

## SOCIETY AND MEDICINE

### THOUGHTS FOR 1969 GRADUATES

by DOUGLAS WAUGH, M.D.\*

It raises no eyebrows nowadays when someone points out that medicine has become more a science than an art, and that progress in it is no longer rapid but "explosive." We have become accustomed to the invention of new words ("iatrogenic") or the prostitution of old ones ("meaningful," "dialogue") to describe changes in practice or teaching that have taken place within the lifetime of even the youngest medical graduate. Indeed things have been happening so quickly lately that we are in some danger of believing the optimist of Voltaire's *Candide* that this is already the "best of all possible worlds," turning a deaf ear to James Branch Cabell's pessimist who "fears that this is true."

To you who are graduating into what may be the most exciting era of medicine, I commend a brief backward look. What I propose is not a maudlin or sentimental contemplation of medicine's past glories - which are as yet few - but rather an appraisal of the starting point from which you now embark.

The need for such appraisal derives from the rapid changes that have been taking place in the climate of medical practice. We cannot hope to understand or deal effectively with the shifts of public attitudes toward medicine unless we have some idea of the recent historic factors that are responsible for them. It is probably more important now than ever before for society and the profession to understand and anticipate one another. The following brief excursion into the recent past should make this evident.

Though long in time, it is but a brief interval of progress - if such it be - since the first barber-surgeon discovered that tonsils were more interesting than tonsures, or someone else became curious about the way in which leeches prevent blood from clotting.

While neither of these events would in its own day have attracted the attention of a Nobel Prize committee, they were early faltering steps toward the new medicine of the second half of the twentieth century. The changes that followed have occurred with geometric acceleration to the point that you who will be running medicine ten or twenty years hence may forget (or perhaps never know) the true proximity of your primitive heritage. In this context, I choose to regard as primitive that era of medicine when the physician, and the society he served, were content with the empiricism of experience rather than rational practice based on scientific experimentation and analysis.

Using this measure, it is clear that much primitive medicine is still practiced and that this will probably continue for some time. Happily, I find from my own observations or those of my medical forebears, some comforting evidence that such empiricism is dwindling. I was taught, for example, that blood transfusion carried with it the unavoidable risk of serious reactions in seven per cent of recipients. Since then the Rh and other blood factors have been discovered, and as a result, the empirical seven per cent is now nearly zero. My father, whose teachers had been taught by retired grave-robbers, was in his early practice convinced of the merits of counter-irritation. Though he eschewed acupuncture, I can remember as a child seeing him use cupping to treat pleurisy. My great grandfather, in the absence of other authority signed his own license to practice and embarked on the then popular dual career of medicine and politics. His only surviving scientific dissertation concerns the differential diagnosis of scurvy and malignant smallpox, both being apparently abundant in his practice.

If this reads like vaguely comic ancient history, do not disregard it as inconsequential.

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The attitudes of that era were more or less prominent in the teachers of *your* teachers and some of them have carried over to the present. That was the period when the physician could do pitifully little for his patients and had to concentrate instead on appearing wise and sympathetic while nature cured or killed them. In spite, or perhaps in some curious way, because of his therapeutic helplessness, the early physician was much respected. It is a matter of some mystery to modern practitioners that their less scientific predecessors should have enjoyed such great prestige when their actions did so little to slow the filling of graveyards. Nowadays, when we have learned so much about prolonging life that care of the elderly has become a serious social problem, society views the physician with a mixture of distrust and envy, or even outright hostility and when it can reach his busy ear for long enough, it tells him so. This apparently inverse relationship between the physician's effectiveness and his status in society bewilders many of us and discourages an unknown number from entering the profession.

There are probably many causes for these changes in attitudes, both among the physicians and in the public at large. The old timer certainly spent more time with his patient and got to know his family and social problems. He also did much of this for little or no fee - in the nineteen thirties, my father considered it a good year when he was paid for 50% of his work. Society may not have been so well served as now, but it was appreciative of the manner of that service. Another reason for changing attitudes is the higher level of public education and the exploitation of this by modern communications. When people all over the world discuss the morality of the first heart transplant 24 hours after the event, it is clear that public scrutiny of medical practice is both active and concerned. Yet less than a hundred years ago, that great grandfather of mine noted drily that one third of his fellow legislators in the Manitoba House of Assembly were illiterate - a situation not unlike that of a one-eyed man being king in the land of the blind, and doubtless an important part of the public respect for the physician of that time.

This brief backward glance can, I think, be helpful to the graduate contemplating the world he is about to enter. It is already clear

that the practitioner of medicine is going to be judged in his work with increasing acuteness by a public that will be better educated and better informed than any in the past. A new morality has lately been thrust into society by a disillusioned generation that has discovered ethical values ignored by its war-begotten parents. This will provide a milieu for medical practice that is infinitely more critical than any before it.

This heightened awareness of an enlightened public will make it more difficult than ever for the medical profession to persuade those it serves that all will be well in the professional world if people will just trust things to the beneficent altruism of organized medicine. I am convinced that at least some of the current difficulties in our relations with the society stem from the very nature of medical practice and from our tendency to generalize attitudes that are valuable in practice but inappropriate elsewhere.

Consider if you will, the essential nature of medical practice. The physician (like a fireman) waits with his storehouse of knowledge, skills, and equipment until the patient presents him with a problem. When this happens, he reacts like a skillful boxer and with deft counter-punches often subdues the unwelcome illness. Counter-punching is highly effective in dealing with clinical problems but has serious disadvantages as a method of coping with public opinion and social problems. It is no longer good enough for us, as in the past, to wait for society to bring its problems like a sick patient and then resort to platitudes or forecasts of doom that would be more appropriate to our empiricist ancestors than to the scientific professionals we believe ourselves to be. The change in our tactics that is urgently needed now is a shift from counter-punch to attack. If we seek out and propose solutions to medico-social problems before or as soon as they reach the level of public awareness there is much less risk of our effectiveness being hampered by the accusations: "reactionaries" or "defenders of vested interest." In the era of scientific medicine, we must learn, like the researcher, to seek out problems *before* they are presented to us by an indignant body politic. If we are able to do this, the chances should be excellent that we shall regain much lost respect, and be more truly deserving of it.



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