

## The Doctor, Humanities, and Society

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I know that the title is too inclusive and the scope too broad for one lecture, but it gives me greater freedom to say what I want to say, and other speakers in this series will probably deal with special subjects.

What do we mean by this term "The Humanities", and why should medical education concern itself with them? The first question can be answered briefly, but the answer to the second question will take up the rest of my time.

Originally the term "Humanities" was limited to those studies which dealt with the classical literatures, and with philological studies in general. Let it never be thought that these fields of study were arid deserts, explored only by dessicated pedants, recorded only in analytical commentaries, and buried in libraries that were but the mausoleums of knowledge. Far from it!

For never in any modern times have more stirring words been written, not only on paper but across men's hearts and into the lives and thoughts of those who were to live two thousand years later. We still have with us those strangely imperceptive people who call Greek and Latin "dead languages". But no better evidence of the eternal viability of any writing marked by beauty and truth and wisdom need be found than the moving power of these timeless chronicles of the human heart that we call the classics, as beautiful in

the grace and strength of their language as were the columns of the Greek temples and schools of learning wherein their authors wrote them.

But as time went on, schools grew into colleges, and colleges into universities. New definitions and wider terms of reference resulted in a new use of the word "humanities", so that it came to include modern literature, philosophy, history, sociology, governmental and civic studies, and a wide variety of courses dealing with different aspects of man's physical and spiritual development. How could you exclude these things from the broader fields of an expanding culture which the earlier humanities had begun but could not contain? Even the natural sciences felt the impact of this expansion, and could not remain unaffected by it. The austerity of the scientist, as well as the hostility of the classicists toward science teaching, began to be modified by a recognition of the cultural values of scientific study.

Man began to realize that his spiritual vision could not help but be widened by the revelations of scientific advancement, and that only the doctrinaire and the obscurantist would deny its indispensable place in a liberal education. Scholar and scientist, philosopher and poet, artist and teacher, physician and preacher, —all had been affected not so much by any external action, but related to each other by an internal integration. It was at last the recognition that

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you can't divide either the individual human life, or the life of society as a whole, into compartments, as the earlier forms of education—especially classical education—had done. In short, the widening humanities became more truly representative of the needs and aspirations of mankind in a modern world.

Twenty years ago the Yale Review quoted President Emeritus Lowell as saying very emphatically that "if universities are to become what they might be and should be, (note the implication there!) they must contain a central structure designed for all young men really seeking scholarship, whether they intend to practise a profession, or to engage in business, or to enter public service".

Now you may call it the college of liberal arts, or by any other name you please,—the fact remains that this central structure is the humanities.

Add to it, by all means, the developmental and disciplinary and cultural values of the natural sciences, for in some aspects at least they too are evidences of the character and vision and aspirations of man as are any work of literature or history or the drama.

Now having re-defined and de-limited the humanities, let us consider what the medical man,—whether he be a student or a practitioner of medicine, owes to the humanities on one side and to society on the other.

In recent years many medical schools have expressed the wish that students preparing for medical school should take a larger proportion of humane studies, and stop overloading with purely scientific courses during the premedical years. When this has been discussed at any national uni-

versity conference at which I was present, I have never heard anyone disagree with it. There is, however, a persistent and widespread delusion among premedical students that taking as many scientific courses as they can will increase their chances of getting into medical school. This simply isn't true, and in view of strong trends in the opposite direction, it will grow increasingly untrue as time passes, for every year is shaping the evolutionary development of higher forms of medical education which will help the doctor to render a broader service in a wider field of public relations than ever before.

The most important writing on medical education that I have ever encountered is of fairly recent date.

It is the published addresses and discussions of the Committee on Medical Education of the New York Academy of Medicine, in its Institute on Medical Education, edited by Dr. Mahlon Ashford. Every contributor to this symposium is prominent in medical education, and every address contains many stimulating and constructive ideas and recommendations. It is possible that other speakers in these Humanities Lectures at Dalhousie have quoted—or may quote in future lectures—from this symposium. Some of you here today may have read it, and I wish all of you would read it. Certainly it is of an importance that merits many subsequent references and much careful thinking. Let me read a few extracts from these addresses. I quote: "That this symposium on medical education should contain a title such as 'The Education of the Doctor in Social and Moral Responsibility' is itself significant.

The physician must be something more than a scientific technician. Yet when medical school is reached, art, literature, history, and the social sciences disappear completely, and for the next four years the student must think almost solely in terms of modern science. Now the doctor must be a broadly educated man, for lacking such an education he will certainly be unable to recognize his peculiar responsibility in the modern world. Without at least cultural equality with his patients, he will not be able even to attain his full professional effectiveness.

The doctor must be given a continuing interest in those studies particularly concerned with human values, such as sociology, economics, history, and philosophy, and there is a constant need for him to renew his knowledge.

Some doctors must be trained to accept the vocation of social leadership. No man is better equipped to transmute the new discoveries into human values.

Medical effort, almost alone in the midst of a world of conflicting ideas, has been constantly directed toward the goal of human welfare. Membership in such a program should qualify a doctor to hold opinions and provide leadership toward the solution of the world's tragic social difficulties. Nevertheless at this moment the strictures of his purely scientific training, and the limitations provided by narrow specialization, are disqualifying the doctor for such leadership.

Therefore in order to assume more social and moral responsibility the modern physician must receive three benefits from his training. First: a broad education to give him under-

standing; Second: a correct sense of human values based on an aroused social consciousness; and, Third: the equipment for leadership in public affairs."

Now the author that I've just been quoting recognizes fully the difficulties involved, but they are not at all insuperable, nor do they alter the convictions he has just stated.

Hear him again: "From a practical standpoint one must remember that the body of technical knowledge in medicine is still growing, the years of medical education are already long, and the capacity of the human brain is definitely finite. But breadth of view must, for both practical and psychological reasons, be offered in fields in which the medical student knows he has a special interest.

A few hours in each week of each of the four years of the medical curriculum should be reserved for consideration of subjects outside the techniques of medicine. In order that they may remain closely associated with the student's main line of thought, these subjects may be designated as Medical Economics, Medical Sociology, Medical History, and Medical Philosophy or Ethics.

These subjects might logically be developed in succession, one in each of the years of the medical curriculum.

The history of medicine, seen in its full perspective, is almost that of modern civilization. Through a knowledge of medicine's great past, the doctor will learn to understand the services rendered by his predecessors, and to comprehend his own opportunities and obligations.

The history of medicine should not, however, be taught as a chronological series of events or individuals; it

should be related to general concepts. The medical student should examine general trends, the history of scientific objective thinking, the vicissitudes such thinking has suffered, and the successes it has enjoyed. He should study also the history of the doctor's relation to society, his status under various forms of government, and conversely the impact of medical discovery on society.

Medical economics—a controversial topic—should be introduced later in the curriculum, after a review of medical history has given the student some balance and perspective. Such a course should begin with the economic problem of providing medical care, and end with providing for the doctor. The course should start with fundamental propositions regarding the medical needs of each citizen, and the costs to the nation of these services, then proceed to economic systems by which such care may be given, and end with the financial problems of the doctor himself under one or the other system.

The failure to associate medicine with sociology is perhaps the most obvious oversight in medical education. Medicine is classed in universities among the biological sciences, but it could, with almost equal justification, be called a social science. With academic sociology itself maintaining a somewhat detached point of view, medicine has indeed become the chief agency through which ideas of social service may be applied. Yet the demand for action in the social field finds the physician largely unprepared and without the basic knowledge of social principles which would enable him to act. The approach to sociology should probably be made through the medical student's know-

ledge of individual psychology. The course should certainly emphasize the sociological factors influencing the individual, but it must also give the student some sense of the special problems of the age, the causes of group competition and conflict, the structure and function of various forms of social organization, and of the nature and cause and direction of social change."

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Medicine has only one virtue greater than its sense of moral responsibility, and I could ask no better or closer source of inspiration than that which any medical student can find, not only in the pages of medical history, but in the daily life and work of the great majority of his teachers and—later—his fellow-doctors. Now I didn't say they are faultless! They have plenty of faults—and we are all too prone to point out and discuss those faults. But as I grow older (and you young men and women will find yourselves with a similar attitude later in life) I am more concerned with peoples' virtues than I am with their faults, and I have known relatively few doctors who were seriously lacking in the matter of moral responsibility.

There are unworthy men in medicine, just as there are in every other group of human beings, and you'll meet your share of them. But you'll meet at least nine good ones for every poor one, and ninety-nine honorable doctors to every one who is a discredit to his profession.

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The day of the overbearing, autocratic, highly individualistic doctor is drawing to a close, and there are relatively few left. I have found more genuine humility, courtesy, and real

kindliness among the doctors than in any other profession. I have watched them endure patiently many things that most people wouldn't put up with for a moment. I have known many medical men, and worked with quite a number of them. Some of them were obscure, a few were distinguished—and one or two were very famous, but almost all were marked by a self-sacrificing faithfulness in serving their patients' needs, and a great loyalty to the ethical standards of their profession.

Faults? Certainly! Lots of them! But let us forget those faults—some of which were born of weariness and sickness and raw nerves,—and remember only the long, long record of deeds well done, of adversities endured, and of the faith well kept. Your faith in God, your own innate sense of obligation to human need, and the splendid examples you can find everywhere in the ranks of your profession, are all the sources of inspiration that any young doctor could ever need. Open your eyes to the splendors of the medical character at its highest exemplification, follow the patterns of those doctors—both historical and of the present day—who have had the greatest degree of humane instinct, and the moral responsibilities of medicine will be in safe hands.

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I want to devote the concluding part of this paper to a brief discussion of the public relations phase of our subject under three headings:—

1. The Doctor and Government
2. The Doctor and his Fellow-citizens
3. The Doctor and his Patients

**1. The Doctor and Government:**

No problem of modern medicine ex-

ceeds this in importance, for good or for evil. Millions of people who utterly condemn Communism and totalitarianism in any form are nevertheless either demanding or tolerating or submitting to increasingly socialistic forms of government.

Now even the most thoughtful and least passive type of citizen must agree that the provision of certain health services are a necessary function of government, whether national, provincial, or municipal, and these health services are admirably performed in Canada.

But there must be a clear distinction between such services and the thing we generally refer to as "state medicine".

I don't intend to discuss socialism, as this is a medical and not a political meeting. I simply say, and with the strongest emphasis, that no government can practise medicine! Medicine involves relationships which are forever beyond the powers of government, and the Canadian Medical Association is an excellent safeguard against anything that would bring the medical profession under government control. Nevertheless I would counsel you as medical students to study very carefully the trends and tendencies manifested by political parties and pressure groups in the tremendously important matter of health insurance. Now health insurance,—voluntary health insurance,—has long since been an accomplished fact. From a third to a half of Canada's population is already covered by some form of health insurance, and the number is steadily increasing. Every political party has been greatly concerned with health insurance, although more than one of them have spoken with more force than

wisdom. Pressure groups—one in particular—have advocated forcing government to bring in compulsory health insurance.

If you will read the official attitude of the Canadian Medical Association, and—from the standpoint of Canada's business men—the official attitude of the Canadian Chamber of Commerce, you will hardly think it probable that there will be any governmental control of the medical profession in Canada, or any regimentation of our doctors and their patients by any system of compulsory health insurance, or by any other compulsion.

There is great need for increased institutional facilities to serve the health needs of Canada.

This can best be accomplished by federal government grants to be administered by the provincial governments, acting under the advice of the medical and public health associations and institutional administrators, and not by direct control by the federal government.

I would also urge the establishment by the government of repayable scholarships for medical students. I feel that it is within the power of the average doctor to repay a scholarship loan within—let us say—ten years after entering practise, and that such repayment would be best for all parties concerned.

There is no element of socialism in such a scholarship. It is simply a loan, and would have many beneficial effects professionally as well as economically, and I feel that there can be no valid objection or obstacle.

Furthermore, private beneficence could then be devoted to many purposes in education which don't in-

volve loan funds or scholarships, and which do involve capital expenditures.

**2. The Doctor and his Fellow-citizens.** A doctor's work generally makes it impossible for him to enter into the activities of his fellow-men to any great extent. A few doctors manage some degree of participation, but the overwhelming majority of doctors are bound upon the wheel of duty. Very, very few take part in government, and we need the particular understanding and insight of the physician in shaping the policies, and avoiding the misuses, of government. He more than any other man—save the minister of religion—is needed in order to serve and safeguard the human values that must transcend all other concerns of government. Disraeli said repeatedly, "The health of the people is the first concern of the statesman"—and no one can perform that duty as well as a doctor who has made government his field of medical service.

We need doctors in all three levels of government. We need them in our philanthropic organizations, in our church activities, in our artistic and literary and cultural efforts, in our home-and-school associations, on our boards of education, and in the governing bodies of our colleges and universities.

We have had all this participation by doctors who might be said to represent "the humanities in action".

But there have been too few of them. Somehow we must bring about a liberation of the physician from the overwork which shortens both the radius and the longevity of his service. Too many doctors die at least ten years before their time. Look at

the number of young doctors, and doctors of early middle age, whose names appear in the obituaries in the medical journals. If we can evolve a form of medical practice whereby we can conserve the full ripe experience of the doctor and extend it into those years that are now being lost to society, what a blessing that would be! I have no glib formula as to how it is to be accomplished, but I think that group practice and partnerships offer the most practical and promising solution. Even the general practitioner in a rural area today generally manages to make **cooperative** working arrangements with the doctor in the adjacent territory.

### 3. The Doctor and his Patients.

No matter into what new forms our social structure may develop, no matter what new roadways may be laid for an ascending evolution, no matter what high destiny awaits man when he has finally turned from the causes of his present unhappiness, one thing will remain forever unchanged, and that is the relation between the doctor and his patients. Important and indispensable and worthy of high honor the specialist may be, but the majority of doctors still prefer general practice. Why? This is not the time to answer why. The years ahead will give you that answer, as no words could ever give it.

Medicine is at its highest when it can treat the whole man, for every patient is a complex problem not to be solved by any one specialist. For medicine is, at the last, not a technique, and not a physical but a spiritual ministrations.

It is a profession born of compassion, nourished by self-sacrifice, rear-

ed under the stern discipline of science, but made beautiful by the gentleness and sympathy and understanding of the true physician. Greater than the easing of pain is his power to bring reassurance into the dark shadowy fear-tormented places of the mind. Even when the inexorable laws of Nature force upon him and his patients the ultimate physical defeat that awaits us all, he will have, more than ever, the affection and gratitude of his patients for helping them to reach that final victory which transcend all flesh, and which, in John Galsworthy's beautiful phrase, "will liberate the imprisoned splendor of the human spirit".

Blessed be the doctor who can preserve for his patients, and for himself, that invincibility of soul which rises above all that sick and broken flesh may do.

Such a doctor was John Stewart, and knowing the traditions of this medical school, and with the spirit of John Stewart still moving through these halls, I know that you who hear me today will be his kind of doctors.

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