributed to creating a credible, compassionate and exemplary Public Health.

To Wits for their pivotal role in preparing me for a life in Medicine, for opportunities to pursue my passions and today for honouring me, a profound **thank you**.

Sitting on the stage are the representatives of your teachers from many disciplines and, hard as it may be to believe, they too have shared your pain and elation. Not sitting on the stage but as important are the other Wits staff; cleaners, gardeners, administrators, and security personnel.

I now ask all graduands to stand and give your family, friends and the staff of Wits, the ovation they so richly deserve.

Today is the day Wits **thanks you** for hard work, for your critique of Governance, for your passion and determination to make the world a fairer place and Wits **congratulates** you as you reap the rewards of your endeavour.

A final word to those graduating:

Be proud, be **mighty proud**. For many of you the journey has not been easy BUT you sacrificed and persevered.

Careers are beckoning, your futures never brighter, enjoy this momentous occasion, celebrate and cherish, be **bold** in pursuit of your **90:10:0** goals, **balance** your responsibilities to work and family, **care** for yourself but **NEVER NEVER** betray the significance of becoming a doctor and the responsibilities bestowed on you today. There is much to be done.

**So returning to my title “what must live and what must die”**

**Giving back to society, compassion and caring *must live*: selfishness and mismanagement *must die.***

**Go well and good luck.**

John Gear

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