Quo vadis medicina?

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Modern physicians are currently enveloped in a revolutionary social challenge that involves the science of medicine, medicine's economy, its financing, organization, and delivery of medical care; the traditional loyalties of patient-doctor relationships; and even the ethics of medicine. In responding to this challenge we need to preserve the core values of our profession and to preserve those that are relevant to society.

In considering these issues, I have been particularly influenced by the insight and writings of some of my fellow Massachusetts physicians, particularly J. Englebert Dunphy, M.D., "On Caring for the Patient with Cancer," 1976, H. Thomas Ballantine, M.D., "The Crisis of the Health Professions," 1972, J. Anno Domini 1979, 2 and the Shattuck Lecture by H. Brownell Wheeler, M.D. "Healing and Heroism," 1990. 3


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Why are these three statements so important? Among them they are each of these deals in a very significant way with aspects of the most fundamental element in medicine—the relationship between patient and physician.

Medicine has its roots in prehistory, and a fascinating glimpse into its origins has been provided by a Massachusetts physician, Guido Mazo of Wayland, "The Hand, Man and Wound in the Ancient past," 1937. Even in those ancient times, individuals possessing special skills in the care of the ill or the wounded were identified, so that nearly 5,000 years ago Imhotep was described as a physician as well as an architect in the Old Kingdom of Egypt during the reign of Pharaoh Zoser.

More directly, the traditions of Western Medicine are traced to Hip­ pocrates, the Island of Cos, who stood at the foundation of modern medicine by his emphasis on careful observation, medical recording of observations and clinical correlation of his results. He lifted medicine from superstition to a science, but he also gave it a soul. The "Oath" that he taught his students has survived to this day as a living code of conduct for physicians. In essence, he commanded good character, proficiency in the art, putting the patient's interest before one's own, confidentiality in the care of patients, generosity towards fellow physicians, and the faithful teaching of the art to one's successors. Universal attributes of medicine throughout the history of man have been the twin ingredients of a person in pain, distress, illness, and a compassionate and more skilled individual providing comfort and assistance.

Remarkably, despite the immemorial suffering of man and the earnest efforts of physicians to comfort and help, most of the effective tools for treatment of disease and injury have become available within the last 150 years. With the discovery of ether anesthesia in 1846, a new epoch was born. The swift development of surgery, pathology, bacteriology, antisepsis, and the X-ray closed out the nineteenth century. During our own century, the scientific basis for medicine has expanded to include a logarithmic rate of progress in all the sciences of medicine, physiology, biochemistry, endocrinology, immunology, chemotherapy, transplantation, radiotherapy, diagnostic imaging, genetics, and every other related science. In 1846, a new epoch was born. The swift development of surgery, pathology, bacteriology, antisepsis, and the X-ray closed out the nineteenth century. During our own century, the scientific basis for medicine has expanded to include a logarithmic rate of progress in all the sciences of medicine, physiology, biochemistry, endocrinology, immunology, chemotherapy, transplantation, radiotherapy, diagnostic imaging, genetics, and every other related science.

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ceived public need have earned us no affection.

Yet, we know as a matter of daily routine the devotion, skill, humane concern, and personal sacrifice that define the lives of the mass of our fellow physicians. After twenty-two years of service in the House of Delegates of the American Medical Association, I can attest to the near universality of that behavior among physicians in the United States. And after fifty-seven years of constant immersion in medical education, I think that most medical students pursue their strenuous studies still with the idealistic hope of being helpful to others.

o, how will we right the ship? First, we need a realistic acceptance of our present problems. There is no doubt that, as a profession, we have less public influence than formerly. It seems inevitable that physicians will be less secure in their employment and in their income for the foreseeable future, and that they will have less independence. They may be required to work even harder and for longer hours. Yet, each one of us has the opportunity to make a successful adaptation to the current pressures on our profession by controlling his or her own behavior. To take advantage of our opportunities for success, we should:

- Take a realistic inventory of our own assets.
- Recognize the power and potential of social interaction — politics — and be participants.
- Resolve to put patients’ welfare ahead of our own — genuinely to love our neighbor and reflect concern and goodwill in our words and actions.
- Walk humbly — listen and respond to the questions and suggestions of others.
- Be open to change — in opportunity and responsibility.
- Strive constantly to increase our knowledge and skill as a lifetime commitment.

Our profession has suffered from the withdrawal of physicians from the political life of their professional organizations, their home communities, and the nation at large. A part of our challenge and opportunity is to educate our patients to the value of personal, preventive, health care and self-responsibility. We must assume leadership in health and behavior education in our home communities and associate ourselves actively in the political processes of government. To do this, surprisingly, is to conform with Principle VII of the Code of Ethics of the American Medical Association and the Massachusetts Medical Society: “A physician shall recognize a responsibility to participate in activities contributing to an improved community.”

And we shall magnify the effectiveness of our efforts if we work together in our state medical societies and the American Medical Association — as well as our specialty societies.

The long-term success of the profession of medicine is inextricably bound to the survival of humanity. Inescapable human need will demand our knowledge, skills, and compassion. Each of us — and even the most intransigent political detractors of the profession — will require the assistance included in the art and science of medicine. We are challenged through our present stresses to find more effective and more relevant pathways of public service.

Challenge, struggle, disappointment, and pain are not new, but they may become part of a renewal process. As a profession, we are forced to reexamine and refine our effectiveness, our systems for delivery of care, and even our own motivations. Medicine is a personalized bridge between science and humanity and must always be changing to accommodate knowledge and need.

Together, we look to the future with confidence grounded in the bedrock of human experience. Three and one-half centuries ago, in the era of Cromwellian England, when all social beliefs and institutions were challenged and disrupted, a church in Leicestershire was dedicated by this inscription:

In ye year 1653, when all things sacred were throughout ye whole nation either demolished or profaned, Sir Robert Shirley, baronet, builded this church; whose singular praise it was to have one the best things in the worst times, and to have hoped them in the most calamitous.

Our great profession, sensitive and responsive to the vastness of human need, will regenerate as a beacon of hope for humanity.

References

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The Pharos/Spring 1997