Reconsecratio Medici

In June 1926, Harvey Cushing delivered a graduation address to the Jefferson Medical College entitled, "Consecratio Medici"—the Consecration of the Physician. In this address, Cushing defines "common devotion" as the *one* thing that can effectively bind people and "it is of the doctor's consecration to this task . . . the kind of unselfish relation to suffering humanity that made Saint Luke the beloved physician no more nor less than it makes many another doctor of name unheard and unsung today."

The content of Cushing's address was interesting in that over 60 years ago this internationally famous surgeon was berating medical education because of the undue emphasis on science courses, and he noted that with "the patient long hidden from sight . . . the better students, under the influence of teachers who have never had clinical experience, naturally come to feel that somehow the practice of medicine . . . is an inferior calling compared to the secluded life of an investigator."

Although Dr. Cushing's lament is even more timely today, it is from the title of his address, "Consecratio Medici," that I would borrow my title. My theme is that the time is *now* for a *re*consecration of the medical profession through *re*consecration of each and every individual physician.

As far back as ancient Greece, one finds that medicine has always been regarded with the utmost respect. Until that great physician from Cos, Hippocrates, came along, medicine was part of a priesthood. He helped disengage medicine from dogmatic theology and establish it as an independent profession free from the domination of the holy men. He promulgated the rules of conduct for physicians, and, better, he lived up to those high principles. He inculcated the precept that the welfare of the patient was *utmost* and that the physician should be broadly educated from childhood. As a result, over the many centuries since Hippocrates, the physician has enjoyed the highest esteem of the public.

Respect for physicians has been noted throughout all the literature, from little known authors such as Thomas Dekker who describes the physician as one who comes to the patient as an angel and who has been in God's garden gathering herbs and roots to cure his fellow man. Likewise, Robert Louis Stevenson was one of the many writers who felt a near reverence for physicians, noting that they were among classes of men who stood alone "above the common herd." Stevenson characterized the physician as the "flower of civilization."

Changes are occurring so rapidly today, and many of these changes seem to be not salubrious to the physician. I offer you a premise: that to a large degree we may have brought these problems upon ourselves as we sat passively by and let them come down upon us. Specifically, most of medicine's problems are iatrogenic. A few of the causative factors I would list are: (1) unbridled dominance of subspecialism, (2) deliquescence of professional virtues, (3) neglect of liberal arts education, (4) succumbing to mediocrity and pride, and (5) courting the demon of cupidity.

First, the unbridled dominance of specialism: medical knowledge has grown exponentially since World War II, and most of this knowledge is necessary and good, but the technology resulting from the "knowledge explosion" has pervaded the practice of medicine, with the result that procedurally oriented specialties are in vogue and rewarded far beyond that of their sister specialties who labor in the cognitive vineyards (primary care). The displacement of interpersonal medicine with "high tech" has brought about a disruption within the House of Medicine. We have allowed the boom of technology and superspecialism to dehumanize the most humanistic of professions. In the words of Aldous Huxley in an essay entitled "Beliefs," "All of our efforts are directed, as usual, to producing improving means to unimproved ends." Dr. Robertson Davies, of the University of Toronto, had this to say, "We all prefer a doctor who thinks that man is a noble animal to one who is convinced that man is a machine."

Second, there has been a catalysis of our moral and value systems. The virtues of a profession seem no longer to be regarded as essential. Traditionally, the professions have been a cut above other vocations or trades in that they embrace an ethical code and, uniquely, have a *commitment to public service*.

Professor Roscoe Pound, a former Dean of the Harvard Law School, defines a profession as a group who pursue a "calling" not only as a learned art, but as a public service. He reminds us that the physician has a duty to the patient, the profession, and to the public.

We need to devote ourselves to the reprofessionalization of medicine with what Pellegrino describes as a "cool passion," which "consists in a

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sustained zeal, devotion, and attachment to a worthy idea . . . . "

A third possible root cause of our predicament may be due in part to the neglect of the liberal arts in the education of the physician. Aristotle defined liberal arts as the proper studies for free men who seek intellectual and moral excellence *in general* rather than what is immediately practical at the end of their education. Aristotle foresaw a differentiation between general and specialized education.

The Roman concept of liberal arts gave the basis for what the Romans termed the *liber homo* or "free man." They had seven liberal arts divided into two portions. The first called the TRIVIUM consisted of the three basic skills of grammar, rhetoric and logic. *Grammar* was to teach discipline in writing and speaking correctly; *rhetoric* was to express one's self clearly and effectively, and *logic* taught one to learn and reason correctly. The second portion of the liberal arts was called the QUADRIVIUM, which consisted of four secondary skills to be taught *only after the trivium had been mastered.* These four skills were arithmetic, geometry, astronomy, and music. In all, the seven liberal arts were known as the seven pillars of wisdom or PROPADEUTICS, which are defined as the "body of principles introductory for *any* art, science, or subject of special study." Hence, I suggest that propadeutics or liberal arts are a natural *prerequisite* to the study of medicine.

Fourth, we have allowed mediocrity to level the professions and trades as well. It is tragic that we no longer get quality service from our automobile dealers, tradesmen, merchants, airlines, or doormen that we once expected, but the real tragedy is that we have come to expect and accept inferior quality. We have been cultivated to jump with joy when someone displays a modicum of quality or caring or does minimally what is supposed to be done. We have been plasticized, and we have come to accept it like a race of golems. Even our language reflects this depersonalization in terming patients "clients" or "consumers" and physicians as "providers." Needless to say, the professions have been drawn into the tidal current of mediocrity—and *we* have let it happen.

If all of this appears to be an entreaty for a return of medicine to elitism, it is—but *only* elitism in terms of Ortega's definition of an elitist as one who demands more of himself than others.

We recall the Greeks as having a word for everything. The word *hubris* to the Greeks meant an arrogant pride. Aristotle regarded *hubris* as a flaw in the heroic character. The ingredients that make one great and self confident, when carried to a point of haughtiness and disdain, become the very elements that lay one low. The Goddess of Retribution, Nemesis, who gives what is due, wields her sinister power to crush the spirit of puffed pride and thus the wheel turns. We once flourished as a revered profession, but perhaps we somehow became a bit careless and cavalier, putting ourselves above the gods and are now meeting our Nemesis. As a profession, we no longer enjoy our lofty position in society, and, to the witless on first blush, this may seem justified. Those of us who have participated in patient care know well that to be regarded with special esteem by the patient is a quiddity that enhances healing.

Fifth is yielding to the demon of cupidity. There are large segments of the public who regard physicians as money grabbing and avaricious, placing personal needs and desires above those of the patient. We all know this perception is growing, but we also know that, although most of our colleagues are *not* selfish and greedy, there are sufficient numbers among us who give credence to this tarnished image, which results in the whole profession suffering.

It is ironic to note that many consider the caduceus the symbol of medicine when, in fact, it was the wand entwined with the two serpents that Hermes carried. Hermes was the god of commerce; the god of merchants. He also was the god for thieves, rogues, and athletes, all of whom the Greeks considered indistinguishable. Aesculapius, on the other hand, carried a staff entwined with a single serpent and was the true god of medicine. Hence, the caduceus symbolizes commerce or other forms of money making, whereas the staff of Aesculapius symbolizes healing. Has the staff of Aesculapius over the years been insidiously switched for the caduceus of Hermes?

We can start right now to disabuse those who believe we have ceded to mammon and begin our *reconsecration* by substantiating our unselfishness through the application of the tithing principle. Although I do not mean necessarily giving 10 percent of one's income, but, rather, applying the *principle* of tithing. Excusing those physicians who have attained their medical degrees less than 10 years ago—I propose that *every* physician give back to the profession. Yes, we do owe a cock to Aesculapius. Francis Bacon said, "I hold every man a debtor to his profession, from which as

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men do of course seek to receive countenance and profit, so ought they of duty endeavor themselves, by way of amends, to be a help and an ornament hereunto." We can all give back in one way or another. The clinician can give 40 hours a year dedicated to the indigent—perhaps in some clinic setting. Some can donate 40 hours a year to teaching residents and students (without fee or stipulation); then there are those of us no longer in clinical activity who can give the equivalent of 40 hours or one week's earning a year to help support the indigent clinics and programs. This could be a first step in our *reconsecration*. We can become bound together again in a "common devotion," which in turn would effect *reconsecration* of the physician.

The time has come when we must act to save medicine as a profession. We not only owe it to ourselves and to the youngsters who follow us, but primarily to the public who needs a revered profession. We can regain our stature only if we act solidly as a group to *reconsecrate* ourselves to those ancient and cherished values of caring and giving. Let us through our licensing bodies and specialty boards bite the bullet and purge our ranks of those few unethical and corrupt physicians without fear of consequences of litigation. If we act in concert, I sincerely believe our public will support our efforts to reestablish ethical behavior as a requirement for the practice of medicine.

We must enforce continuing competence and proficiency, but, above all, we must *rededicate* ourselves to public service. We should embrace superspecialism and high technology only as they contribute to the welfare of human beings. In fact, one can foresee that if technology does replace some of our activities as physicians, more of our time can and should be spent on interpersonal relations; as technology frees more time, we can feed our souls by enhancing our personal studies of such humanities as literature and art.

Thus, we welcome and support scientific inquiry and new technology, but we must maintain a healthy balance of those advances with humanism. As to increasing liberal arts requirements for medical school, let us replace our *verbal* homage with unified and forceful actions upon the medical school admissions committees. Let us not be drawn into mediocrity or the spirit of the mob but, rather, recapture our unique place in society, albeit one of noble detachment. Let us show the people we hold high the staff of Aesculapius and that we can, and will, care for all who enter the health system with equal concern and *caritas* regardless of ability to pay.

These proposals, I submit, are not foolish dreams. All are within our power to institute quickly. I call upon all of "organized medicine" (AMA, state medical societies, licensing boards, and specialty societies and boards) to *really* organize, to come together in a *common devotion* to *reconsecrate* medicine as a profession. If we act to *reconsecrate* ourselves as physicians, think of the good that would be accomplished; think of what the public's image of us would be—but most important, think how you would feel—Doctor!

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