

ON ACQUIRING THE ART OF MEDICINE

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Having been given the privilege to write a graduation note for the Class of '67, I shall merely allude to the many years of research, study, reflection and achievement. We have enhanced and broadened the scope of our minds and developed our characters and attitudes into flexible mature thinking individuals. Graduation is now the culmination, the Zenith of the myriad of experiences we have encountered and enjoyed during our few years as Medical Tyros. The fulfillment of these years will require a lifetime to fully realize the beginning of an end - the end of 8 - 9 years of a University Education and the beginning of an eternal art, The Practice of Medicine.

To acquire this art, Freud has said we must relinquish the pleasure principal for the reality principle, and later on see the benefits of our education. To say the least, we have developed skills and talents. The Bible has so aptly stated that God gave man many talents each to be doubled and trebled in a lifetime. These talents I shall hope to elaborate on, and so present in brief their development.

"Becoming one of us" so well exemplified in Conrad's *Lord Jim*, first requires comradie. Meeting such men as Dr. Beecher-Weld, Dr. C. Nemethy, Dr. F. Fyfe, was for us an entirely new experience. We were amused and enjoyed their presentations. We became a class, individuals emerged, friendships were made - friendships which will be renewed many times throughout our lives. New and stimulating characters emerged. We learned to accept and respect some of our classmates small idiosyncrasies and misgivings. Fraternities assisted some of us. They, at times, aside from their social function, taught us through study and discussion the value of group effort.

To comradie was added knowledge which

became even more embedded, through the help of Dr. Cooper's "complete" Pathology lectures, Dr. Chadwick's "succint" Bacteriology discussions, and Dr. Aldous' "poignant" notes. The virtue of patience was gained later on in third year from clinicians and psychiatrists. We learned to examine with a critical eye, to question constantly and to arrive at conclusions.

Dr. Dickson's seminars added the essence of team-work, scrutiny and organization which has become so important in this age of rapidly changing concepts. Finally, in our fourth and fifth years, the patient became the focal point of our interests. Our years of developing clinical and diagnostic acumens now were tested. Steadfast ideas became modified and prudence was developed as we sought to use our knowledge wisely. Through our mistakes we grasped the quality of humility. We learned. However, there have been times when we knowingly forgot the patient and concentrated on a technical skill, a diagnosis, a test, either to further our empirical experiences or to assist in gathering statistical information. The beauty of this empiricity is that eventually the knowledge gained will help some suffering patient.

The art of medicine some say is at a demise. Let us forgive those that condone such ideas. Let us constantly remember the patient in our endeavours, and treat the person as an individual. Let us use our clinical and diagnostic acumens, our virtues of patience, prudence and humility, our knowledge and technical skills for treating the patient as a whole. Let the patient be the focal point of interest. Let us, as Dr. W. Penfield has suggested, "Let no patient leave our offices or pass no sickbed, until we have looked at life through the patient's eyes and made an effort to help in one way or another".

¹5th Year Medicine