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RECAPTURING THE ART OF MEDICINE

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Introduction

I revere the concept of the teacher. The word doctor comes from the Latin "docere," to teach, and that is what we are expected to do. We know this from the Hippocratic Oath, and we know it in the grand tradition of medicine. We don't know much about Hippocrates, but we know that "his" writings — approximately 70 books that comprise the Hippocratic corpus — were not actually written by him but by many people over a period of several centuries. The Hippocratic physicians accomplished much and they laid down the foundation for the practice of medicine as we know it today. They did not believe that sickness occurred because the person had been morally corrupt in some way. They proposed for the very first time, at least in the western concept, that disease was a natural phenomenon that had to do with forces of nature. Yet the most important thing they left us was their code of ethics — laid down not just in the Hippocratic Oath but in many of those 70 books. Their sense of ethics wasn't akin to today's meaning of medical ethics. Rather, it meant healer's morality, the goodness of the physician. That the physician was a good person with whom the patient could identify was an important characteristic of anyone who attempted to heal, because this was part of the transference that enabled the patient to identify with the person who was treating them.

Real Stories of Hippocratic Philosophy

When we look through some of the Hippocratic writings, they reveal statements such as this one from the book titled *Precepts On The Law:* "With purity and holiness, I will pass my life and practice my art." We don't think very much of our own purity and holiness nowadays; we're too busy looking at scans! One of my favorite writings is this: "Some patients, knowing that their condition is perilous, recover their health simply through their contentment with the goodness of the physician." People who study placebos tell us that perhaps as much as 30% of the effect of any real medication is a placebo effect. And there is very good evidence for this kind of healing, not just in literature but in our own experiences.

In the second year after completing my residency at the Yale New Haven Hospital, we had a Chaplain, William Sloane Coffin, who had been in the OSS (the predecessor to the CIA) during the war. He had been in combat and was a really tough customer, scared of nothing. In the late 1960s, he loved to go down to Alabama, Mississippi, or Louisiana to participate in some kind of Civil Rights demonstration. He was always being arrested and thrown into jail. He returned to New Haven after one of these adventures sick as could be, with a fever of 103 and his chest sounding dead on the left side. An X-ray showed a huge left pleural effusion, and he was admitted to the medical service. The house officers went in every day with needles trying to draw off pus for culture or perhaps enough to allow the lung to expand. Nothing worked.

They were in a tough situation and needed a miracle, so they called for a surgeon. It happened to be me. When I saw him, I thought to myself, "Well, medical house staff. What would you know about doing a thoracentesis?"

Even that didn't work. The fluid was so loculated, the lung so pressed down by fibrinous adhesions, that nothing worked. Two weeks passed. Every morning his temperature was 101° and reached 103° by mid-afternoon. I consulted with colleagues and decided that he needed a decortication. If the patient survived this procedure, which at that time had a mortality of about 20%, everything would be fine.

I went in on a Tuesday and said to Reverend Coffin, "You've been like this for 3 weeks and nothing is working. We're going to do this operation," and I described it to him. "Well, okay doc," he replied in his usual stoic way. The evening prior to the procedure, I sat with him for a while and talked about the operation and the risks. I had already discussed it with his wife and she was convinced that he couldn't possibly survive it. I wasn't so sure myself.

The nurse came by to take his temperature. For the first time in 3 weeks since his admission, Reverend Coffin had no fever. Nothing else had changed about him. He looked just as sick. I asked the nurse to take his temperature again, and again it was 98.6°. I cancelled the operation. He never had more than a degree of fever again for the remainder of his hospital stay. The lung fluid became less opaque on X-ray, and he got better. I checked on him for another 10 days in the hospital. He had put on a little weight by that time and felt great. I had no idea what had happened; it didn't make sense. It seemed supernatural to me.

Two years later I attended a faculty wedding where Reverend Coffin was officiating. I went to speak to him during the reception, and I said, "Tell me how you recovered." He looked at me with a little smile at the corner of his mouth and said, "I did it for Bizzozero." It was noisy and I wasn't sure I had heard him correctly. "Say that again," I yelled. And again he replied, "I did it for Bizzozero, I couldn't let him down."

Joe Bizzozero had been the intern on Reverend Coffin's case.

Interns didn't get much time off in those days. Joe Bizzozero would come to Coffin's room every evening whether he was on duty or off. He'd sit on the side of the Chaplain's bed and chat with him for an hour or so about anything: philosophy, literature, music, religion.

When Coffin said, "I did it for Bizzozero, I couldn't let him down," I thought again of my favorite writing in which some patients "recover their health simply through their contentment with the goodness of the physician."

"The goodness of the physician" is referring to kindness, morality, good old-fashioned virtue, and the notion that somehow some physicians are able to radiate these qualities to patients. It's what psychoanalysts call transference.

I discovered a great talk given in 1937 at a meeting of the American College of Physicians, called "The Physician Himself as Therapeutic Agent." I don't believe there is any physician over the age of 40 who hasn't been a placebo for many patients over the course of time. The Hippocratic writings reiterate this notion again and again, that a physician who is a good person will be doing something that is healing for his or her patient.

The Era of Distancing

The practice of medicine began a scientific quest during the Renaissance, when humanism was more likely to manifest itself by the study of anatomy. In 1543, Vesalius published *De Humani Corporis Fabrica,* the first serious study of anatomy and dissection, while William Harvey discovered the circulation of the blood in the following century.

The 18th century marked the period of Enlightenment, when certain religious shackles were thrown off and more and more science occurred. Physicians were learning how the body works in its biological structure and in its relation to other biological phenomena.

In 1761, Giovanni Morgagni wrote a book called *The Seats and Organs of Disease*. In it he describes 700 bodies of patients he and others had treated to correlate autopsy findings with the patient's symptoms in life. That was very exciting for doctors, as they began to focus on figuring out, while the patient was still alive, what caused their symptoms and if they could be treated.

At the end of that century during the French Revolution, French doctors (professors) became not just the hereditary medical nobility but the best clinicians available. They would take examinations for the professorship, and they would be examined by groups of people before they were allowed to take over a professorship. This practice became known as "Grand Rounds." On those rounds were not just French physicians but also English, German, Dutch, Belgian, Italian, American, and even Russian ones, all of whom would come to the French hospitals to follow physicians on their daily rounds, do physical examinations, and try to guess what would be found at autopsy. It was rare for a patient to recover in a French hospital. Conditions were crowded and dirty, and they were trying to figure out methods of examination, often putting their ears on the chest to listen to the heart and doing a great deal of palpation.

One day a young French professor, René Théophile Hyacinthe Laennec, who had just been appointed chief of chest service at Necker Hospital on the outskirts of Paris, was confronted with a good-looking, buxom young woman of perhaps 19 who had tuberculosis. Here was Laennec, shy and frightened of women, attending this lovely young creature, filthy as can be, and he's got to put his ear under her left breast to listen to her heart. He doesn't know what to do.

On his way home, he walked across the courtyard of The Louvre and came across a group of boys playing a game that he too played as a boy. The key structure in the game was a piece of wood about 2- by 8-feet long. A boy would stand at each end. One would scratch a prearranged signal while the other would listen at the far end to see if he could interpret the signal. Laennec watched this for a while and then returned to the hospital. He took a notebook, rolled it up right in front of the young woman, put it under her breast, and listened. He heard the most remarkable set of sounds being conducted to his ear, and he didn't need to touch her. He had invented the first stethoscope.

This early stethoscope created a physical distance between doctors and their patients for the first time in history. Here we had been following the French method of palpating and auscultating with our ears. Everything had to do with physical contact, and suddenly we had a metaphoric distancing. Things would never be the same.

This story is a metaphor for what began to happen as so-called scientific medicine started after 1820 or so. Anesthesia was invented in 1846. Cell theory came in 1839. Rudolf Virchow introduced an entirely new scientific approach to cell theory using the microscope. Louis Pasteur taught us about bacteria. Information about patients now came not only from patients themselves but from laboratory studies. If we look at academic medicine around 1900, we begin to see a complete change from what had gone on just a hundred years earlier. Physicians were trying to be as objective as they could, whereas before the entire notion was subjectivity, having to do with a physical, visual and auditory relationship with the patient.

At the same time doctors out in the periphery were continuing to believe that their relationship with the patient was the most important thing; that the objective criteria were less important. This was particularly true in the United States. As a result, the United States fell far behind in the new scientific medicine. In the early 20th century there was just one medical school in the United States that attempted to methodically teach science to its students: the new Johns Hopkins Medical School founded in 1893. It was based on the German system. Germans were the ultimate distancers, what medical historians called therapeutic nihilists. They were not interested in therapy but in diagnosis.

The Flexner Report

American physicians became envious of the great scientific approaches going on by this time. They decided to do a study of American medical schools to bring them up to the standard of German schools. Several philanthropists, including Andrew Carnegie, were interested. The Carnegie Foundation hired Abraham Flexner to study medical schools in North America. Flexner was an American educator who believed educational success depended on small classes, personal attention, and hands-on teaching. There were 155 medical schools across Canada and the United States, most of them proprietary schools owned by doctors. There might have been a microscope and a few test tubes, but teaching conditions were poor.

Flexner visited every one of these schools and wrote a report in 1910 that became glorified in history as Bulletin No. 10 of the Carnegie Foundation, or "The Flexner Report." Flexner insisted that the antidote to the poor condition of American medical schools was science and the use of hospitals for teaching. The Rockefellers made Flexner a member of their General Education Board and gave him $50 million, which later grew to $600 million from other philanthropies. He was told to distribute the money to the schools he felt were worthy. After his visits, only 35 schools remained.

There were several criteria the schools had to meet in order to receive funds. They had to guarantee that all new faculty were scientifically oriented, that they did clinical and laboratory research, and that each school would be affiliated with a hospital that would become its teaching hospital. By 1920, the culture of American medicine became one of science. The concept of the physician's "goodness" being a panacea for so many things had been forgotten in the search for a scientific, objective way to make a diagnosis and conduct therapy.

We diagnose today with imaging techniques and laboratory studies. Every child with a bellyache gets an ultrasound. Selectivity is not practiced. We live in the age of the image. We do wondrous things and have made magnificent accomplishments through technology that I wouldn't discard for anything, but I think we need to be more careful about teaching how it should be used selectively.

The growth of the English hospice movement of the late '60s introduced the concept of palliative care. Though the concept has been in the United States since the early '70s, there are today only 1,300 certified palliative care physicians in this country. We have taken to teaching students humanities in medicine, and this is a wonderful thing. I teach it myself. But how well does this transfer to the bedside? Students learn this material in the first two years of medical school, but then they enter the exciting clinical years and often forget what they learned about humanism and bioethics in the classroom. More and more the young people who come to us for medical education are idealistic when they arrive, but by the time they've endured 4 years of medical school and another 5 or so years of residency, I'm afraid we've drilled a lot of that out of them.

What do we need to change?

There is a mistaken impression that we must make medicine a science or else it's not objective enough, not valued enough. But medicine is not really a science; it's an art that uses science. It's not enough to create legislation that has only to do with payment structures and politics. Such legislation does not deal with health care; it deals with health services, which is something else entirely.

What we need is a new Flexner Report. We need a group of people who come from medicine, law, philosophy, and religion to study our entire healthcare system, including education and the way we care for the sick. They should be guided by the admonition of the ancient Hippocratic authors to whom medicine was known as an Art and prognostication was valued as one of its most important characteristics. Now more than ever, Medicine is the art of nurturing the sick back to a state of health and recognizing when this cannot be done. When this is the case, we need to de-medicalize the process of dying. In this way, we nurture the sick, their families, and ourselves. The real truth of healing lies in the nurture.