Editorial

Seeing Over One's Shoulder and Out of the Corner of One's Eye

There is something in the human psyche, both individually and collectively, that idealizes the past, disvalues the present, and is intimidated by the future. In literary history, this is known as "The Myth of the Golden Age," a belief that there was a better, more perfect, time when there were giants on the earth, human relations were more harmonious, and creativity was easier. The Greeks and Romans of antiquity looked back to the golden age of the gods. During the Renaissance, our ancestors looked back to the golden age of the Greeks and Romans. Now we look back to the Renaissance or the Enlightment.[1]

Many of us wished that we could have lived in the time of Pasteur, Koch, and Virchow, the golden age of pathology and microbiology, when new causes of disease were being discovered every month, it seemed. There was a book that fired our romantic imagination about Osler, Halstead, Welch, and Kelly, the "Big Four" at Johns Hopkins, immortalized in a life-sized painting by Sargent. The book was *Miss Susie Slagle's*,[2] a novel about a medical student boarding house in Baltimore, circa 1910. It was not a very good book when re-read 25 years later!

Nevertheless, many of our generation looked back to the heyday of German medicine, and we wished that we could have been students in Berlin or Vienna at the turn of the century. Moreover, when we began our practices 30–35 years ago, we had a foreboding sense that the glory days of medicine were over. Things seemed to be changing rapidly in the wake of World War II. Doctors had returned from military service in great numbers; specialization was in the air; hospitals were assuming greater regulatory control over physicians' privileges; and there was concern whether we would be able to do ideal general practice.

As postwar physicians, we believed we had missed out on something, but we had the consolation that perhaps we were merely living at the end of a golden age; maybe we were the last generation, but we were still able to look back on the "golden age."

We now discover that medical students and residents express the same feelings about themselves. It happens often, and it is amusing when serious-minded residents talk about what they believe must have been the good old days when we were young practitioners. Now, we know that the myth of the golden age is just that—a myth, to which physicians seem to have a peculiar attachment.

Perhaps there is something deeper here than the insecurities of members of an elite and powerful profession who worry about their chances of getting a piece of the pie. Elites do worry a lot about maintaining their position; probably more than the public imagines or takes seriously. The gestational time for a physician's education is so long, and the work so exclusively focused, that their anxiety is understandable, if not received sympathetically. What do doctors do if not doctor?

On the other hand, the belief in golden ages can be quite useful and sustaining. What better belief can one have? It is a problem only when one thinks of golden ages in the past tense, times that are forever gone. That can lead to pessimism, cynicism, and despair; perhaps worse, to avaricious self-centeredness. But if one believes in the possibility of new golden ages, one is enabled to live better in one's own time.

It seems that times we now judge to have been golden did not appear so to those who lived in them. In Stone's, *The Trial of Socrates*,[3] there is no evidence that Socrates saw his time and life in the way we now judge it. He was a great critic of Athenian democracy; he agreed with practically nothing that was going on around him. He had powerful enemies who finally did him in, accusing him of impiety and corrupting the youth of Athens. Even some of the youths he "corrupted" were against him. While he drank the hemlock courageously, he perhaps did not do it with much of a sense of history. Yet, he was not corrupted; he was true to himself, and he died the same way he lived, committed to reason and virtue; and history has judged him and his age as golden.

This editorial is adapted from an address to graduating family practice residents, Belleville, IL, and Birmingham, AL, June 1988.

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The point here is that we have some say-so in how we perceive our own times and opportunities. We do not have much control over the circumstances of our lives, nor the problems we must face—the big picture—but we do have power over the little picture, how we will act, what values we will espouse, what purposes we will serve.

New Testament Greek has two words for time, *Chronos* and *Kairos*. *Chronos* is lineal time (calendar and clock time) but *Kairos* is the time of crisis and fulfillment, God's time. We live in both dimensions; the one is unavoidable, the other is a possibility. A golden age belongs to *Kairos*.

We can choose how we will interpret our work, where we will put our energy, what human goals we will embrace, and we might find ourselves living in a golden age, even though its lustrous nimbus is seen only when we look over our shoulders at what we have been and done.

Choosing a Perspective on Medicine

What is our broadest, most coherent view of the physician's task? Unfortunately, philosophy of medicine is not included in the formal curricula of medical schools and residencies. Yet, like noses and opinions, every physician has at least one, fragmentary and inconsistent though it may be. We catch our philosophies from other people in our medical hierarchies. This process has been studied well by social scientists.[4] We learn what to do, how to do it, and how to feel about it in the crucible of crisis medicine at 3 a.m. We learn how to behave as a physician informally; the process is called professionalization, and it determines our most deeply held but usually unexamined assumptions.

In the last 100 years, the dominant image of the physician that gets passed from generation to generation through these informal experiences is that of hero, the one who uses scientific knowledge and power to conquer diseases, save lives, and defy death.

William May[5] used Camus' notion of heroes as those who define their lives by resisting death and referred to words of the physician-hero in *The Plague*, "The order of the world is shaped by death." We should not underestimate the power of the image of the physician as fighter. Those who share this perspective see medicine as the equivalent of war, and military language characterizes their vocabulary. Germs *invade* the body, disease *breaks out*, and doctors use an *armamentarium* of magic *bullets*, *bombarding* tumors and *killing* microorganisms. They develop piety towards machines that can endlessly prolong life. Hospitals become *battlefields* and *M*A*S*H* is their prototype. We are mounting such a military-type effort against AIDS now.

May also described the image of the physician as a superior technician, what has been called a "superb human biologist." The goal is excellence and style in action, one potent definition of the art of medicine. Such physicians may not see themselves so much as winning a war but more like Hemingway's heroes, performing well in battle or in life, living up to a passionate personal code of ethics.

By contrast, there are older models of the physician's life. In the middle ages, the work was seen as an expression of *caritas*, a monastic Christian ideal of service to the poor and sick without thought of recompense.

In the nineteenth century a British physician, Stephen Paget, wrote the following poignant comment about the physician's life as vocation, a calling:

> Every year, young men enter the medical profession who neither are born doctors, nor have any great love of science, nor are helped by name or influence. Without a welcome, without money, without prospects, they fight their way into practice, and in practice; they find it hard work, ill-thanked, ill-paid: there are times when they say, "What call had I to be a doctor? I should have done better for myself and my wife and the children in some other calling." But they stick to it, and that not only from necessity, but from pride, honour, conviction: and Heaven, sooner or later, lets them know what it thinks of them. The information comes quite as a surprise to them, being the first received, from any source, that they were indeed called to be doctors; and they hesitate to give the name of divine vocation to work paid by the job, and shamefully underpaid at that. Calls, they imagine, should master men, beating down on them: surely, a diploma, obtained by hard examination and hard cash, and signed and sealed by earthly examiners, cannot be a summons from heaven. But it may be. For, if a doctor's life may not be a divine vocation, then no life is a vocation, and nothing is divine.[6]

In all honesty, how much freedom do we have to pick our personal fantasies or to choose the myths by which we live? Maybe they choose us, and we simply respond. Whatever that case may be, we can raise our consciousness about these images and cultivate one more than another. David Livingstone, Albert Schweitzer, and Thomas Dooley did that, and we are all richer in our imaginations because of them.

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One thing for certain, our perspectives on medicine's tasks affect what William James[7] called the "hot place in a man's consciousness, the group of ideas to which he devotes himself, and from which he works . . . the habitual centre of his personal energy." They determine whether medicine is a "dull habit" or an "acute fever." In the context of this writing, they determine whether the job gets transformed into work that has personal and social meaning.

The Job and the Work

A distinction can be drawn between the job and the work of being a physician, especially a family physician. At first glance, these appear to be the same, and a dictionary is not much help in differentiating them.

The difference becomes clear in an article by Belden Lane, "Stalking the Snow Leopard: A Reflection on Work,"[8] in which he explored the connection between labor and mystery.

Lane used the experiences of Peter Matthiessen and George Schaller who went to the Himalayas to study the migratory and mating patterns of the Himalayan blue sheep (the *bharal*). In the course of his 250-mile trek across the mountains, Schaller managed to get a glimpse of the rarest and most beautiful of the great cats, the snow leopard. The cat, it turns out, was the "real" reason and reward for the expedition. The demographic study of the sheep was a legitimizing front for what was essentially a spiritual experience. Lane said of Matthiessen:

> He observes that only a handful of people have ever seen the snow leopard in its natural habitat. It hides so well that one might be staring at it from within a few yards and yet not see it. Curiously, the ones who have seen the beast are those who have not gone looking for it, but instead have been most carefully engaged in simply studying the . . . blue sheep. Since the leopard principally feeds on these sheep, it can best be seen by those who painstakingly devote their attention to that animal's movements. The gift of mystery, then, comes indirectly as a function of plodding, inglorious labor. The vision is distinct from the job; it happens of its own accord. But it comes in the very process of attending to the job, with all its aching drudgery.[8]

The snow leopard is an attractive metaphor for the work of a physician. It is especially apt now that the physician's job seems to be losing a great deal of its charm for many physicians. While this observation may come as a surprise to the lay public, who tend to see only the epiphenomena of the physician's life—affluence, social mobility, job security, and independence—there is a rising tide of discontentment among physicians. Some of this may be attributable to the chronic griping and fear of change to which the privileged seem extraordinarily susceptible, the sort of complaining and gossip that goes on wherever 2 or 3 physicians are gathered, the "stuff" one hears in surgeons' dressing rooms, hospital coffee rooms, and at medical society meetings.

But some of it is new, both in content and intensity, and can be supported by evidence. Physicians are leaving practice in unprecedented numbers, some to early retirement, some to administrative jobs, some to more protected subspecialties. Even more are modifying their practices to reduce their liability risks. The numbers of medical school applicants have decreased steadily in this decade, and a literature of physician burnout has appeared, most notable for family physicians.[9]

The corrective for this disenchantment lies in discovering the snow leopards in our professional work, those glimpses of the human animal at its magnificent best, which we only see out of the corners of our eyes. Our jobs entail pain and suffering, anxiety and depression, tedium and crises, frustration and disappointment, and disability and death, but the work entails courage and forbearance, insight and understanding, love and compassion, and faith and reconciliation.

The work cannot be got at directly, forcibly, or taken by storm. It happens, develops, emerges, or appears as a consequence of doing the job and can only be recognized, acknowledged, or received in passing. When it occurs and is perceived, it makes all the difference in the job.

It should be acknowledged here that finding or giving meaning to one's job is not unique to physicians. Everyone has that task and opportunity. The stakes seem high for physicians, however, because they attend so many life events and crises, they are privy to so much intimacy, and a jaded, cynical unimaginative and uninspired physician seems such a tragedy. This is personal process, not, by any means, the same for everyone, but experience suggests that there are better and worse ways of doing it.

It should be clear already that this is no mean view of the physician's job; we are not speaking of the differences between competence and incompetence, but differences among physicians who by

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all common standards would be judged as competent and good. Also, there is no implication that the job is more difficult now than in former times. It has always been demanding, and circumstances have never been easy. The job must be well done, painstakingly, committedly, and passionately, but that in itself does not guarantee the vision. The vision is never an accident, but it is always a surprise, and it comes to those who not only believe what they see but also to those who find no contradiction in saying to themselves about their patients, "I never would have seen it if I hadn't believed it."

In conclusion, there is the counsel of T.F. Fox, a former editor of *Lancet* who, speaking to an American audience, said:

> In planning your development, you may be tempted to follow the national genius and put all your money on technology. But, even in these United States, you have a population which is backward in that it consists of human beings with a long racial experience of life in circumstances quite different from those of Lower Manhattan. If people were ever industrial robots, they might need no more than technological medicine. But actually they are not (and I reckon never will be); and even in the most highly developed parts of the world they still need personal medicine, too.
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> It is because they are aware of this that older people look back wistfully to the horse and buggy doctor. I know the horse has died; and the buggy has fallen to bits. But we still have the doctor. And, adapted to modern conditions, he could often, if he wished, be the patient's own doctor—and much the more useful for that.[10]

When this understanding takes hold, it is truly remarkable what one is liable to see over one's shoulder and out of the corner of one's eye.

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