

THE MEDICAL PROFESSION'S RESPONSIBILITY FOR THE HEALTH OF THE COMMUNITY

DR. ALVA BENJAMIN, M.B., CH.M., F.F.HOM.

My attention was recently drawn to a new book on medical ethics edited and partly written by Dr. Maurice Davidson, F.R.C.P. and Consultant Physician to the Brompton Hospital. In this book Dr. Davidson and other physicians have written chapters dealing with the relationship between physicians and their patients and between medical colleagues. In one of the chapters written by the editor himself, the absence of any philosophy of life underlying a great deal of modern therapy is deplored: in another, he refers to a modern version of the Hippocratic Oath as promulgated by the World Medical Association at its meeting in Geneva in 1950. This declaration was introduced by an English delegate and seconded by a Dutch one. I think you might be interested to hear this version, as quite possibly many of you may not have any knowledge of it:

"Now being admitted to the profession of medicine, I solemnly pledge to concentrate my life to the service of humanity, I will give respect and gratitude to my deserving teachers. I will practise medicine with conscience and dignity.

"The health and life of my patient will be my first consideration. I will hold in confidence all that my patient confides in me. I will maintain the honour and noble traditions of the medical profession. My colleagues will be as my brothers. I will not permit consideration of race, religion, nationality, party politics or social standing to intervene between my duty and my patient. I will maintain the utmost respect for human life from the time of its conception. Even under threat I will not use my knowledge contrary to the laws of humanity.

"These promises I make freely and upon my honour."

When one compares the general outlook of the profession today with what it was, say, thirty years ago, one cannot help being struck by the deterioration that has taken place and one some times very regretfully wonders whether we can now regard ourselves as members of a "noble profession".

One cannot help considering the complacency with which so many of the modern drugs with their side effects are so often indiscriminately and uselessly prescribed; the personal favouritisms and antipathies which are too often allowed to influence judgments unduly when appointments to hospital staffs are being made, and the mercenary considerations which occupy so much time in committees and other aspects of medical practice and administration. Such deplorable tendencies make one wonder what some of our professional leaders of years ago would think of us today.

Unfortunately we have become conditioned by the horrors of two world wars, the fatalities and injuries caused by modern methods of transport carelessly used, that we have come to regard human life in far too callous a manner. Many of us feel justified in using drugs with their side effects on the pretext that only a very small minority of patients are adversely affected by them, while so many more do derive more or less benefit from their administration.

This would not be so disturbing if all these drugs were truly curative in their action, but so many of them are merely palliative. In my opinion the use of such drugs is permissible, except in exceptional cases, only if they are curative, especially when some of us know that there are other and safer methods of treatment available to the public and the profession, if only the latter would examine the alternatives with open and unbiassed minds.

One also cannot help being struck by the neglect of advice on diet, as is particularly brought to notice when a patient has come on from some other practitioner either privately or at hospital. Almost always when the patient is asked has he or she had any such advice the answer is no. When I mention this I do not mean any particular system of dieting; what I am

concerned with is that people should maintain what I consider a vital and varied regime, i.e. a diet consisting as far as possible of food as nature grows it for us and not devitalized and/or adulterated, e.g. I always advocate that the diet must include whole meal bread for these obvious reasons, plenty of raw fruit and salads in variety, together with adequate dairy produce to ensure sufficient intake of vitamins and mineral salts. I am not in any way advising a vegetarian regime. Surely, one should see that the diet is adequate; otherwise one cannot expect medicines to have their fullest effect in restoring patients to perfect health.

Another defect I find in history taking is the lack of questioning whether the patient's sexual life is satisfactory and satisfying. If this be not so one cannot expect perfect health, which implies perfect harmony between soul and body. Indeed it is well known that sexual frustration may be the cause of many varied mental and physical symptoms.

When one surveys a lot of modern medical treatment one finds far too often that it aims only to palliate or suppress the most prominent symptoms of which the patient is complaining. I believe that all of you will agree with me that such a proceeding is not in the best interests of the patient, nor should it be satisfying to the physician.

I see as part of our responsibility for the health of the community the many problems of prophylaxis, not only so much in the narrow field of specific injections or oral administration of a drug or potency for warding off any specific illness, such as smallpox, typhoid, yellow fever, Asian flu, etc., as of the prevention of ill health generally whether it be prophylaxis against accident or illness.

We doctors should therefore, in my opinion, take an intelligent and broadminded interest not only in national political affairs, especially those dealing either directly or indirectly with the health of the community, but also in international questions, such as for example those which come under the ægis of the United Nations. When some few years ago I was Chairman of the St. Marylebone Branch of the United Nations Association, I wrote to some 150 medical men and women practising

in that district asking for their support of this organization, which was established to encourage whatever Government was in power to give its wholehearted support to this great prophylactic organization, the United Nations, against not only any more wars, but against malnutrition, ill health, ignorance, etc., throughout the world. What was the result of my appeal—not a dozen acceptances! What a reflection on the circumscribed outlook of our colleagues.

Although as H.M. Queen Elizabeth said during her visit to U.S.A. last year when addressing the United Nations Assembly in New York that the Organization was “still far from the achievement of the ideal of its founders”—which, of course, referred to its direct political activities—even here it has had its successes: one must not forget the wonderful work of the World Health Organization, especially in the Far East with its campaigns against tuberculosis, syphilis, yaws, malaria, etc., and that of the other special agencies, all of which have fully justified their existence.

If we are to do everything possible to prevent another world war, and so obviate all the ill health and other sufferings that would arise from it, we must strengthen our own Government's efforts to uphold and implement the charter of the United Nations by joining the United Nations Association, the strength of which is one of the yardsticks by which the Government judges of the peoples' support of the Charter, as was again suggested by Her Majesty on the same occasion. Her closing remarks were “The future of this organization will be determined not only by the degree to which its members observe strictly the provisions of the Charter and co-operate in its practical activities, but also by the strength of its peoples' devotion to the pursuit of those great ideals to which I have referred.

“When justice and respect for obligations are firmly established the United Nations will the more confidently achieve the goal of a world at peace, lawabiding and prosperous, for which men and women have striven so long and which is the heart's desire of every nation here represented.”

When one suggests such an active interest in politics one is often fobbed off with the excuse that one can't be bothered

as, so it is said by these objectors, "politics is such a dirty game". My answer to that is that politicians, as a class, are a fair cross section of the community and are therefore no better or no worse than the people they represent. Such uninterested persons remind me of those trade unionists who do not trouble to go to their Union meetings and then complain the Communists have gained control of their organizations.

Before leaving the problem of prophylaxis I would like to examine for a few moments that of the prophylaxis of venereal disease.

I believe we will all agree that the proper and infallible prevention of venereal disease is chastity and marital fidelity: but these have failed and failed lamentably. What then is the position, are we devoid of any secondary prophylactic measures? During the first world war the services' medical authorities were very concerned about the great number of men who had to be off duty because of venereal disease. So a number of far-sighted and broad-minded medical officers instructed the troops under their care that if they ran the risk of contracting the disease this could very greatly be diminished by the prompt application of a 33 per cent. calomel ointment after the usual hygienic washing with soap and permanganate. It was found by this means that the incidence of venereal disease in those units so advised was very greatly diminished. As a result of these measures a Parliamentary Committee under the Chairmanship of the late Lord Chief Justice Trevethin was set up to consider the availability of this advice to the general public. In its report published in 1923 it was advised that properly qualified chemists should be allowed to sell such *ad hoc* disinfectants under strict conditions approved by some competent authority. Unfortunately the law forbids any chemist to advise a customer on the subject of the prevention of venereal disease. I think this is most regrettable, as it exposes not only the person who indulges in illicit sexual intercourse to unnecessary disease but, maybe, also that person's marital partner.

There is no justification for such a negative attitude regarding this prophylactic measure in spite of the assertion sometimes made that if these measures were available to the general

public it would increase the amount of extra-marital intercourse. No evidence of such a result was submitted to the Treventhin Committee. Nor is there any virtue in refraining from extra-marital intercourse merely from the fear of contracting disease.

Have we homœopathic physicians any special responsibilities regarding the health of the community over and above those I have already mentioned as applicable to the profession as a whole? Undoubtedly we have. Are we not the inheritors of a system of medicine which treats the whole man and which many leaders of the profession have declared from time to time to be devoutly to be wished, but which from reasons best known to themselves they refuse to investigate? Do we not know that if homœo-therapeutics were more widely practised many if not all, of the recorded deaths and maladies attributable to the use of some modern drugs would not have occurred? Used we not to pride ourselves, and rightly, on the efficacy of our treatment of acute infectious conditions before this modern wave of antibiotics, etc., overwhelmed the profession? Has that efficacy ceased to exist just because of this latest fashion in the dominant school of medicine? Surely not. Then why does one find an increasing amount of antibiotics being used in the medical wards of our hospitals as I have been told? It has been mentioned to me that it is because of the fear of litigation in the event of a patient who has not had an antibiotic administered not doing well. Surely the right attitude for a homœopathic physician, as with any other physician, is to give that treatment which he knows by experience to be effective and at the same time least likely to produce any so-called side effects. How can a homœopath have any doubt where his duty to his patient lies? After all, if one finds that one's patient's resistance to infection is not being effectively brought into action by the homœopathic remedy or remedies chosen, then one can reinforce the homœopathic treatment by the administration of the appropriate antibiotic. But to start off such a treatment with an antibiotic is in my opinion, a treason to one's patient as well as to the founder of Homœopathy, and is being false to oneself. And a line of treatment based on such a fear

as I have just mentioned, cannot be in the best interests of either the patient or the practitioner.

Surely when we realize this, it must be our duty not only to approach the profession whenever possible to try and get it to study and practise homœo-therapeutics, but we should also take steps to inform the public of the unnecessary hazards they are running by accepting without question a less safe method of treatment for their illnesses.

If we fail to do this, we are to my mind, rather like the priest and the Levite as we read in the Gospel of St. Luke, who passed on the other side when they saw the naked and wounded man, who had been left half dead by the thieves who had way-laid him. I would prefer that we all acted as the Samaritan who had compassion on him, bound up his wounds and took care of him.

What does all this amount to? Surely that it is not sufficient for a physician to be well grounded in the sciences underlying the practice of medicine; it is necessary that he should have a much wider outlook on his profession. He must remember that a man is much more than the sum total of his physical organs: and that for perfect health a harmony between the spiritual and the physical is absolutely essential.

In order to achieve this it is necessary that the medical student should have had some training in the humanities, that he does not allow his essential scientific training to crowd out that wider outlook on human problems which a study of philosophy and the arts will help him to achieve. Indeed, not only should the physician treat the whole man, but he himself should develop his whole personality if he is to do the best for his patients. This means he should endeavour to have wide knowledge of and experience in human affairs; this will tend to make him more tolerant and open-minded than is the average physician today.

The education for the development of such an ideal physician would entail a radical change not only in the medical curriculum, but also in his pre-university career as there is still in our schools too great a tendency for specialization at too early an age. This idea is, I am glad to say, gradually spread-

ing amongst modern up-to-date school teachers: but one wonders whether the same can be said of university professors and lecturers in the medical schools where I am told too much detail is still taught in many of the subjects of the curriculum when one realizes that the great majority of the students will practise as general practitioners. If all unnecessary detail were cut out, it would leave room for those subjects which would broaden the medical curriculum and thus make the graduates far more capable of tackling adequately the multifarious problems which arise in their practices. I would like it to be laid down that no practitioner may lay claim to being a specialist unless he has been in general practice for at least five years. For one must never forget that man is not a conglomeration of water-tight compartments, but a wonderfully co-ordinated being, having both spiritual and organic facets.

I think that the profession as well as the public needs to be constantly reminded of the fact that natural science cannot explain all human activities and relationships: that in recent years far too much importance is being ascribed to it and not nearly enough, if any, to those imponderables which should be taken into account when considering so much of human thought and action.

Of late there seems to have developed more and more amongst far too many people an unwholesome attitude towards those ideals which all the great religions and philosophies of the world have fostered throughout the ages: and science has become for far too many a veritable god. I am not here necessarily advocating a strict adherence to any formal religious dogma, but making a plea for a greater realization of high ethical standards in all walks of life. This attitude cannot fail to improve the health of the community, provided we do not remain satisfied to pay only lip service to these standards.

To reinforce this plea for a broader education for our profession, may I give you a few quotations from Dr. Davidson's book, which I mentioned at the start of this paper. He writes that during the first world conference on medical education in 1954, Sir Richard Livingstone said "The aim of education is at least to introduce us to the world of nature and of man, and

to train the powers of reason and imagination and the art of expression needed for effective behaviour in them. But that is not enough. It would be possible to have all these and yet be without that overruling principle which we call a philosophy of life; a force to study the purpose and give it direction to concentrate the abilities and bring them to bear, or to recall and revive the flagging energies. . . . An education is incomplete unless it leaves people with what I have called a philosophy of life, and never was this more needed than in our own age of uncertainty."

And side by side with the above, T. E. B. Howarth said "The physician will always have to deal with the unpredictable, with the perverse, the unexpectedly heroic, the unaccountable mean—in other words with the human situation. The problem before us for discussion can perhaps almost be narrowed down to the question—do our prospective medical students when they leave school know enough about the human to balance their extensive knowledge of the sub-human? As Petrarch put it, "what pray will it profit to have known the nature of beasts, birds, fishes and snakes, but to be ignorant of or despise the nature of man—why we are born, whence we came, and whither we go?"

Dr. Davidson then writes: "At the risk of being called reactionary I would venture to suggest that the trend of present-day medical teaching is in the direction of developing the theoretical at the expense of the practical. This is a problem which ought to be a matter of serious concern to those leaders in the profession who are responsible for the training of students. They have the task of moulding to some extent the coming practitioners; it is they of all men who should display in their outlook on medicine that golden mean of which I have spoken. In how many of them is it really to be found? . . . One of the disadvantages of the present mode of training is the temptation it offers to rely too much on the mechanical aids to diagnosis which the improvement of scientific methods has secured for us. In the old days of apprenticeship in practice there were no short cuts to knowledge; the art of healing had to be learned like any other craft by personal attention aided

by the experience of the teacher ; and the lessons thus taught, since they involve more in the way of effort were doubtless learned more thoroughly, and were valued all the more by reason of their cost.

"The student of today does not perhaps realize the debt which he owes to the pioneers of scientific investigation ; neither on the other hand, does he appreciate the value of the methods employed by clinicians of a by-gone age, men whose storehouse of scientific knowledge was far more scanty, yet whose powers of observation may well put to shame a good many of their successors for whose benefit the advantages of modern technical methods come so easily to hand. It is a matter for real concern that so many hospital residents on receiving a new patient into a medical ward will automatically refer the case to the pathological laboratory and to the X-ray department for reports before ever they condescend to obtain a detailed history of the illness, much less to make a careful survey of the general clinical picture. It is difficult to avoid the conclusion that the unit system is to a large extent responsible for this kind of thing: and one is inclined to lay a good deal of the blame upon the shoulders of those concerned with the teaching given under that system. It is not that the details of the schedule are at fault, it is rather a question of atmosphere . . . I know that I am treading upon delicate ground. To suggest that the practical value of many of the modern methods of investigation is overestimated is to utter a heresy ; to praise the methods of the older clinicians is regarded almost as an attempt to put back the clock of scientific medicine. This attitude is as unjust as it is untrue. What we should endeavour to instil into the minds of medical men, both present and future, is the need to combine the thoroughness of the old methods with the experience gained by the new. . . .

"It must be admitted that the false antithesis which has come to be established between the art and science of medicine has resulted in lack of sympathy between doctors and scientists, which is particularly unfortunate in view of the prominent part which scientists play in the education of students. On the one hand we find doctors who display a mistrust of

science, preferring their own rule of thumb methods; on the other hand we find pre-clinical teachers who regard empiricism as little better than quackery. The scientist is concerned only with that aspect of truth which is capable of demonstration by experiment. With the knowledge which is gained by the use of the five senses, with which medicine is mainly concerned, he has no sympathy; nor can he appreciate the subtleties of deduction and judgment which are based on the information thus obtained. He is inclined to think that medicine which is not founded upon laboratory experiment is little better than a sort of magic, an occupation thoroughly unworthy of pursuit by a scientifically trained mind. . . . I suggest that these (young men especially) who by their academic talent have gained research posts, should remember the original work which has been and is being carried out amidst the distractions of practice; they should realize the mental stimulus which is acquired by contact with the outside world. On the other hand those whose lot is cast in intellectually humbler spheres should not too readily belittle the academic side of their training, of the influence of which upon their practice they are only partly conscious, and the value of which they are not always in a position to assess."

—*The British Homœopathic Journal, April '58.*

VARIETIES OF HOMŒOPATHY

(Contd. from Page 255)

thoroughly established as they are by limitless number of experiments and experiences in the last 150 years, to the task of real research work on various aspects of Homœopathy, which of course is urgently called for to-day. (My views regarding Problems of Research in Homœopathy can be pursued from my articles on this subject published in the *Hahnemannian Gleanings* of November '61, P. 495, Vol. 28).
