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The Adversary Within*

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But prove all things; hold fast that which is good. (I. Thessa. 5:21)

AT HEART we physicians have a strong propensity for holding "fast that which is good." In order to fulfill St. Paul's forementioned inspired principle, it is necessary to draw right conclusions, and to evolve from confusion that nearest truth. This is not an easy task. It is beset with many difficulties. It is necessary not only to gather and study basic facts, but to define them. In addition, the mere exigencies of practice, and those of society itself, grow no simpler with each day of rapid technological achievement. Indeed, they make the effort to "prove all things" a painstaking job.

The above situation is made more difficult by a common, fundamental problem: words have different meanings and usage. Neither do they strike everyone with the same connotation. The simple prestidigitation is this: meaning is distorted, and camouflaged.

Words are used in many instances, either intemperately or dishonestly, to attain goals. This

serves to lessen the breadth of that fine line between exaggeration and fraud. Not that we all live up to the loftiest ideals, far from it. But nowhere in word usage is that line thinner and more wanting of substance of true meaning than when principle is being subverted for the sake of expediency.

Whether within medicine and science, or advertising and promoting circles — expediency is a forcible adversary. It insensibly engages the mentality, and makes it more activist than critical; more flamboyant than respectable; more clever than truthful; and more material than moral. The ground rules are simple, and seem virtually innocuous: exaggerate importance, convey false impression, and overstress supposedly useful benefit.

OUR CREDULOUS NATURE

Now, we in medicine are supposed to be hard taskmasters, and not likely servile. Yet, all about us, we recognize our credulous nature. Few of us are rid of it. Perhaps we accept it without being really aware of it. Sir William Osler, learned gentleman in medicine and medical education, however, said that: "Most physicians fail to grasp the startling fact that

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they are beset with the common facility of reaching conclusions only from superficial observations." Then, in an address, "Teaching and Thinking: The Two Functions of a Medical School," to the faculty of McGill Medical School in 1894, Osler said this: "... man has an inborn craving for medicine . . . the desire to take medicine is one feature which distinguishes man, the animal, from his fellow creatures. It is really one of the most serious difficulties with which we have to contend."

Physicians and laymen both tend — indeed often it seems — to accept with alacrity each and every therapeutic proposal which is offered assuredly and eagerly. Perhaps for these reasons we are easy prey for the influences of advertising.

Advertising is a fascinating craft, a respectable trade. Its aim is to sell. Nothing is wrong with that. But, somehow, in recent years the assumption has crept in that advertising is education. Whether that is the result of Madison Avenue wordmongering hardly needs attentive or deliberate thought. Advertising and education cannot be equated. One is informing and announcing; the other is a process of training, studying and assessing in order for a person to develop, insofar as is humanly possible, his intellectual, moral, spiritual and physical powers. Words make a difference.

Our society's aim is to produce more of anything and everything.

Advertising is primed to sell it. Yet neither cold reasoning, nor abundant facts seem to make very effective advertising. At best only emotional exposés seem successful in the market place. The main stream of society has, curiously enough, continued to accept it. It may be that many of us really tend to be controlled by feeling, not Thomistic logic and thinking. Even then, we summarily imagine that we use all our reason and knowledge.

Regardless of our concepts, advertising works by implanting and nurturing an attitude of mind, even of emotion. It affects our perception. What is unreal is intuitively recognized as realistic, thus a quasi-image. Take, for example, the advertising of therapeutic products in the medical journals. A recently marketed antibiotic product: "is a new and exclusive advance . . . already has an outstanding record of decisive action . . . provides more certain relief . . . achieves more where others fail . . ."

Well, glory be to the patron of advertising! Suppose we physicians really believed what we read, or judged products by the company their advertisements keep. Unfortunately, some of us do. In that case we tend to depend more on our senses, rather than reason, for ideas. No one can dispute the use of semantic smoke screens. Here is another example: "Our product is capable of unsurpassed results . . . strusionic releases make the Big difference . . . for this 'wormy world.' . . . It is of unexcelled effectiveness . . . extremely

well tolerated . . . remarkably free of complications . . ."

These techniques, whether used in television commercials or employed in representative reputable medical and scientific journals, serve to establish, and even sustain alarming illusions of value. They depend on the enumeration of exaggerations, yet usually are legally blameless. The pattern is common: provide each and every product with a symbol of superior value. Stay within the law. The fact that a product may actually have no important therapeutic worth; or that the value of a newly advertised product has not even been established, nor substantiated, before it was put on the competitive market seems not to be of moral importance. In that case, legality can not be equated with morality.

LABOR OF THINKING

Despite the foregoing problems, over a period of years the therapeutic-products industry has done an incredible job. It would be ridiculous and stupid for one even to think otherwise. It has contributed immeasurably to alleviation of miseries of disease. Complications of illnesses have been lessened as never before. For industry to stay in business, as well as to expand in means that provide life-saving measures, it has been necessary to make increased use of advertising ingenuity. Nothing is wrong with that. What does matter is the quality of advertising.

The quest for knowledge in useful therapy, both old and new, is an ever-existent obligation. The

fulfillment of this obligation in a drug-stricken milieu, sometimes is beset with vexations and intellectual obstacles. By and large we resist learning therapy from frenetic detailmen, and from abominable ad-men. Yet in order to meet adequately all the realistic demands made on our time, some of us, caught in the vortex of exigencies of society and practice, find that keeping up with advertising and detailing becomes the principle method of keeping up with medical therapy.

In the awareness of our limitations, it would also be naive and unrealistic not to state that at times there is nothing to which we do not resort to avoid the labor of thinking. Or, to put it differently: "We are as lazy as we dare to be, and some of us are exceedingly bold." Nor would one deny that some physicians are mere middlemen for a mounting drug traffic: we prescribe for nearly every patient and every complaint. We naively have special therapeutics for each and every symptom. Never have so few of us been subjected to such a continued and overwhelming bombardment of potent drugs, over-stuffed nutrition products, and fixed drug combinations and mixtures. Perhaps it is true that we dislike controlled tests and accumulative statistics. Or is it that we do not see what there is until we have been taught to see. Thus, ". . . the frequency with which new drugs are put on the market before ample clinical studies are carried out is likened to the situation of Alice in Won-

derland — the verdict first, then the trial." (*NEJM*, July 17, 1958)

The therapeutic-product market is intensely competitive. No aversion to this exists. By a similar token there is no resistance to promoting and fostering real progress; nor to making sincere attempts to reduce health, social and economic handicaps. This is one of the positive conditions of life. Nevertheless, we are imperfect; and inertia is inherent in our nature. Fallibility, however, is not simply overcome by putting false emphasis on "using everything and trying anything" that comes along. To do so is to go hand in hand with the quasi-humanitarianism of boastful promotional schemes.

No doubt we physicians tend to encourage this, whether intentional or not. How often do we prescribe complex, expensive powerful drugs when simple, cheap and harmless products suffice. An ever increasing number of widely varied products to select from serves to make this an increasingly complicated problem. We hardly have time to learn popular trade names of products, much less the traditionally advised generic name. Indeed, it may be said that in this fidgety age we rarely fulfill many of our ideals. This takes time. Nevertheless, we boast of our enlightened scientific bent.

In dialogue we advertise our ever-tender devotion to high ideals, and a staunch intolerance of narrow thinking. As a general rule, we imagine that we alone alleviate and cure the horrors of disease. How often do all our

superb products really accomplish what we think they do? How really common is it for most ordinary infections just simply to "run their course," wholly unaffected by multiplicities of therapy? How frequently do we make effort to comprehend our own motives in therapeutic excesses? How often do we say: "Here try this" instead of taking time and trouble for serious talk with patients? May it be said again that this is avoiding the labor of thinking. As a result there often is failure to exercise restraint in assessing the surcharged promotional reports of all the superior results of therapy. This serves to foster not only early misuse of potent drugs, but laxity in exact dosage. This is especially apt to happen when, in the fevered race to market of drugs, the safe dosages, exact indications, and incidence and nature of toxic hazards simply have not been adequately determined.

The line between exaggeration and deceit is alarmingly thin. Take these examples: a product is advertised and detailed to physicians as being capable of "increased rapid absorption and higher blood levels." Ordinarily this might be of therapeutic importance. Yet, how are such claims justified when studies subsequently show that not only were they false but also clinically unimportant. Is it right to promote almost compellingly, potent products for benign and self-limited conditions when they should be used sparingly and infrequently? Is it just to advertise and detail in an enthusiastic manner, fixed antibiotic combinations

for minor inflammatory disorders? Is it proper — and ethical — to make impressive claims — wholly unjustified by evidence that "this new little pill" provides extraordinary benefit for colic, anxiousness, myalgia, and spastic colon. Is it morally justifiable to prescribe powerful products, knowledge of which has been gained solely from advertisements and detailmen? In what manner does this practice really differ from human drug experimentation?

The communicative scope employed by advertising nomads is Herculean. Neither physician nor layman escapes it. Of the possibility of advertising being capable of offering basic and realistic services, there can, of course, be no doubt. But the flamboyance in recent years of the advertising of therapeutic products in medical journals differs little, if any at all, from that of television practices concerning filtered cigarettes, aspirin-related buffers, and toothpaste, striped or plain. As a rule, perfection and flawless taste isn't possible. That, however, is no excuse for falsity and cheap exaggeration. The use of sophisticated vulgarity, of alluring "hy-frecated" models, and of sensual and sensate images ordinarily is typical of dime paper-back exposés. Unfortunately it also is typical of some of the advertisements in the professional medical journals.

RESPONSIBLE EVIDENCE

Expediency holds no respect for a moral-intellectual partnership. It carries out the adversary's aim,

and functions thereby to foster phony value systems, to encourage unappeasable desires for material commercialism, and to keep minds rigid and unresponsive. The health of human beings is not something to be played with, either by advertising experts and stockholders, or by deceptive promotional schemes.

Ordinarily the drug and nutrition-product manufacturers get clinical data concerning products from experts that may or may not be associated with the industry. They share responsibility for products that annually hit the competitive road. As a rule, the reporting of clinical studies is one of the established means of informing physicians about therapeutic products, some of which serve not only to rot the medical literature, but medical meetings as well. In most instances such reports concern studies in which there has been wholly inadequate observation, lack of really proper interpretation, and a conspicuous absence of controlled studies. Ill-performed, short-term clinical tests are carried out with no difficulty. The data is prophetic: "in 88.9 per cent of patients, the results were excellent, or of significant improvement." By and large, such studies detect only that which is therapeutic nonsense. No imaginative or controlled approach is required; and their effects are unfortunate. They unwittingly enhance unrestrictive propaganda for a whole hodge-podge of therapeutic products. Even more distressing, such programs afford increased opportunity for wasteful

utilization of important clinical research funds; and for barnacled the orderly conduct of basic research that may be far more valid and useful. All this results in raising false hopes — and expensive ones at that — of the laymen, and in increasing the confusion of many in the medical profession.

Success is not measurable by quantity of data, or by number of papers published and read. Investigators and fledgling writers who prematurely rush their latest proofs of optimistic and poorly documented therapeutic studies to the nearest medical journal, either are still gravely inexperienced, or are likened to exploiters and eager hucksters who subvert truth and quality for expediency. To publish solely for the sake of publishing is neither ennobling nor impressive. To publish strictly for the sake of academic status, it seems to me, is distasteful, and thus unappetizing. Neither tends to transcend material interest, or personal gain. Yet, how difficult to attain.

THE CRUX

A multiplicity of complex reactions influence man's responses to a drug. Interpretation of data, free of error, admittedly is extraordinarily difficult. Judgment may be just plain hazardous, even without the associated vice of intellectual stubbornness. Yet there is a remarkable tendency for investigators to brush aside incontinently mature judgment and counsel. There also is tendency for an investigator to rely principally on observations and interpretations of

inexperienced students, or resident physicians. At the very best, even with top qualities of mind, the validity of investigative studies is strongly dependent on wisdom and maturity.

Now by any criteria of unseemingly sentimental fringe groups, however stuff-shirted my statements may seem to be, I should not be misunderstood as expressing mere cynical disbelief, or just irritative indignation. Neither do I mean the resentment and disapproval of clinical investigation and research by young physicians. Far from it. Stated more precisely, ethics and excellence simply are the very crux of any state of activity, and of progress and change.

HAILSTORMS: DETAILING

Sir Osler had keen knowledge of the realism of advertising existing in those days, and in 1902 he expressed his view in a lecture, "Chauvinism in Medicine":

To modern pharmacy we owe much, and to pharmaceutical methods we shall owe much more in the future. . . . We all know only too well the . . . literature which floods the mail, every page of which illustrates the truth of this axiom, the greater the ignorance the greater the dogmatism. Much of it is advertisements of nostrums foisted on the profession by men who trade on the innocent credulity of the regular physician, quite as much as any quack preys on the gullible public. Even the most respectable houses are not free from this sin of arrogance and of ignorant dogmatism in their literature. A still more dangerous enemy to the mental virility of the general practitioner, is the "drummer" of the drug house . . . many of them are good, sensible fellows . . . ready to express the most emphatic opinions on questions about which the greatest masters of our art are doubtful. No class of men with which we have to deal illustrates more fully that a man knows what he does not know. . . .

LINACRE QUARTERLY

In general, detailing and exhibiting, traditional advertising methods, tend to resemble an Arabian bazaar: the compulsive-like dole of countless samples, and the distribution of reams of medical testimony. Many physicians, of course, feel that such exposés are warranted. Others however, are peculiarly sensitive to the midway-like maze that often dominates access to some of the medical and scientific meetings.

The practices of some detailmen and representatives in hospitals, clinics, and offices may be not only distracting, but astonishing. Their very numbers, to crash-program a product, are purely of nuisance value. Their use of recorded-like phraseology, dripping with quasi-scientific jargon, is exasperating. Indeed, it may be downright insulting. By use of a variety of verbal and visual techniques, detailmen usually seem to know all there is to know about mutation phenomenon; or they plumb the salty depths of microchemistry with millimols per liter of balanced ions; or expound the strength — but never the weakness — of the latest in peace-of-mind pharmacy. Regardless from whence they originate, such pseudoscientific pitches are advertising techniques. They are geared to promote, and for that reason are at the mercy of unceasing competitive efforts to get products used.

Neither restrictive nor permissive policies are capable of dispensing good manners and virtues. Nor can rules and regulations control them. One practice which I

hope rarely occurs — and obviously is uncalled for — is for hospital representatives and detailmen to make rounds and to detail products on hospital floors to physicians and even nurses.

In the examples above, when it is necessary to cope not only with misuse of privilege, but also with the daily informing and continual badgering about innumerable products of superior drug magic, it is difficult not to carry out some sort of control. Otherwise physicians would continue to be pelted from all sides by hailstorms of detailing and advertising.

Obviously much of this is inevitable. Ours is a pluralistic and competitive society. We have an intellect, and should be shown capable of understanding and of drawing conclusions. Privileges and rights must be respected, not flouted. In no way does this mean becoming an insensible part of surcharged forces of expediency. To do so is to temper and compromise principle; or to subserve pursuits of quality to more or less Brownian-movement learning. Expediency need not become a highly valued substitute for morality and a clear conscience.

PRINCIPLE AND PRACTICE

In medical circles there has been growing awareness of the need for respectable advertising, for exacting studies of products, and for exercising judicious restraint in the interpretation of clinical drug tests. More than ever, this is a moral obligation to society.

Fortunately many physicians take a proper view of "all that's

new." However praiseworthy this may be, capable physicians, those with that unwearied devotion to genuine patient care, tend to use all therapeutic drugs sparingly. As a rule, most so-called new products are used infrequently, and prescribed with caution. There is no frantic jumping from one product to another, according to the whim or curb-side influences of prevailing notions. Emphasis truthfully is placed on careful history and examination, and on proper laboratory study; less is put on frenetic prescribing and imperative treating. Indeed, emphasis is placed on that which is significant: respect for the special healing value of human understanding.

No battle is being waged against prescribing. Far from it. No contention exists with the use of harmless pills for simple, common, self-limited illness. Battle can be waged, however, against a system that tends to make us subservient to the sinful offense of compulsive drugging with potent and expensive products. This is especially apt to happen whenever a patient demands it, and when ordinary disorders require only inert and harmless measures. The continued submission to the nagging fear of loss of patients to "some doctor who will" serves to make a physician abdicate his time-honored role. Admittedly, our beleaguered resistance often breaks; and for the same reason, even despite our best contrary intention and restraint, it breaks again.

All medical disciplines will no

doubt grow more complex and difficult. Yet, it should still be fashionable to continue to aim for lofty standards, and to minimize deterioration of thought and ideal. There is enormous need to avoid the superficiality of medical automation: dehumanization. Human beings desire relief. Yet our concern for man must be pure. As we grow in the understanding of the science of medicine, we need to know more of the spirit and emotion of man. It therefore does not seem abnormal, as medical science grows more complicated, to stress again the need for attitudes of critical inquiry; nor foolhardy to maintain a critical mind toward all evanescent therapeutic manias.

It is reasonable then for us — student, house officer, educator, practitioner — to continue to apply the fundamental and well-trod principles in therapeutics. Although there admittedly are no infallible rules, the following may serve as useful guides:

A LIST OF REMINDERS

- Concentrate on fundamental in therapy: rules of action and usage.
- Avoid the habit of drugginess: do not overdose; do not over-treat.
- Choose a suitable product and hold to it.
- Use a standard, well-established product: drugs either win their place, or die of misuse and neglect. Avoid elaborate and needless drugs and redundant combinations.
- Prefer the specific drug: do not take shortcuts at the cost of

reason and waste of time.

- Have no delusions of therapeutic omnipotence: place yourself in the patient's place.
- Make a "new" product tell: the need — the use — the specific use — the importance of it in therapy — insist on reasonable proof.
- Distrust judiciously the therapeutic conformism: "Everyone's using it." Examine the independent, controlled clinical reports.
- Make use of available sources to continue your education in therapeutics: medical journals, professional meetings, reports and critiques in therapy: (a) *New and Nonofficial Drugs*, the American Medical Association Council on Drugs;¹ (b) *The Medical Letter on Drugs and Therapeutics*;² and (c) *Yearbook of Drug Therapy*.³

RIGHT OR WRONG

Moral and ethical virtues underly long-standing precepts in medicine and in science, and are continuously involved in the conduct of both. Aims and achievements in medicine and the therapeutic-product industry are

1. *The Journal of the American Medical Association*
2. *Drug and Therapeutic Information, Inc.*, New York, New York
3. *The Year Book Publishers, Inc.*, Chicago, Illinois

impressive. Indeed, they are outstanding; and are capable of even more. But they also are right or wrong only in relation to their good for human beings. It is dangerous to put a premium solely on a technologic, or scientific medicine. The sense of the person, and thus of humanity, must not be lost sight of. Thus, the sooner qualities of stature and of stout honesty are reinforced — in advertising, investigation, and medical publications — the less shall be the threat of demand for regulatory controls.

Culprits responsible for existing problems may not even recognize that they exist. Deceptive advertising they can recognize only when it no longer is a material and economic expediency. But non-material values like respect of conscience, restraint and discipline, or need of submission to the rigors of criticism and standards of proof, are beyond their awareness. If and when such problems in advertising, investigation, and publishing are ultimately solved, the solution shall come about not by legislation, but from within these very fields by moral amalgamation of people of creative quality, bold honesty, and humble concern for the superior good of human life.