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J.J. Applegarth

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Materialism and Modern Medicine*

J. J. Applegarth, M. D.

MODERN MATERIALISM has yielded many fruits. It has shown us how to be uninhibited, more popular, more comfortable, to live faster, travel faster, use the economy size, retire at 45, and be buried attractively. And modern materialism has likewise brought us modern medicine, for doctors, as other men are part of this culture.

The future M. D. is an amiable chap with average intelligence. He emerges from the American family empowered with the infused disciplines of the movies, the comic strip, and baseball. The average American high school, which equipped him with minimum university credits, urged him little in intellect or soul, but at least he learned how to "get along" with everybody. A somewhat naive, if not vague, but none the less wholesome, altruism guides him to study medicine.

In the university, with its short-sighted emphasis upon such things as zoology and comparative anatomy, he is led to feel that the understanding of mankind in his thinking, his politics, and his art are not particularly pertinent to the doctor's profession. And so these irrecoverable years whisk by unfruitfully.

Medical school is a four-year study of man's body. Much pains-taking effort must be spent in reading, in lectures, and in laboratories, acquiring a workable understanding of the material aspect of man: anatomy, the way he is put together, and physiology and chemistry, the way he functions. Such a body of new data is the student daily presented with, that he is continually pressed by a shortage of time, and frustrated by the necessity of selections of the most important out of what seems all important.

The average student in his early training is one who is fearful of not knowing everything, at the same time being aware that it is virtually impossible, while tormented by the thought that his colleague next to him somehow does. His perspective in this matter

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is not helped by his want of sleep. His psychological conditioning continues on through one study after another, as the months toll the first year with scarcely a glimpse at a patient. His well-meaning ideals did not foresee this, and he looks around, a bit bruised, wondering whether it is really worth it.

In the rapidly growing science of medicine, there are basic tenets and first principles, just as there are in any other field of integrated knowledge. These, however, are not rigorously set down on the first day for all to ponder. Rather, the philosophy of medicine is a system of thought implicit between the lines in research, teaching, diagnosis, and treatment. Its roots lie in the materialism and determinism of the nineteenth century biologists, with the evolutionary doctrine of man. There was no creation; the earth evolved a formless mass of matter out of some elaborate system of hot gasses, and gradually fashioned itself into an environment which would sustain life, which also somehow appeared, that first living cell, *de novo*, out of the elements at hand.

This cell, our genial little ancestor, spent his busy days eating, growing, and, of most significance, responding to the stimuli in his unfriendly environment. Before he finally gave in, he divided into two more which were slightly different and better constituted to meet the trials of everyday living. Man is all of this, more complex, it is conceded, but not in essence very different. The term, "the organism," frequently employed in physiological discussions, connotes this idea.

The analogy is carried out most fully in prevailing schools of psychology. Thus "the organism" dwells in a constant turmoil of now psychic stimuli. He reacts to each of these stimuli, and the nature and extent of his "response" shape his thoughts and actions. Man becomes a reed in the wind. He cannot be responsible for his actions, because free will is intrinsically denied.

While it is the psychologists, who in dealing with man's behavior, assume that stimulus-response explanation in the spiritual order, it is the neurologists, who demonstrate it in the laboratory on the physical level with the simplex reflex arc. They both optimistically point to the day when the gap between the study of the nerve cell and human behavior will have been crossed, and man will be totally revealed in terms of integrated actions of complex nervous pathways.

This is the apex of materialistic thinking a 100 years old. This narrow and stubborn view, admitting no other evidence on the nature of man, denies God by continuity, as it does free will, and leaves man with no special dignity beyond that derived from his animal inheritance.

It often appears to be a source of delight to some biologically-trained minds in the medical school to conclude a clinical discussion with a reminder of this central thought. It is as though there is a sort of refuge these minds may take when the mysteries of man become too pressing. It is intellectually soothing in the face of difficulty to wrap man up, and start again at the one-celled stage. This type of mind achieves a curious enchantment from the concept of man as a derived and developed being, a sense of pseudo-humility with mystical overtones. There arises an attitude of smugness from this pocket-sized kind of thinking, which is revealed in areas of spiritual values.

These people, no less a part of the medical circle than other scientific fields, often become amateur religionists, and are heard proposing that we design a new religion based on scientific truths. These skeptics, the brilliant, well-trained, critical scientists of medicine, are, sadly, the body of teachers in the medical school today. Each is a highly-developed specialist in his branch of study, and their laboratory aphorisms, devaluating values, come to be a familiar part of the faculty-student exchange. They are the professors of dignity and reputation in the academic medical community from whom is to come the measure of wisdom with learning which will make physicians out of medical students. But in the place of true wisdom is the pompousness of the scientist, the dignity of the mind which doubts.

A man these days who proclaims his doubt will be heard, but a man who proclaims his convictions may be laughed at. This type of "it would seem" thinking, perhaps laudable for the experimentalist, annihilates conviction.

The earnest medical student, nursing himself along under the psychological stresses of what seem like almost insurmountable demands of knowledge and production, hears day after day this tacit implied philosophy. Though perhaps not recognized as such, it becomes part and parcel of his scientific equipment. His natural

enthusiasm and admiration of this or that experiment easily become an identification with his total pattern of thinking. After all, what is indicated before the student appears to be new valid physical knowledge.

May he not, therefore, look to the same source for "new" spiritual knowledge? Persuasion is even easier under these circumstances for the mind which had no particular concept of values at the start. And so after two or three years of this, the student has become well-conditioned in the philosophy of scientism. It is a tragic fact that many Catholics, receiving their medical training in secular institutions, are thus allured by apparent pastures on the other side of the fence, and lose the faith. When, as happens not infrequently, they are Catholics previously educated at Catholic colleges, one is given pause for thought indeed.

In the clinical years the student must do his best to integrate his separate sciences, and temper them with the art of practice at the bed-side. The success or failure in this will probably lay the pattern for the remainder of his professional life, by the development of habits and attitudes good or bad.

The actual care of the person who is sick requires something new, which is the evaluation and the interpretation of the scientific data of his disease. One of the first things that becomes apparent is that the patient is not predictable and reproducible with the accuracy of the laboratory animal in the controlled experiment. This unwieldy test object is a thing which thinks, reasons, worries, has a home, a family, a job, may be good-natured and cooperative, but may be sullen and defiant. He may suddenly get well, when he is expected to get worse, or worse when he should get better. He is credulous, unbelieving, scared, and proud. He is the little old Greek who pushes the fruit cart, or the Negro waiter in the next bed, or the 35-year-old divorcee with a cold in a private room. He is, alas, a human being, indeed a fellow human being.

It may not matter very much to a veterinarian what kind of a cat it is who has a broken leg. It matters a great deal what kind of person it is who is being treated for intractable peptic ulcer or hypertension. The disorder in a man's conscience, reflecting itself in chronic emotional upset, may not only aggravate his disease, but render complete therapy virtually impossible.

There is always a disquieting gap in the student's mind at this point in reorienting himself from the laboratory to the total view of the patient. This does not often come readily. The change seems inevitably abrupt, and he may sense, not without truth, an unfair obligation to deliver techniques he doesn't possess.

This is indeed an artificial situation, when the patient, the ultimate objective, has been so disseminated and departmentalized that, when the study is done, he cannot be readily reassembled. It is analysis without synthesis. There is a current realization in the medical school that the extreme over-consciousness of the laboratory concept has left the patient in the background. Educators are concerned about this and its end result, specialization. They rightly feel that, though knowledge moves forward, the patient in the total view is losing, and will continue to do so.

Much talk is heard, therefore, these days about "treating the patient as a whole." It is scaled in terms of considering the emotional unrest which may result in a patient afflicted with the ordinary ills. It calls attention to a considerable group of ailments of the body which may in large part be only secondary to ailments of the mind. The popular concept of psychosomatic medicine reflects this. So, with joy and surprise, the scientist has discovered that people have minds and emotions, and that it is possible for them to affect his body. A hyphenated name must be coined to denote the idea that people function as integrated units.

St. Thomas said this much and more. The implication here is that when the patient's psyche has been given its due, the job is done, he has been viewed "as a whole." The basic flaw in this reasoning is the unrealistic appraisal of the patient by the doctor from the beginning.

With this quasi-scientific view of his patient, the doctor finally takes up his tools to go out to treat the sick. Because the nature of the doctor's role gives him a unique intimacy with the patient, his most routine everyday ministrations may lead to profound effects on the spiritual level just as on the physical. It is within his means as easy to promote chaos and disorder as to promote harmony and what constitutes the patient in his eyes makes the difference.

Notice the obstetrician, taking care of the young mother who has had rheumatic heart disease, and is now in her first pregnancy. When in the fifth month her heart shows signs of fatigue, since this respected physician does not see here a growing human with an infused soul and the stamp of divinity, he calls it a "fetus," aborts the mother, and murders another infant Christ.

This mother, in her courage to have a family, and in her trust that Our Lord will take care of her even as "the lilies of the field," is cajoled and prevailed upon by her doctor, who assures her that he alone holds the answer. So her trust turns to fear. In this grotesque struggle between mother and doctor, it is not often that we hear her say, "I had to fight to keep my baby." She usually loses. The term, "therapeutic abortion," is clear enough. It connotes the idea that under certain circumstances, when science directs morality, the doctor may take on himself what is God's business, the termination of a human life.

When science comes to the rescue of the unmarried Park Avenue mother, and calls it "therapeutic," the lie is apparent. If charitable impulses toward one person lead to the killing of another, such morality becomes a vicious kind of sentimentality.

Such distortion of values as this leads the modern doctor in the abuse of his role to the ready practice of sterilization of the mother with seven children, and to the development of improved techniques of preventing conception, simply because, by his own enlightened standards, seven children are too many. In yielding to the compassion he feels for this "poor mother," he thinks he is doing good thereby.

He feels it a shame that society must be burdened with the unfruitful expensive care of the chronically ill, the mental defectives, insane, and the aged. Of what "use" are they to society? Although they may be of great "use" to God, the doctor becomes the social refinisher at the level of physiology, championing the cause of the eugenicists and the dictum, "survival of the fittest," that with improved mating habits we might make society a nicer thing to live in.

There is a kind of morality here, but in the abandonment of absolute values it is little more than a foil for sentiment, indeed

the example of Hitler was the complete fruition of this viewpoint. The German medical profession had in preceding years fallen into such a utilitarian outlook, and under Hitler's guidance it was not long before German doctors were the instruments of mass killings in the interests of social improvement. In a recent article by Dr. Leo Alexander (*New England Journal of Medicine*, July 14, 1949), we are warned that the seeds of this philosophy are not dormant in the American doctor.

In the field of psychiatry, however, where the doctor enters directly into the spiritual life of the patient, lies the heart of the matter, for here the force of his material values may be disastrous. The modern doctor as a psychiatrist, it follows, denies that there are unchangeable standards of right and wrong, that there is such a thing as sin, and naively assigns the conscience to the infused censorship of generations of community custom.

When he undertakes the treatment of the patient with an anxiety neurosis, manifested by "guilt" feelings, at the root of which lies sin, he attacks the conscience, God's natural warning, as the evil offender, the represser, the source of symptoms. He exhorts the patient to further sexual indulgence with his neighbor's wife, because these natural "drives" must not be suppressed if there is to be mental health.

For the solution of his unhappiness the patient is urged to redouble the cause, and the last state becomes worse than the first. So the doctor, operating in the moral life of the patient, takes things into his own hands, and thwarts God in His own domain. A soul by this counsel is then lost to eternity.

The modern doctor simply does not know whom he is treating. He is not equipped to treat the total patient. He does not know what the patient is, nor does he know what he himself is, because he doesn't know what man is. His entire training has been geared to the study of man's body alone, based on the materialistic premise, that man's nature is totally explained by his being the ranking member among the other mammals. He grew up in a false culture which holds up materialistic ideals on every side, denying God in the emptiness of its living. He humbles his intellect to a science that claims to prove that it alone possesses the key to the universe.

Patients will not be realistically treated until the enlightened doctor comes to realize that the man he is treating was created by God for the purpose of loving and serving Him during the short span of his life here, and that, in reward for this well-done, he will receive the joy of beholding God face to face for all eternity. This is what man is for. He is scared because he belongs not to wife, mother, or state, but to God. God permits him to suffer in the form of physical or mental illness, either as a result of denying or turning away from Him through the abuse of his own free will, constituting sin; or as a reminder that the things of this life are not very important.

Our Lord gives each of us sufficient grace for salvation, and the sufferings from disease can be a powerful source of grace. How many moderns are anxious to hand out the over-dosages of morphine to the terminal patients with cancer, and how many are lost to eternal life thereby. God created doctors, too, just as everybody else. He only gives them special technique. He gives the doctor tremendous responsibility when He charges him with the temporal welfare of the special fruits of His creation, and the doctor must answer for it in obtaining in this framework his own salvation.

It may be truly said, then, that pride is the cardinal sin of medicine, and until doctors view their patients in the scale of God's view, they can never treat them "as a whole." If we are to see better medicine, we must, as elsewhere, restore all things in Christ.