"If it's moist, and it's not yours, don't touch it."

An infection control nurse told us that rule in our first week of medical school. It's a good rule. Here we are, four years later, feeling 8 years older, and after 8,000-some hours of study and $200,000 debt, it may be the best thing I learned in medical school. I'm hoping my 5-year-old will learn it some day.

I need to say a few short things today. The most important is "thank you." Medical school is a journey too long, and sometimes too hard, to make alone. We needed help. We needed you.

To our family and friends, to all of you who love us, who understood the forgotten birthday, who answered the tearful phone calls, who listened to our joy when we saw a beating heart, who held us when our first patient died, who reassured us when we doubted that we could do this, thank you. To the teachers who offered us knowledge, wisdom and compassion, thank you. To the patients who taught us how to care, we cannot thank you enough. To my classmates, sometimes the only ones who could understand, thank you. We could not have sustained these years without your love and support.

Looking back, what have we learned? Honestly, I don't remember. A lot of that iceberg melted away in the Great Post-Step 2 Penguin Massacre. But I can recall a few important lessons. For starters, if it's moist, and it's not yours, don't touch it.

- Treat your patients with unconditional positive regard. This works for anyone, by the way: relatives, coworkers, even the guy who cut you off in traffic. But it's hard to do.

- Listen to your patients, they will tell you everything you need to know.

- When in doubt, observe 4 hours.

- Don't order a test unless you know what to do with the answer.

- Don't let Buddy Ullman cat sit.

- Remember that just 10 percent of health is determined by the medical system. You're less important than the water bureau.

- The most important thing you can do for your patients is to be present.

- "Typically, people will die the way they lived." - that was from an expert in end-of-life care.

- And this was from a cancer patient: "Don't take my hope away."

Hope. This is when I should note that commencement is a beginning and reveal my hopes for us all. But I am not a hopeful person. In college, I declared that, "Hope is a false construct." It's strange that I had to come to medical school, to work with the sick and the suffering, to learn what hope is.

Hope does not mean that everything will be all right. A doctor recently asked me if I was ready for residency and I said, "No. I'm afraid I'm going to kill somebody." She said, "Oh, you're going to kill somebody." Without even pausing. Which did not make me feel better.
The truth is, everything will not be all right. After 8,000 hours of work, I do not feel ready to be a doctor. I will make mistakes. I may, with considerable education and the best of intentions, kill somebody.

Hope means knowing all this, and still looking forward to something you can achieve with work and a little luck: a practical goal, an affirmation of worth, human connection or some peace.

What I hope for us is that we learn from the mistakes we will make. Know that, if you do not feel ready, you are ready, doctor. Remember that, though medical care is just a tenth of health, you can heal. Find some peace. Be present. Listen to your patients. They will give you everything you need.

But if it’s moist, don’t touch it.