

August 1979

## Beyond Professionalism: Medicine and the Human Spirit

M. J.D. Newman

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

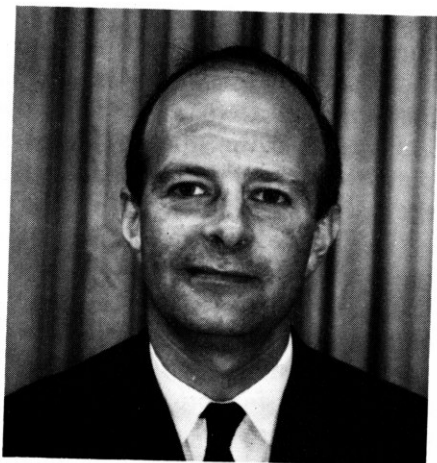
### Recommended Citation

Newman, M. J.D. (1979) "Beyond Professionalism: Medicine and the Human Spirit," *The Linacre Quarterly*: Vol. 46 : No. 3 , Article 11.  
Available at: <http://epublications.marquette.edu/lnq/vol46/iss3/11>

## Beyond Professionalism: Medicine and the Human Spirit

Dr. M. J. D. Newman, F.R.C.P.

*Born in London, England, Doctor Newman received his M.D. degree from Cambridge in 1950. He took postgraduate education in neurology and internal medicine in Great Britain prior to moving to Winnipeg, Manitoba, Canada in 1959. He is an associate professor of neurology at the University of Manitoba and a member of the active medical staff at St. Boniface Hospital in Winnipeg.*



Traditionally, medicine has always embraced the whole human person in its professionalism. It has been centered on the patient as an individual. Part of the reason is undoubtedly that no real scientific techniques were available to medicine up to 100 years ago. The tremendous advances in the science of medicine in recent years, while conferring enormous benefits, are liable to lead the profession away from its underlying humanistic basis and even threaten to bring on the medical nemesis. Fortunately many of the greatest medical scientists have held firmly to the primary importance of the human spirit. Charles Sherrington, one of the greatest neuro-scientists of the century, was able to say, in his old age, "for me, the only reality now is the human soul; keep on struggling for the reality of the spirit."

There are many temptations to confine the practice of medicine to a narrower professionalism and to throw over the ancient art; "to cure sometimes, to relieve when possible, to comfort always." The French speak of a *deformation professionnelle*, which marks the members of

the various professions and narrows their vision of fellow men to some particular part or quality. The doctor's vision is likely to be concentrated on those aspects that he can act upon or manipulate. The aspect which is most criticized and the subject of so many jokes at the doctor's expense is the financial one. Of course doctors expect to make a living out of their profession. Problems arise from the inflated expectations engendered by their present economic position. The idea that the average doctor can expect to be wealthy is a recent one, even in North America dating only from the 1950's. He may now be liable to feel that he can acquire a wealthy lifestyle without excessive labor or outstanding skill. And so he takes on more work than he can really cope with and skimps on his actual service to the patients. The overcrowding of the doctor's office is abetted by patients who have little idea of what services a doctor is really able to provide and who come in search of an illusory right to health. Some have a belief that life can be made entirely free of pain and suffering; many of the new flood of the pseudo-sick are the chronically anxious whose lifelong existential problems tend to get merely covered up with a blanket of tranquilizers. And so the doctors' offices fill up and the waiting lists lengthen, but there can be nothing so out of harmony with the human spirit as the two-minute consultation.

The other obvious aspect of narrow professionalism is confining one's attention to the purely scientific aspects of disease. I take it that the essence of science is the analysis of real events and real people into elements which can be measured and generalized. This analysis has been tremendously successful and in the last 30 years has given the medical profession great power to alter the pattern of disease, although it cannot guarantee health nor really change the span of life. The scientific analysis can be made on various scales and at various levels of organization, for instance that of the macrocosm or of the microcosm.

Looking at the macrocosm, it is evident that a human being does not stand alone. He is a part of the cosmos, a member of society. Publicly financed health and welfare schemes have particularly tended to promote the idea of the health of individuals as an aspect of society; they have naturally tended to look at the sick patient in his relation to the rest of the group and to the economy. Bismarck instituted the first health insurance scheme on the premise that it would produce healthier soldiers for the Prussian Army. Beveridge, who laid the plans for the British Welfare State, imagined that with unrestricted provision of free medical care, the whole population would become healthier. Hospitals would be less required, less would be spent on drugs and less time lost from work through sickness. It didn't work out that way. It appears that the most sophisticated medicine practiced today has remarkably little influence on the health of populations. Engineering, clean water and proper sewage disposal are much

more potent factors. Even that famous detective story, "John Snow and the Broad Street Pump" (he closed the polluted pump and stopped the cholera epidemic) is now called in question. It seems that the incidence of the great infectious plagues, typhoid, cholera and tuberculosis, was beginning to fall before effective health measures were put into action. I don't believe that altogether, but we can certainly overestimate the effectiveness of medicine in changing patterns of disease.

There is also a considerable danger in looking at the sick patient too much from the standpoint of society. Let us face it, over 60 or 65, we are all dispensable as far as society is concerned. Perhaps those on the lower rungs of the professional ladder would be happy to see that figure brought down to 50 or 55. It would be terribly wrong to refuse to treat somebody because he might not be of any use to society or because he might be a burden or an expense to the economy. If we take this attitude to a retarded child or a senior citizen, we should realize that the same argument could be used against ourselves. We are all disposable. The idea that society comes first and the human being only has his value as a unit of that society is totally foreign to the whole ethos of medicine. That does not mean to say that we cannot sometimes do a patient more good by trying to change his adjustment in society than by giving him pills.

### Absurd to Treat Universe

Man is also part of the cosmos, but it is plainly absurd to expect doctors to try and treat the universe. We do hear of geneticists who would like to improve the human race. It is extremely doubtful whether any eugenic manipulations would actually change the race and equally doubtful whether we know what sort of improvements we would like to see in it. After all, it is healthy and intelligent human beings who cause most of the trouble in this world, not the defective and the sick. Even so, medicine has some responsibility to society and to the world as a whole. The population crisis is to some extent the product of modern medicine. Doctors in poor countries where the average income is less than \$100 cannot expect to have the best facilities for cardiac surgery. Even we, in this affluent nation, are bound to feel financial constraints.

More fruitful and closer to true science has been the analysis of man in the microcosmic sphere. But along with the benefits, there are real dangers to be avoided. Even the classic Greek concept of man as composed of body and soul, can do harm to the cause of true humanism. To influence the soul while neglecting man's bodily and material aspects can give rise only to misunderstanding and bitterness in those whose physical infirmities have brought that aspect of life into the

foreground. A fundamental dualism is antagonistic to true professionalism.

By means of the scientific method one can analyze the human body into anatomy, physiology, chemistry, electrical functions — all measurable quantities. We can then act upon them by means of physical and chemical agents; that is to say, largely by surgery and by drugs. No real object can ever be totally comprehended by means of such parameters, least of all such complex reality as a human being. The brain, for instance, contains so great a number of independently functioning elements that they can never be counted, let alone adequately described. We are therefore forced to rely on non-quantitative generalizations which give only dim comprehension and the vaguest of probabilities in place of adequate prediction. This is obviously true of psychiatry but also of clinical medicine, which has to rely on such half-science. In spite of these limitations there are still many opportunities for action, even in poorly understood disorders.

There is always a temptation when one has the power to alter some aspect of human life to assume that such an alteration is going to be for the benefit of the patient. There is a common fallacy that scientists may ethically experiment with anything which they are capable of doing. A typical example of this has come with the knowledge about certain hereditary biochemical brain defects. These can now be detected both before and after birth. If detected before birth, the child can be aborted and this is claimed as prevention of disease. However, the editor of the *New England Journal of Medicine*, Dr. Ingelfinger, has pointed out that such action is not prevention at all but merely destruction of the patient suffering from a disease. As soon as a doctor starts killing his patients, even supposedly for their own good, he loses his credibility as one who really has his patients' good at heart. It is completely false to state, as Fletcher has, that there is a category of "passive euthanasia" which is ethically equivalent to "active euthanasia" or killing. There is a paradox here. Death and suffering are inevitable and can even be a good. There are conditions which are worse than death. On the other hand, the whole orientation of a physician must be towards life and health and opposed to death, however easeful. It is only when death and suffering become unavoidable that we have to accept them, and in doing so perform what is a valid human action. There comes a point when the fight for life is no longer even a successful rear-guard action. In that epitome of scientific medicine, the intensive care unit, the human spirit can easily be lost sight of among the pulsating machines and incessant electrical and chemical monitoring. Did you know that only about 10 percent of those admitted to an intensive care unit are alive a year later? A new drug or surgical treatment may often have some deterrent effect, for instance on an advanced cancer, without really curing it. At what point does one conclude that the symptoms caused by the treatment

are worse than those of the disease, or that one is prolonging the act of dying rather than adding length to life? To what extent is the patient himself brought into the process of making these decisions? A mumbled consultation at the bedside, composed of unintelligible technical terms is the opposite of proper involvement of the patient. We need to have not only a knowledge of scientific weapons at our disposal but also a feeling for the actual patient, his goals and his future.

The advent of scientific investigation and treatment has inevitably brought about specialization and sub-specialization in medicine. This can be a serious impediment to true human communication although it is essential to keep up with scientific advance. The dextohallucologist may know all there is to know about the right big toe, but unless he is very careful he will cut himself off from the human condition.

These are all obstacles to communication of a true human spirit, but contact can be made with every opportunity which we have to speak with or examine one's patients. To a smaller extent, the doctor can identify himself with Jesus, Who went about doing good and healing all kinds of disease. We must be humble. We cannot actually heal anybody, we can only make circumstances suitable for natural healing. While we must always be alert for the opportunities for good action, we must be equally aware of our serious limitations.

### Heroism Evident in Sick

We do meet some heroic figures among the sick as well as in those who look after them. I remember a man brought into the emergency room with severe asthma, whose first thought was for his elderly landlady whom he had nursed since her stroke five years before. Suffering is an authentic human action. There are situations where one no longer has the possibility or the moral option of fighting against the forces of nature or of our fellowman and can only suffer. One can see such heroic suffering not only in adults in the prime of life, but even in children and in the very old. I remember a child of 11 comforting her parents against her approaching death from leukemia. Such events are unexpected spiritual experiences in the course of work which is often humdrum, frustrating and painful.

One must cultivate humanism, trying to see in everyone those reflections of the spirit of the Creator, however blurred and fragmentary. Deeds are more effective than words. Good deeds require training and practice. In the old days, medical students used to learn most of their medicine from the indigent "staff patients." That included not just the scientific basis but also the humanizing service of "God's poor." Medicare has taken this opportunity away from us,

mostly to the benefit of the poor, but to some extent to the detriment of the medical profession. Some doctors, like Schweitzer and Norman Bethune, have gone to find the poor elsewhere and give us continued inspiration. Fortunately, there remain many other people against whom we can measure our real human stature. The critical and intelligent patient brings us in touch with other peoples' philosophy and value. At the other end of the scale, we still have the flotsam and jetsam of society — people whose incompetence in life washes them up time and again into unpleasant medical situations. There are so many in our culture with self-inflicted disease; alcoholism, venereal disease and even lung cancer, to whom one must show real sympathy, not just the emotional expression — though that has its place — but also practical action. This is even true although the alcoholic or the man with lungs destroyed by years of cigarette smoke are quite unlikely to be benefitted by our attempts at treatment. Sometimes it is the case that a stern and determined attitude is more helpful than a soft complaisance. Although a sick person is usually helped better if he likes and trusts the doctor, it is sometimes only necessary that he knows the doctor is right. We all like to be liked. Some types of personality have to beware of making this a primary goal, in place of the patient's welfare. Other types of doctor have to keep on their guard lest their natural brusqueness or even rectitude prevent them from displaying the needed flexibility. Sometimes we must be content with a second best action when the best is simply not feasible. We have all met patients who refuse unpleasant treatment but who must not therefore be totally abandoned or rejected.

This brings us to a final and most neglected category of human beings who have much to teach the professional man about real human values — the stupid. Perhaps we find it relatively easy to treat the mentally defective because we can look at them in a paternalistic way. They are like little children who are not expected to be independent. But the ordinary working, or non-working man who is just plain stupid arouses predictable antagonism. Professional people are of necessity middle class. I take it that what class structure there is in this country is a functional rather than a hereditary grouping as it was in Karl Marx's day. The professional man is well-educated. He got A's in his university career; why must the rest of the world be so obtuse? I remember trying to unravel the story of a particular woman's symptoms. I couldn't make sense of them and she plainly could not either; she could not even describe what she felt. Then I realized that this inability was actually what she came to see me about; she had aphasia, a brain disorder. Is not that usually the case with those who don't comprehend? Lack of intelligence is analogous. Some people are tall, some can run fast or have musical talent, others have the ability to study and pass exams. If the doctor is to be in harmony with the human spirit, he must recognize that his talents are just that — some-

thing quite fortuitously given to him which should be used for a good purpose. We are trustees, not absolute owners of our ability.

Science has added immeasurably to the impact of medicine on the physical aspects of disease but can easily result in blindness to the spiritual aspects of the sick. The important point which must be kept always in mind is that the material and the spiritual cannot be separated in life, that both together constitute a complete human being. To be as far as possible in harmony with the human spirit, we must have compassion for all sorts and conditions of men, working the hardest for those we find personally most antipathetic. Such persistence will benefit our spiritual life in the same way that physical exercise and moderation in diet are used to cultivate physical health.

## REPRINTS

Reprints of any article which appeared in the LINACRE QUARTERLY, beginning with the 1966 issues (Vol. 33) are now available in either (a) full-sized copy, or (b) microfilm, through XEROX UNIVERSITY MICROFILMS, 300 North Zeeb Road, Ann Arbor, Michigan 48106.

Full sized reprints of articles are available at \$3.00 for the first copy, plus 50¢ for each additional copy ordered. This includes first class postage and handling charges. Quantity discounts are also available. For information on the cost of microfilm copies, please contact XEROX UNIVERSITY MICROFILMS.

TO ORDER FULL-SIZED REPRINTS PLEASE RETURN THIS ORDER DIRECTLY TO:  
XEROX UNIVERSITY MICROFILMS, 300 North Zeeb Road, Ann Arbor, Michigan 48106.

TITLE OF PUBLICATION: Linacre Quarterly

TITLE OF ARTICLE: \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ VOL. NUMBER \_\_\_\_\_

INCLUSIVE PAGES TO BE COPIED \_\_\_\_\_ THROUGH \_\_\_\_\_

NUMBER OF COPIES OF THE ARTICLE NEEDED \_\_\_\_\_

(Cost is \$3.00, minimum fee, for one copy of a complete article, or portion of the article. Additional copies of the same article are 50¢ each. Full remittance must accompany this order. Please write for further information on deposit accounts and quantity discounts. Allow two weeks for delivery.)

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZIP \_\_\_\_\_