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THE DOCTOR, THE COMMUNITY, AND MENTAL HEALTH

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*"What do you write?" said Gobind. "I write of all matters that lie within my understanding and many that do not."
"Even so," said Gobind, "tell them first of those things that thou hast seen and they have seen together. Thus their knowledge will piece out thy imperfections."
Life's Handicap, Kipling*

I would like to speak to you of things we both have seen, hoping to piece out my imperfections. The things I shall say you have heard before but you have not heard them from me. I shall try to be tactful in the telling but I may fail. Tact, an old teacher of mine once told me, was the ability to find out beforehand just what it is an audience does not want to hear from you. I have not been able to do that but I won't go too far wrong, for I know I am among friends. En route in this discourse I may quote; if so, it is because, like Montaigne, I can thus better express myself. I may even quote for you some old Chinese proverbs which I have just made up; but I bear no funeral "tydings" and no rabid doctrine; I speak to you only as a fellow physician about a distillation of ideas concerning

current situations as seen from the viewpoint of one elderly clinician.

It is true, as someone might allege, that this physician's view comes through the distorted prism of mental hospitals, for he has lived in them throughout the world for 33 years. Even so, it is so much calmer in them — everyone is so beautifully tranquilized now — and a man can get closer to himself away from all talk of war or nuclear fall-out. Should anyone object to being addressed by a psychiatrist, he should be told that I am none too comfortable around well people either, and that rather makes us even.

The points I would like to make are easy to outline. The first is that we are in the greatest era of change that has ever been known to man and that we in the practice of medicine cannot expect to proceed as usual, uninfluenced by this change. Secondly, I shall note, sadly, that we, as physicians, have slipped a notch in the affections of people; in the present vernacular, there has been a change in our image. All of this has unfortunate repercussions and bespeaks the need for some thought about our methods of communication with patients and the public. Thirdly, this consideration then leads us into considering the necessity for taking a more active part in community affairs, for there is a widespread resurgence of interest of communities in the care of sick fellow citizens. Lastly, I shall suggest that the two newest specialties of medicine — psychiatry and rehabilitation — are the fastest moving of the specialties and both are

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closely related to community affairs and both have a great deal to contribute to physicians, no matter what discipline they practice.

The deep influence of changes in times and events has been commented upon by wise men down through the ages. Hippocrates thought that it is changes that are chiefly responsible for diseases, especially the great changes and violent alterations both in seasons and in other things. Carlyle noted that today is not yesterday; we ourselves change and change indeed is painful, yet ever needful. Decades ago, Oliver Wendell Holmes told a graduating class at Bellevue Medical School that physicians and scientists, as practical men, had little time to watch the social, economic, and political currents running this way and that and he warned them that they could be engulfed by these currents and their work could go for naught, if they failed to recognize the laws which governed their changing practices. Some time later the once proud and outstanding German medicine failed to take heed of the changes going on about it and it was engulfed and prostituted and may never recover.

It would seem that some changes are taking place around us today and they require careful, unemotional consideration from the best brains medicine can muster. Dubos, a contemporary, notes that the pattern of disease changes with each phase of civilization and that these changes are brought about by new environmental and technical factors and the profound disturbances that culture and ethics exert on the indi-

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vidual. There is no need for me to comment here upon all of the changes in medicine and in disease in the last 30 years. All of us are aware too, I take it, that rigidity and lack of adaptability sometimes keep people from adjusting to situations which time and family circumstances necessitate in middle life and in old age, and these people are in danger of serious depression. Noted as we are in medical practice for our individuality and our insistence upon doing things in our own way and without interference, we must be especially careful that we do not become case hardened. To be cognizant of the need to adapt to new situations as the scene changes is not to sacrifice one's ideals; rather it implies being aware of new currents moving about us and taking the lead in formulating the policies being promulgated in those changes, lest our patients suffer. Perhaps Edna St. Vincent Millay expresses most plainly, and even starkly, the need for readiness to change:

All creatures to survive
Adapt themselves to changing conditions
under which they live.

If they can grow new faculties to meet the
new necessity, they thrive;
Otherwise not.

The inflexible organism, however much
alive
Today, is tomorrow extinct.

No matter what happens externally, however, we remain physicians, men dedicated to the same ideals and governed by a code of conduct which relates us to each other and which insures our patients dedicated and skilled attention. We do not preach — in fact, we abhor change for change's sake; we speak

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only of readiness for necessary change. The great law codes which were promulgated in the Dynasty of Babylonia, 2000 years B.C. — the Code of Hammurabi — were altered by time and the Elamitic invaders. The Code of Hippocrates required adjusting due to the passage of time, for some of the surgical procedures with which it dealt are no longer applicable. But no matter; though the codes have changed in keeping with the times, the basic premises of altruism and dedication remain the same and we are bound by them.

As to the physician's image with the public — that's a strange concern, isn't it? We never used to have to think of it, but we do now. Concomitant with the rise of scientific medicine in this century, the trends which carried the physician far along the scientific path seemed to dim for him the awareness of the leavening and liberalizing influences of the humanities and failed miserably to emphasize the importance of the emotional and environmental influences in illness. This was unfortunate and not at all necessary, for scientific and emphatic understanding of illnesses are not mutually exclusive.

In that sojourn into the purely scientific realm in the past four or five decades, several things happened and one is that physicians collectively had a slight fall from public grace and, as we stated before, even slipped a notch in the affections of people. This had widespread repercussions for a while, even extending to influencing the number and quality of students applying for admission to our schools. Never before

have physicians been possessed of such a high level of scientific knowledge and never before have they been the object of such criticisms. Mind you, it is a schizophrenic form of criticism, for people are still attached to their own physicians, but they became highly critical of medicine in the aggregate and this could not be overcome by giving out occasional statements or even by the giving out of pamphlets in our offices.

All of this also has had many side reactions. It is axiomatic that people do not get cross at medicine in general nor at individual doctors because of scientific inadequacy; rather they become distressed because of real or fancied slights, lack of consideration, or hostile attitudes. The rise in legal entanglement is an index of this resentment and our honored profession admittedly is projecting a poor image.

We know our good intentions and we have been occupied with them but we have failed to realize that that was not the image the public was receiving. Something has happened to our communications systems. In addition to speech and writing, we must remember that there are many subtle signs and symbols that reflect our personalities, feelings, attitudes, and beliefs and affect the meaning of our messages. Our real selves come through to others in gestures, sounds, movement, facial expression, sometimes as an accompaniment of speech, but often without our uttering a word. Also our communications are altered in other ways, even by the person who receives them; it takes two to close the circuit. Our messages are

interpreted in the light of extremely personal factors and conditioned by the make-up and the physical and mental condition of the person who receives them.

I note that at a recent AMA public relations meeting the audience was told that "an organization is wasting its time and energy in communicating with groups unless it has made a study of the groups' attitudes and predispositions and done something about it." Really, this is elemental and it should have been recognized a long time ago. People must be prepared to receive messages; we must also. Have you ever heard the statement "Even if it were good, I wouldn't like it?" That is how some of the writers, columnists, labor leaders, and other opinion formers have felt about us in the aggregate and, no matter what truth we expounded, it would have had a hard time getting through to people not prepared to receive it. This same public relations institute made three suggestions: (1) Make known the organization's dedication to the public good. (2) Define the organization's goals before discussing the means by which they can be met. (3) Then, that extremely important guideline: Take a positive approach, emphasizing what the organization is for, not what it is against. It is a bit late but attention to these guidelines would still be of help.

All of this spells one other important thing, namely, we have gotten too far away from the community and we must get back to it. Not only will the community in the last analysis decide whether or not

we will have hospitals in it and decide whether or not it will support them, but it will also decide upon some of the ground rules under which we will practice medicine.

The present-day interest of the community in medicine, especially in mental health, is an interesting phenomenon. Heed is being paid to it by some medical journals, which even have sections entitled "Your Patients May Be Reading." This interest was a long time awakening but, now aroused, the community is anxious to be of help. The psychiatrist invited to address community groups now no longer goes as an apologist, but rather he is requested to come prepared to tell what they can do to be of assistance. The public, by an incredible turn-about, now wants to be useful in some fashion in the care of its sick fellow citizens. Heretofore, if a person became mentally ill, he was quickly banished to a large monolithic institution, usually at some distance from his home, where sometimes he simply was warehoused. Now the situation has changed markedly.

It is fitting that the community should be interested in the health, particularly in the mental health, of the individuals who constitute it and it is axiomatic that, if the individual is to serve society, society must serve him. Communities, or any social groups, are dependent on the well-being of their constituents for their own welfare. Society insures the welfare of its individual members by establishing rules agreed upon by its members, safeguards the common good, and prevents

usurpation by those unwilling or unable to conform. A complex society cannot exert direct influence over individual members. This must be done by sub-societies — community, neighborhood, and family. They assume the task and protect the value system. The family is the operating unit and it is unnecessary to comment here upon the family's task or the necessity of the community's protecting, educating, and preserving the health of the family which is its vital segment. Are we in medicine a part of this? Yes, an extremely important segment and we must play our part and maintain it, even in the face of the cynic's question: Are we our brother's keeper? The answer is, yes, we are. This is particularly important in the case of emotional upset. The doctor and clergyman are the first line of defense against it. They see it early and, depending upon their reaction to it, the family and the community will make efforts to have it treated or they will be lulled to a false sense of security and do nothing.

Community interest in mental health received its greatest impetus at the hands of a martyred president. Incidentally, the last major bill he signed provided for the establishment of Community Mental Health Centers. Did you know that the night before Mr. Kennedy died, Senator Humphrey was addressing a thousand people at the meeting of the National Association for Mental Health in the Sheraton Park Hotel in Washington and, in the course of his address, he told a hushed audience that one irrational

act of one man could change the course of history? Well, 14 hours later the course of history was changed and we had demonstrated to us tragically the need for the community to interest itself and be aware of the mental health of its citizens.

By means of the Comprehensive Community Mental Health Centers now contemplated, it is hoped that people will be treated near home, jobs, and loved ones and not be forgotten in far-away institutions. It will be a difficult task to support and to man these Centers and it will take the combined interest of the community's physicians and clergymen and other leading citizens, working together to finance and to staff them. You can see the necessity for all of us to help in any way we can. These community centers, soon to be established, have many other facets and implications which we cannot go into here.

What will these forays into community medicine do to private practice? Nothing much, except to deepen its meaning, make the physicians a bit busier, and make their practices more rewarding. We must get back into the community and take part in its efforts and give of our time, our advice, and our substance and we will be fairly compensated. For physicians to remain aloof will be to risk still further loss of contact and understanding and this is fraught with danger. We cannot hide behind the fact that we give enough of our time to clinics and out-patient departments. This is true, but they also have failed to project a proper image as yet.

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We mentioned a fourth thing to call to your attention and stated that the two newest medical disciplines — psychiatry and rehabilitation — were the fastest moving of the specialties and we believe that they both have important contributions to make to medicine in general. We have no inflated ideas regarding this, nor do we minimize any other branch of medicine. We know that psychiatry can give the doctor the tools to understand the person who conveys the symptoms and to understand the psychological meanings of the illness. Some people need symptoms; if they don't have them or too direct an assault is made upon them, the person may be driven to the refuge of a psychosis. The physician, armed with the knowledge of the underlying psychological meaning of the symptoms, can understand the needs and the wants of the person he is called upon to treat. In their simplest form, the ingredients of dynamic understanding and relationship to people can be reduced to the words "respect" and "affection." These attitudes are extremely important; they are accompaniments to careful scientific and technical understanding of the physical aspect of the problem. Everyone gets sick in his own fashion; illness has a particular meaning for each person. Sometimes we are the cause of our illnesses; sometimes we are contributors to them; but in each instance they are our very own and the problems of the weak and the strong, the young and the old, the rich and the poor, all have essential differences.

This leads me to a few comments about rehabilitation as a discipline

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and Rehabilitation Centers as community efforts and, in my lexicon, the latter are blessed. When I recall how in my internship and residency people who had strokes or spinal injuries were fated to remain bedfast and more often than not simply kept comfortable until the inevitable end; then, when I think of young fliers with spinal injuries and soldiers and sailors with amputations and think of the depression and hopelessness in the wards that contained them, I still recall my distress and personal depression.

Now we contemplate what was done during World War II and since then and realize that a number of these people are returned to active life and are self-sustaining. If psychiatry teaches the great dignity of the individual, then rehabilitation teaches us never to give up and to use our own technical and psychological skills to the utmost to get these patients up and around, and even then we are not finished. I can never forget Howard Rusk's statement; it is worth cogitating about and contemplating upon:

A man with a broken back has not been rehabilitated, if we spend four months teaching him to walk but leave him with such an anxiety state that he will not go out of the house. And if we meet this objective and then send him home to a fourth floor walk-up apartment, where he is a prisoner in his own room the rest of his life, we have done him no great service. Until we have found him a job which he can do, we still have not fulfilled our responsibility.

I would like to repeat a statement by Balint, an English psychiatrist, which it would be wise to keep always in mind, no matter what branch of medicine we practice or how scientific we become:

The most frequently used drug in medical practice is the doctor himself and this is a drug without pharmacology, without directions as to dosage, form, frequency of administration, and without leads to the hazards, allergic responses or undesirable effects. We know that the doctor himself is an extremely powerful drug and those who use it relieve more suffering than has yet been recorded by the most powerful drug in the pharmacopeia. The old family doctor knew this and he prescribed himself in generous doses.

Like all great art, the art of medicine is the skillful and creative application of a scientific discipline to a human problem and, as we adapt ourselves to new situations,

we might remember a statement attributed to Ruskin; in fact, it could well be our motto:

I believe that the test of a truly great person is humility. I do not mean by humility doubt of his own ability. But real great men have a curious feeling that greatness is not in them, but through them and they see something divine in every other man and are endlessly, foolishly, and incredibly merciful.

That is a wonderful statement for everyone to keep in mind and, if we could all be foolishly and incredibly merciful, we could all live in peace and the tranquility we seek would come from within ourselves.

This Conference on the Responsibility of the Physician in a Changing Society, sponsored by the John Carroll University and the Academy of Medicine of Cleveland, was presented on the campus of the University, September 15, 1965.