

A DOCTOR'S PHILOSOPHY

K. A. Baird, M. D.*

In 1919 when Dalhousie graduated a medical class of thirteen men and one woman our knowledge was up to date, and at graduation we each signed the Hippocratic Oath which promised among other matters:

"To impart to . . . the disciples who have enrolled themselves and have agreed to the rules of the profession . . . the precepts and the instruction."

Most of your teachers were students long after 1919, and by them you have been instructed in up to date knowledge. Some have impressed you more than others, just as J. G. MacDougall and G. H. Murphy were my favourites, although the others taught me much. Perhaps it is fitting that one of the remaining members of the class of '19 should offer you some "precepts". In particular I urge you to have a *philosophy* by which to practice your profession. Here are some of the ideas which I think it should contain.

(1) THE LATEST WORD IS NOT NECESSARILY THE LAST

Little of what we learned is usable today without some modification. For example, at that time everybody was thought normal except a few who were *attacked* by a sickness. Today normalcy is considered merely an ideal, around which we all vary. If our variations begin to cause one of the three D's (discomfort, disfigurement, or danger) the physician may be needed to help him—not fight a disease so much as to return more nearly to the normal state. His signs and symptoms are nearly always due to the reaction of the body in whole or in part to some offender (real or imagined), and not to some evil influence from without.

In therapy our profession tends to follow fashions much as women change their hats! I can remember when a team of general surgeons would move into a village and remove the tonsils of all children whose parents would agree, on the theory that if they were not already "bad" they probably would become so later. Less than thirty years ago olfactory buds were being cauterized to prevent polio virus from reaching the central nervous system; and the suggestions of some of us that the gastro-intestinal tract was more probably the port of entry could not be heard!

During forty-four years I have seen many a test, many a form of treatment, and many a drug hailed as the best and ultimate only to be found wanting, or to be replaced by a better one. Probably this will be true of much you have been taught, and many useful treatments you have learned to use. Otherwise progress has stopped!

(2) THERE ARE NO AUTHORITIES IN MEDICINE

There are men with opinions, some based on more accurate observations and reasoning than others; but still only opinion. If someone who has made a great contribution to medicine states his opinion about another subject this does not make the statement true. History records many great men who stated great errors, and who even opposed new truth.

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(3) THE MAJORITY IS NOT ALWAYS RIGHT

"Generally accepted" can be quite deadly to progressive thinking. To use "the accepted treatment" may make you quite safe from malpractice suits, but it may allow some of your patients to die *in the accepted manner*; whereas had you used some originality and daring they might have lived. This is not advising you to be rash, nor careless of consequences. But the first surgeon to use antiseptics and the first physician to use insulin became a Lister and a Banting, who had refused to accept the accepted doctrines of "laudable pus" and inevitable death from diabetes. It calls for reason and keen observation and much study to know when to depart from "the accepted" way of doing things. If you do it in the wrong place you may become a rash experimenter; if you never do it you are a technician; but if you do it under the correct circumstances you are a great physician and a pioneer, even if you are never publicly acknowledged as such.

(4) Although you are entitled to a reasonable living, and "the workman is worthy of his hire" and all that, I hope you are in the profession from higher motives than just money making. I prophecy that the present attempts by do-gooders, and some politicians, to conscript the medical profession (so they can carry out their woolly thinking concerning charity by taxation) will be successfully resisted. One thing which will help will be recognition by the public that medical doctors are more (and more intelligently) interested in the well-being and health of their fellows than are the agitators, who have never personally done anything for anybody. But beware lest in the strain and stress of acquiring your professional knowledge you forget the example of your predecessors and your own original high motives. I am a little concerned when I see, and hear about, a few young doctors who seem somehow to have forgotten the tradition of service.

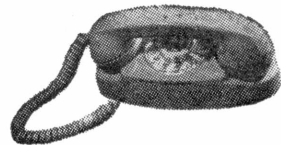
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(5) When I mentioned the technician above it was not ment as a sneer. Many a fine general practitioner has been just that, never contributing a new idea to the practice of medicine but carrying out faithfully and well all he has learned and adding to his knowledge by reading and taking courses. If by temperament or preference you prefer that niche I suggest that you should not obtain all your knowledge from one source, nor only from college professors. I have seen men who could not learn anything unless it was in print; and others for whom the only source of reliable knowledge was their former professors. Such an idea is very narrowing, and besides it is not true,

(6) I am afraid that I have been advising you that while you should learn all you can of existing knowledge, you should receive it with the question in your mind, "is this as true and reliable as it sounds?" Generalizations should *always* be so received—including the first part of this sentence.

In the words of the apostle; "Test all things; hold fast that which is good." It has been recently pointed out that the medical profession in North America is at present somewhat in a rut, stuck with its present theories; and the only persons who can move it out of the rut are the non-conformists, of whom there are too few. In Canada we non-conformists are having some difficulty in presenting our views, chiefly because we have had only the one Canadian Medical Association Journal with general circulation, and the editorial board has acted as censors rather than editors, refusing to publish material in which *they* do not believe. As the example I know best I may point out that since 1949 I have published seventeen papers having to do with certain immunization treatment with very large doses of bacterial antigen-antibody. Three were in the Nova Scotia Medical Bulletin, one in a British Journal, and the rest in



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United States publications. Several of these had been refused by the Canadian Medical Association Journal on account of the material, not for lack of space. A Scientific Exhibit on this subject has been accepted by the American Academy of Allergy for their meeting in Montreal in March, 1963. In other words the Canadian physicians are not being allowed to know about new work which is considered to be worth publishing by American editors in dermatology, eye, ear, nose and throat, allergy, geriatrics, and general medicine! Doctor Shute of London had a similar experience concerning his work with Vitamin E, and so have a number of others.

Let these be a warning to you—your non-conformity will not be readily accepted. On the other hand don't let that change your philosophy about testing and retesting "the accepted", or about contributing some new ideas to your profession. I hope enough of you will be non-conformists to shake Canadian medicine out of some of the ruts along which it is so comfortably moving.

In the field of medicine "there remaineth yet very much land to be possessed." In spite of what you hear to the contrary it will not all be taken by well financed teams of researchers. At least some will be possessed by individuals with ideas, and with a good philosophy of medicine.

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