The Institute of Medicine: What Makes It Great?

President's Address
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The pianist and composer Rob Kapilow offers vignettes on National Public Radio and concert-length performances that he calls *What Makes It Great?* He dissects great works of music to explain how the composer constructs each piece to make it great. Kapilow talks about the way composers can use melodic line and harmonic variation to evoke emotion and sentiment in the listener. He describes how theme and variation can set expectations and produce surprises. He also talks about the way in which harmonic progressions, tempo, and dynamics can increase the tension in a piece until it reaches a climax.

In Schumann’s famous piano composition *Traumerei*—a little work that evokes the dream of a child—Kapilow describes how the composer repeatedly uses the same four notes to build up to different conclusions. Each mini-conclusion represents a different aspect of the dream-like state of the child until, finally, the dream produces an epiphany and the piece concludes.

In Beethoven’s famous *Kreutzer* Sonata for violin and piano, the violin begins with a set of chords in major mode, and the piano responds with a set of chords in minor mode. This establishes a dialogue between the two instruments until the disagreement reduces to two notes, E and F, just a half-tone apart, symbolizing the entire difference between the two sides of the debate. These two notes also bridge the first part of the piece, a slow movement, and the second part, a fast movement, and lead ultimately to a collaboration that resolves to a conclusion.

The *Kreutzer* Sonata is thus reminiscent of the process of an Institute of Medicine (IOM) consensus committee: the conversation begins with different points of view, sometimes opposing one another, or at least not yet in harmony. The committee members engage in a dialogue until they can distill the essence of the difference and finally reach a resolution.

With Mozart, Kapilow explains that, although we may today think of the composer as the creator of elegant, transparent music, in his day Mozart’s work was baffling to many listeners. Although there is a surface simplicity in Mozart’s melodic themes, there is often a deep and complex undergirding to that theme. In a way, Mozart’s music, as Kapilow characterizes it, is like a hologram with a two-dimensional surface and a three-dimensional depth that alternates rapidly before our eyes; or, in Mozart’s case, before our very ears. That strikes me as reminiscent of the statements of task we assign to our committees: on the surface, we ask deceptively easy questions like, “How much sodium is a healthy amount to consume?” But beneath that simple question lies a depth of complexity and variation that takes months and a great deal of argument to resolve.
There is much commonality in history between medicine and music. I suspect many of us here enjoy music and perhaps play an instrument. Albert Schweitzer was a world-class organist and an expert on J.S. Bach. Larimer and Gwen Mellon, who founded the Schweitzer Hospital in Haiti, both performed on wind instruments and had regular recitals. A very dear friend, Julius Jacobson, a pioneering micro-surgeon at Mount Sinai Hospital in New York, had a patient, Arthur Cohn, who was a professional musicologist. Based on many conversations, Mr. Cohn convinced Dr. Jacobson that he should write a book as an introduction to music, which he did and which is now in its second edition. The Longwood Symphony in Boston is made up mainly of medical practitioners and researchers performing as musicians.

If they remain in good health, musicians can display increasing expression and finesse even into their ninth decades, as illustrated by Arthur Rubenstein, the late, great, pianist. Rubenstein also illustrated the observation of the legendary dancer Fred Astaire, who said, “The higher you go, the more mistakes you are forgiven. Right at the top, if you make enough of them, it’s considered your style.”

I want to take a leaf from the book of Rob Kapilow today and reflect with you on the IOM and what makes it great. Although there are many ways to approach such a question, I would select six dimensions that together help make the IOM a great institution.

The first dimension is the nature of the work that we do—its quality, its depth, its scope, and its ability to convert complexity into a Mozart-like simplicity. Just this past year, for example, the IOM released six dozen reports and workshop summaries. That is six per month on average, although I think September set a record for productivity. These reports covered a wide range of topics and are described in some detail in the President’s Report Supplement. I will not discuss these at any length right now, but would like you to consider just the range of topics. Among them:

- Countering the problem of falsified and substandard drugs
- Geographic variation in health care
- Cost and quality in health care
- Educating the student body—introducing physical activity into schools
- U.S. health in international perspective
- Understanding child abuse and neglect
- Commercial sexual exploitation and sex trafficking of minors in the United States
- Evaluation of the U.S. President’s Emergency Program for AIDS Relief program for
As you contemplate this list, I believe you will be struck by the range and significance of the topics that the IOM takes up. What we do, then, is the first ingredient to what makes the IOM great.

Second is the need for what we do. I believe that the IOM and the whole of the National Academies provide a vital national service at a time of increasing need. When you consider the degree of political dysfunction in Washington, DC, and you think about the number of pressing, even urgent, problems that beset our nation—health, education, climate change, energy policy, immigration, productivity, innovation—every single one of them depends, at its root, on scientific understanding, engineering principles, and clear reasoning. Who else is in a better position to provide this kind of objective, disinterested, informed advice than an organization like the IOM and the National Academies as a whole? So, the second ingredient is the intense need for what we do.

Third is the ethos of public service expressed by the members and 3,000 volunteers who serve each year through the IOM. It is exemplified in our past leaders, a number of whom are with us today: David Hamburg, third president of the IOM, Sam Their, fifth president of the IOM, Stuart Bondurant, interim president after Sam, and Kenneth Shine, the sixth president of the IOM. Thank you, all.

Fourth on my list of key ingredients for greatness, after the work we do, the compelling need, and the service ethic of our people, is the environment in which we are privileged to work. The IOM is embedded within the National Academies, whose history of contribution, prestige, and collective capacity gives us the reach on pressing challenges that few, if any, other enterprises can mobilize to help guide policy. I believe we have opportunities for improvement, including some governance reforms, but we are incredibly fortunate over the last 43 years to have had the benefit of the close collaboration and cooperation of our sister academies of sciences and engineering and the whole of...
the enterprise in which we are based, including these handsome and recently renovated facilities.

Fifth, we have to credit the values expressed by our founders and incorporated as governing principles. If you look at the charter of the IOM, the preamble of which was crafted mainly by Adam Yarmolinsky, the namesake of one of our member awards, the second sentence reads as follows: “Rising expectations of better health and of improved quality of life for all members of our society now include good health care as a universal human right and as a goal of this society.” The aims of improved health and universal access to health care were embedded from the very start in the founding documents of the IOM.

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The constitution of the World Health Organization expresses a similar aspiration: “The enjoyment of the highest attainable standard of health is a fundamental right of every human being.”

The Constitution of the United States presents a different picture. The body of the Constitution talks mainly about the composition and powers of the three branches of government and the powers that are delegated by the states to the federal government. It is only in the Bill of Rights, the first 10 amendments of the Constitution, that the constitution enunciates rights that adhere to us as individuals: the right to free speech, the right to free press, the right of peaceful assembly to petition the government, the right to bear arms, the right to avoid self-incrimination, and others.

All of these individual rights enshrined in our Constitution are civil and political rights. There is not a word in the U.S. Constitution about an individual's social or economic rights. There is nothing in the Constitution about old-age pensions, or a right to work, or a right to an education, or a right to health. It was not until the 20th century that each state required primary school education; only in 1940 did the majority of adolescents in the United States graduate from high school. Protection of civil and political rights requires mainly that the state refrain from interfering in individual liberties, that the state not intrude on freedom of expression, practice of religion, and so forth. Fulfillment of social and economic rights, by contrast, generally requires positive action from the state or the collective public: to provide education, jobs, access to health care, and so forth. This is related to the distinction between negative and positive liberty expressed by Isaiah Berlin in his famous essay on “Two Concepts of Liberty” (1969).

Dr. Jody Heymann, newly elected this year as a member of the IOM and dean of the University of California, Los Angeles, Fielding School of Public Health, examined the constitutions of every country and found that they varied widely in their guarantee of a right to health. Only about 30 percent of constitutions adopted before 1970 mentioned health or health care. Between 1970 and 1979, that number leaped to 60 percent of new
constitutions. In the 1980s it was 75 percent. In the 1990s it was 94 percent. And after the year 2000, all but 1 of 33 new constitutions adopted around the world included something about a right to health. At the same time, a number of countries without a constitutional guarantee, such as Canada, have nevertheless provided universal health coverage, and others with a constitutional guarantee have not lived up to the written commitments. In America, a right to health care has always been a matter of policy debate rather than a constitutional principle. In practice, a solution for universal access to health care in America will likely need to incorporate both a social commitment to health coverage and individual responsibility to protect health and to share costs in accordance with one’s means.

In acknowledging a right to health, the IOM founders express an ideal that remains a guiding star. As Martin Luther King, Jr., observed, “the arc of the moral universe is long, but it bends toward justice.” Our founders also established the necessary principles to guide us toward fulfilling health needs: the importance of science, independence, objectivity, and the need for evidence. So, for their expression of enduring principles, we owe our founders a great debt of gratitude. These are part of what makes the IOM great.

Finally, from the outset, the IOM has been committed to making a positive difference for health. We are not content just to sit on the sidelines or to stop with good ideas. Instead, our mission as we express it now includes the aspiration to “improve health.” That is our ultimate purpose. It is so important for the IOM to take seriously that expectation and to do everything we can to put in place the programs and resources that will enable us as an organization to do even more to advance the cause of health.

One way we are fulfilling this aim is through the establishment of the Impact Fund. The Impact Fund is intended to help the IOM initiate new projects where the need is great, where government may be disinterested or conflicted, where private sources may not be ready yet to provide support. For example, we are now in the midst of a very critical study on end-of-life care. You will recall the debate over the Affordable Care Act when the specter of “death panels” was conjured by opponents of the bill. To quell the distraction, the Obama administration promptly dropped any reference in the bill to honoring patient choices about end-of-life care. When he became Centers for Medicare & Medicaid Services (CMS) administrator, Don Berwick tried to introduce not a requirement that hospitals should have a conversation with patients about their wishes in the case of advanced illness, but simply the idea that, if a hospital chooses to have that conversation with a patient, CMS will pay for it. Even that proposal had to be withdrawn. The government even now can barely talk about the end of life, much less pay for any rational study of the subject. So, it is crucial that we, as an organization, are prepared and able to take up questions that are of central importance to health, but where government or even private funders may not yet be ready to step forward.
We have to do more to motivate those in positions of power, such as policy makers, professionals, institutional leaders, and members of the public, to do more to protect health and to advance the conditions in which individuals and families can be healthy. We must do more to convey our recommendations in a way that is persuasive, makes sense to people, and meets people where they are, so that everyone is able to act on the best interests of health.

We have to be willing to participate with others to extend our reach sensibly and appropriately and to collaborate and engage with others. We have to be willing, ourselves, to stimulate action, as we have started doing with our innovation collaboratives in association with our forums and roundtables.

As I see it, the Impact Fund spells out its own components: *I*, Initiate, *M*, Motivate, *P*, Participate, and *ACT*. It all adds up to *IMPACT* for health, and that is what we need to do.

The Council of the IOM has enthusiastically endorsed the idea of putting in place
a fund to increase the impact of the IOM. With perhaps more questionable judgment, they have elected to name it the Harvey V. Fineberg Impact Fund. I consented to this because, truthfully, I feel so keenly that this is important for the IOM, that living up to our potential to promote health is a key part of what makes the IOM great. In the next year, if we can make real progress on governance reform and put in place increased funding and capacity to enhance our impact, we will have done much to make the IOM even greater in the future than it is today.