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ABSTRACT : The profession of medicine is first and foremost a moral enterprise. Yet, modern day medicine has suffered from a number of flaws that led to some of its downfalls. This article looks at the profession of medicine from a contemporary lens. What has gone wrong? What does it mainly suffer from? What is the central issue that should be dealt with in order to help the profession of medicine regain its status as an ideal and moral endeavour. While I do not allege that one article is enough to unveil all that is needed to say, this article at least sheds the light on some of the important issues that we cannot afford to brush aside any longer.

ETHICS AND THE MEANING OF MEDICINE

"It is in and through symbols that man, consciously or unconsciously, lives, works, and has his being."

Thomas Carlyle
(*Sartor Resartus*, 1836)

The mythical figure of Asclepius is still present today in the world of medicine owing to the serpent-and-staff symbol** used by the medical profession. As a figure representing both physician and hero, Asclepius stands for the ideal physician as well as the flaws that he/she might eventually suffer from. Yet, this mythical figure was not without an Achilles' heel and this heel lies in a major character flaw: The legend states that Asclepius was taught medicine at the hands of the Centaur Chiron. The student soon overcame the master and Asclepius managed to resurrect one of his patients, an act which, according to Zeus, the god of gods, threatened the dominion of the gods over immortality***. Consequently, Asclepius was punished for his excess of zeal, was hit by a thunderbolt and was later transformed into a constellation, Ophiuchus, the serpent bearer. This myth is closely tied to modern day medicine

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and bears profound resemblance to some sins modern medicine is guilty of. This article looks at the profession of medicine in an attempt at understanding what has gone wrong. What does the profession, in our contemporary times mainly suffer from? What is the central issue that should be dealt with in order to help the profession of medicine regain its status as an ideal and moral endeavour. While I do not allege that this article is sufficient to unveil all that is needed to say, at least it sheds the light on some of the important issues that we cannot afford to brush aside any longer.

The Hippocratic Oath opens with a swearing by Asclepius, the god of healing. Renowned ancient physicians like Galen considered themselves to be the followers of Asclepius and in his *Phaedrus*, Plato referred to Hippocrates as the "Asklepiad" [1]. While it is true that Greek mythology is a mixture of legend and folklore, its symbols are not a simple product of an intoxicated imagination for they continue to have a strong bearing on everyday life: the Aesculapian myth played a significant role inspiring the foundation of the medical profession by setting the standards of what a physician is or ought to be. This is now mostly portrayed in the image of what came to be known as the *traditional physician*. This icon seems to haunt the minds of patients and physicians who feel that the profession of medicine is not living up to its own standards and expectations. The traditional doctor portrayed in the codes of ethics presented by Galen, Percival, and others is the caring and humane physician. It is immortalized in novels like Anton Chekov's *A Doctor's Visit*, Paula Krauser's *Tears*, Bernard Shaw's *The Doctor's Dilemma* or Albert Camus' *The Plague* as well as in several pieces of art works. Thus, Goya immortalized his feeling of gratitude to his physician in a painting he called "Self-portrait with Dr. Arrieta" in which he portrayed himself being nursed by his physician: Leaning back against the doctor who, with one hand supports the weight of the sick patient and with the other raises a glass of medicine towards his pale lips, the painting commemorates the healing relationship that exists between physician and patient. The painting was inscribed: *Goya in gratitude to his friend Arrieta for the skill and care with which he saved his life in his*

**Many "medical" organizations use the symbol of a short rod entangled by two snakes and crowned by a pair of wings. This is the magic wand of the Greek god Hermes (caduceus) messenger of the gods, creator of spells, conductor of the dead and protector of thieves, merchants and trade. The World Health Organization and most medical associations from around the world use the staff of Asclepius which consists of one serpent encircling a staff, symbolizing regeneration of youth as the serpent casts off its skin. It is important to note that the rod of Asclepius

acute and dangerous illness suffered at the end of the year 1819 at the age of 73. He painted it in 1820 [2]. The physician is referred to as a “friend” in times where doctors were neither trusted nor liked. Similarly, in 1887, Sir Luke Fildes painted a canvas that equally honors the humane concerned doctor. The masterpiece, entitled “The Doctor”, depicts the professional devotion of Dr. Gustavos Murray who carefully and with devotion attended to Sir Fildes’ son during the days before the discovery of antibiotics. Since then, the painting was used for several purposes: the United States and Britain put it on postage stamps and it was also used by the American Medical Association in a campaign against socialized medicine.

CONTEMPORARY MEDICINE AND ITS SINS

Our modern world with its increasingly complex technology is a victim of a number of increasing moral quandaries and illnesses and a prey to conflicting values. Contemporary medicine has been accused of not living up to the expectations of the Oaths to which its practitioners have pleaded allegiance and of losing touch with the image of the traditional physician. We now speak of the sins of contemporary medicine and physician and philosopher Edmund Pellegrino gave a list of the “sins” of modern medicine which included “overspecialization; technicism; overprofessionalization; insensitivity to personal and sociocultural values; too narrow a construal of the doctor’s role; too much ‘curing’ rather than ‘caring’; not enough behavioral science, too much economic incentive; a ‘trade school mentality’; insensitivity to the poor and socially disadvantaged; overmedicalization of everyday life; inhumane treatment of medical students; overwork by house staff; deficiencies in verbal and nonverbal communication” [3]. He added that no one list can be actually complete in specifying these sins. Just as technological advances have made a remarkable increase in medical progress, so too did the growth of additional viruses and diseases create a range of illnesses that never existed before. Consequently, as illnesses amplified and education increased, human beings have become more “existentially” conscious of their mortality, more aware of their rights and the need to have their personal values respected. Thus, modern-day medicine could no longer afford to look at the human person from the narrow diagnosis-prognosis perspective only. It needed to factor in the whole person, the

is the historically correct symbol of medicine and not the caduceus. In his book entitled *The Golden Wand of Medicine: a History of the Caduceus Symbol in Medicine*, Walter J. Friedlander recounts the relationship of the caduceus with medicine. As Friedlander says, one source of the confusion in the US was the custom of printers to use the caduceus of Hermes as their symbol on books. This included the medical texts they published. As readers saw the symbols on medical texts, they assumed this was the symbol of medicine. When given the opportunity, they employed the caduceus. Thus, it is important that schools of medicine reflect again on this symbol and what it stands for.

***In another version, Zeus was angry with Asclepius because bringing people to life would upset the natural order.

entire complex self whose wounded humanity is at stake once he/she becomes a patient. Accordingly, there is a need to reshape the image of the physician and his/her ethics, and here comes the importance of education, the main aim of which is to ensure that the learner is looking in the *right* direction. At this point, a series of questions arise: Should the education of future physicians be restricted to training skilled physicians who can treat diseases well, prevent further complications but are not aware of the human predicaments? Should we worry about training future physicians who can operate well on a patient but are insensitive to the worry and angst he/she experiences before the operation and/or to his/her worry after the operation when, and if, his/her role as a member of society might be affected? Can the physician afford to treat a person as if he/she were a single element isolated from the remainder of the social fabric? Is the physician a scientist or a healer? At present, suffice it to say that the potential physicians need to become more aware of the fact that they are learning to become healers of the whole person who is an element of a larger society. Here comes the importance of an educational structure that must be infused with some form of humanism. To those who would like to argue that that medicine is a science and that humanism belongs to the realm of the arts, I would like to answer that medicine is the most humane of the sciences. To those who would like to contend that this rejoinder is an ideal construct and has no place in the real practical world, I would like to respond that idealism has never been the opposite of realism.

THE HUMANE PHYSICIAN

In his magnum opus, *the Plague*, Albert Camus portrays the city of Oran devastated by a horrible (metaphorical) plague that was spread by rats. Dr. Rieux finds himself in charge of dealing with this ravaging disease. A humanist and dedicated professional, Dr. Rieux works long hours into the night, tending to the sick away from his wife and children, to save the inhabitants of Oran basing himself on a personal and a social code of ethics. He allows no room for personal problems and worries to affect his work and to distract him from his fight to relieve collective suffering. He exemplifies the physician whose dedication is to the sick and to the fulfillment of his professional duty. In the same novel, the journalist Rambert asserts that the plague, like abstraction, was mind-numbing and dreary. However, to the ailing and dying patients, this boring monotony is akin to a sluggish death that little by little eats up their body, their psyche and their dignity, which leads to their injured humanity. Here comes the important role of the delicate relationship that exists between physician and patient. The physician-patient relationship constitutes the heart of the clinical encounter and in his *Humanism and the Physician*, Pellegrino speaks of this “wounded” humanity which causes a state of inequality between the ailing person who seeks the help of the physician who alone has the power to heal and the patient. One question arises at this point: what happens when this

power is misused (let alone abused)? The simplest answer that comes to one's mind is that the physician-patient relationship, centered on the notion of *trust* becomes shattered. This leads to the demise of the profession of medicine as we know it or, at least, as we would like to know it.

PHYSICIANS, POWER AND THE ETHICS OF MEDICINE

Power is a critical tool that physicians have by virtue of them belonging to the profession of medicine. The physician has the power to heal and the power to harm whereas the patient has relatively no power at all: “[w]hen we are ill, the body is no longer a ready instrument of the will; we lack the knowledge and the skill to make the choices which will restore it; we come necessarily under the power of others; and consequently the integrated image (our embodied selves) that gives meaning to our lives is shattered. The deficiencies in the humanity of those who are sick, therefore, can be examined under four headings: freedom of action, freedom to make rational choices, freedom from the power of others, and integrity of self image, the latter of which gives meaning to the first three” [4]. First, Freedom of action is limited when the sick person feels that he/she cannot act as freely as before. His/her body, due to illness, pain, disability and malaise limit one's pursuit of daily activities and at times, might even become a hindrance to this pursuit. Second, the sick person often lacks the required correct and comprehensive information and skill to know what is wrong with him/her and to restore his/her health. Although some would argue that the current availability of the Internet does allow people to access more information about their symptoms and disease and some websites do offer treatment options and others allow patients to contact doctors, yet, this is as impersonal as chatting with an Artificial Intelligence machine and removes what is one of the most important elements in the healing relationship: the humane touch of the physician-healer. Third, freedom from the power of others lies in the desires of persons who, when sick, find themselves “petitioners” to use Pellegrino's word, who are at the mercy of the integrity and competence of a medical team enabled with the power to help and to harm. The hindrances to the freedoms mentioned above occur, according to Pellegrino, in a context where the patient has an illness that touches on the dignity of the person who has to face the threat of weakness, disability, pain, limitations and death. His/her self-image is often threatened when his/her images of a normal life are replaced by the possibility of having to adapt to a life of infirmity, disability or chronic illness. Contemporary physician and philosopher Howard Brody presented the notion of “power” as being central to the relationship between physician and patient. According to him, medical ethics is about power and its “responsible use” [5]. Physicians by virtue of their position have a power since patients seek them in the hope of cure. Yet, if misused or abused, this power can turn into a curse and a sword. Brody argues that

the power of the physician can be divided into three components, namely, Aesculapian, charismatic, and social. The physician by virtue of his/her education in medicine possesses Aesculapian power. It is an “*impersonal power, it is transferable from any physician to any other of comparable skill and experience, it is also independent of social status or class*” [6]. Charismatic power cannot be transferred in that it is based on the personal qualities of the physician. Such qualities include being decisive, courageous, firm, and kind. Social power comes about as a result of the social status of the physician. According to Brody, it is only “*axiomatic that the use of power must go hand in hand with its potential misuse*” [7] and such a misuse has to do with the two latter kinds of power, namely charismatic and social powers. Thus, “*the central ethical problem in medicine is the responsible use of power. Physicians have considerable power to alter the course of illness. But this same power can, with only subtle redirection, be used against the patient's behalf. The problem is to empower physicians for the performance of their essential tasks while protecting the patient from the potential misuse and abuses of power*” [8]. However, as Brody himself remarks, the physician qua physician only needs Aesculapian power to practice medicine. The other powers that he/she has and that are given to him/her in our contemporary society can be separated from his/her role as a healer. Brody's main argument is that proposals to take away or diminish the powers given to the physicians are not the solution. Instead, what is needed is the establishment of clear guidelines that will make sure that medical power will be used in such a way that the physician will share with his/her patient both information and responsibility in deciding on the proper course of treatment.

The issue of the abuse of power is as old as human beings. The ancient Greek myth recounts Athena taking blood from a dead Gorgon, Medusa, making from it two powerful drugs: blood drawn from the left side of the monster's body which provides protection against death and the one drawn from the right side of his body produced a deadly poison. Different versions of the myth vary as to whether Asclepius was given vials of one or two of these drugs. Still, the myth tells us that even the god of medicine abused the power that he possessed and that this marked one of the major transgressions of medicine. A physician need not, and indeed cannot, be an extraordinary being who is unaffected by temptations. Yet, one way of facing temptations is by having a strong and moral character. Thus, a physician has to be a *phrominos* (possessor of an Aristotelian *practical wisdom*) to make right and balanced use of these powers. It is a matter of character and virtues. Thus, the crucial question at this point becomes: if a physician or a student of medicine does not possess the requisite virtues, can these virtues be taught? While it is my contention that virtues can be taught, full discussion of this issue falls beyond the scope of this article.

THE MORAL PHYSICIAN

A contemporary version of the Aesculapian myth by the poet Pindar depicts the god of medicine himself driven away from the Greek Aristotelian virtue of moderation and fallen a prey to a human vice:

“... And those whosoever came suffering from the sores of nature, or with their limbs wounded either by gray bronze or by far-hurled stone, or with bodies wasting away with summer’s heat or winter’s cold, he loosed and delivered divers of them from divers pains, tending some of them with kindly incantations, giving to others a soothing potion, or, haply, swathing their limbs with simples, or restoring others by the knife. But alas! Even the lore of leechcraft is enthralled by the love of gain; even he was seduced, by a splendid fee of gold displayed upon the palm, to bring back from death one who was already its lawful prey. Therefore the son of Cronus with his hands hurled his shaft through both of them, and swiftly reft the breath from out their breasts, for they were stricken with sudden doom by the gleaming thunderbolt.” [9]

Pindar’s myth can be seen as a contemporary portrayal of the 21st century physician who is often lured by “the love of gain” and “enthralled by a splendid fee of gold displayed upon the palm.” The son of Apollo was not a *sophoron*, he was not *prudent* enough and hence was overzealous with his desire to heal and lust for profit: two character traits that have marked the current downfall of our modern medical profession because they are being carried to an extreme, away from the Aristotelian Golden Mean. Many students of medicine argue that they join the profession of medicine because it is a profession that will guarantee them a “luxurious style of living” or because it is a “good business”. But medicine is not a business, and the reasons to join the profession should not be for monetary compensation. The latter can be an “external” end to medicine but not an end “internal” to it. Aristotle compared the virtuous man to a good and well-trained athlete and one can argue that a virtuous physician should keep on training himself/herself in the virtues. That being said, he/she will be someone who, in addition to having knowledge of medicine, is often brushing up on his/her knowledge and staying abreast of new developments in the field, competent, punctual, have the best interest of his/her patient as his/her primary goal, modest, patient, caring, honest, and respects the basic principles of medical ethics. The main goal of the physician is to render service to humanity with respect to the dignity of the human person and be available to his/her patients when they need him/her. These ideals are often reflected in the “principles of medical ethics”. In addition to these character traits, the physician is also expected to be a respectable gentleman/lady in his/her behavior, clean and

well dressed as his/her outer appearance reflects on his/her character and profession.

The above-mentioned characteristics of what a physician ought to be have marked some stages in the history of thought in intellectual tradition of what came to be known as medical ethics. They might sound too idealistic but medicine is a vocation that cannot be looked at without reference to the term “idealism” which somehow seems to constitute one of its components. Every craftsman and every profession has certain ideals but a physician and medicine seem to be bound by higher ideals and higher virtues precisely because of the nature of the healing profession and the physician-patient relationship it consists of. In this significant physician-patient relationship, it is essential to distinguish between a good physician and a technically dexterous one because, in addition to being biological and anatomical organisms, patients are consciousnesses that feel, anticipate and predict; they are persons with values and beliefs. It is these characteristics that require a physician to be a physician and not merely a health-care provider or a skilled technician. All the above-mentioned characteristics of what it means to be a physician and more are character traits that can be summarized by the words of Francis Peabody when he said *“The essential quality of the clinician is interest in humanity, for the secret of caring for the patient is in caring about the patient.”* [10]

The son of Apollo as depicted by Pindar lost his *phronesis* and, perhaps by this, marked the Achilles heel of generations of physicians to come. He was punished and now adorns the skies as a constellation. The question remains as to the nature of the gleaming thunderbolt that awaits contemporary physicians who are guilty of transgressing the Oath. Unless the spirit of Hippocrates is revived within them, their thunderbolt does not seem to hold a promise of future constellations.

REFERENCES

1. Plato : Phaedrus, trans. H. N. Fowler. Cambridge, MA. : Harvard University Press, 1938 : 549.
2. Francesco de Goya : The Artchive [accessed 19 May 2010] <http://www.artchive.com/artchive/G/goya.html>
3. Pellegrino ED : Humanism and the Physician. Knoxville : The University of Tennessee Press, 1979 : 9-10.
4. *Ibid.*, p. 124.
5. Brody H : The Healer’s Power, New Haven : Yale University Press, 1992.
6. *Ibid.*, p. 16.
7. *Ibid.*, p. 20.
8. *Ibid.*, p. 36.
9. Pindar : The Odes of Pythiae: Including the Principal Fragments, trans. J. Dandys, New York : Putnam, 1924 : 191.
10. Peabody FW. The Care of the Patient. Journal of the American Medical Association 1972 ; 88 : 882.