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## No Balm in Gilead: Modern medicine taken captive

*Is there no balm in Gilead Is there no balm in Gilead,  
Is there no physician there?  
Why then is there no recovery  
For the health of the daughter of my people?*  
Jeremiah 8:22

What impact has all of this had on modern medicine and health care?  
The changes in medicine parallel those of the surrounding culture.

In early civilization, the role of the healer and the priest were the same. The shaman or medicine man was responsible for the physical and spiritual health of the people. Indeed, the two were the same. In the Near Eastern cultures of Biblical times, illness was linked to astrology, magic, omens, and the displeasure of a deity. Israel was similar in the connection between physical and spiritual health and the role of a deity. However, the God of Israel was rational and revealed His character and the basis of His actions. In these cultures, illness was understood in terms of purpose and meaning.

In Ancient Greece and Rome, there were many abuses among physicians, including the killing of patients at their whim. Hippocrates and his followers rose in protest to this system and elevated the sanctity of human life. They also began an effort to understand illness from a rational point of view, as caused by natural causes, not spiritual forces. In the Hippocratic tradition, there was a synthesis of rational medicine and a central focus on relieving the suffering of the patient secondary to illness. The central concept was the physician as healer.

Christianity embraced the Hippocratic tradition, and the Church presided over health care during the Middle Ages. The Church was concerned with human suffering and the care of the poor, sick, downtrodden, and miserable. The physician was concerned with relieving the suffering of the ill. There was little focus on the cause of disease and much focus on treating the symptoms.

Medicine embraced the Scientific Revolution and the Enlightenment ideals, coincident with the rise of the University and centers of higher learning founded on rationalism and the scientific method. Discoveries in medicine were both the cause and the effect in this cycle.

During the Renaissance there was much effort at anatomical study and dissection. Robert Hooke in the 1600's discovered the cell (reducing life

to a more basic subdivision). Thomas Sydenham in the late 1600's rediscovered the importance of knowing the natural history of a disease and detailed many specific diseases. Rudolf Virchow in the mid-1800's postulated the cellular basis of disease, that all diseases create structural changes at the cellular level which are specific to that disease. In the late 1800's the work of Pasteur, Lister, and Koch gave rise to the germ theory of disease and gave scientific answers to questions of disease causality.

In the early 1800's, it was easier to get a medical degree than it was to graduate from many high schools of that time. Medical education consisted of two sixteen-week periods, with the material from the first 16 weeks repeated during the second. There were no tests, only lectures. Students graduated never having seen a patient. The professors usually owned the school; thus they were called proprietary schools.

Reform in medical education began to take place during the latter half of the 1800's, which saw a rise in popularity of the German scientific approach to education at the expense of the French empirical approach. Linked with this was the rise of the modern university. By the early 1900's, there was a greater emphasis on scientific subjects, laboratory methods of teaching, actual hands-on patient care, and hiring of full-time university faculty.

The Flexner Report, published in 1910, critically evaluated the state of medical education. It revolutionized medical education and changed it forever. It insured that all graduates would be fully trained according to certain standards, and determined that the medical school would assume the university model with a triad of research, education, and patient care. It resulted in the closing of the majority of the nation's proprietary schools and the reform of the remainder.

Beyond its pragmatic influence, the Flexner report perhaps had a greater conceptual impact. The report advanced a highly scientific perspective on medicine and medical education. According to Flexner, the modern physician was to be an avid and skeptical medical scientist, and he explicitly endorsed science as the basis of medical training and practice. At the same time, however, he stressed the importance of the Hippocratic tradition, stating that science was inadequate to provide the basis of professional practice, and that the physician needed insight and sympathy in addition to a scientific knowledge base. He recognized that medical education is not just a program for building knowledge and skills in its recipients...it is also an experience which creates attitudes and expectations.

A fascinating debate arose after the publication of the Flexner report between two founders of modern medicine: William H. Welch, Dean of

the Johns Hopkins School of Medicine, president of the AMA, and a staunch supporter of German reductionism; and William Osler, the father of modern medicine. It was really a battle between two views of the nature of medicine. While Flexner personally realized that much of medical practice lay beyond the realm of science, his report acted as a catalyst furthering the shift towards a reductionistic scientific ethos. Welch viewed clinical medicine as a branch of pathophysiology, and espoused that the vector of interest was from the laboratory to the bedside. This is in stark contrast to the Hippocratic tradition, with its emphasis on the patient. William Osler, then at Johns Hopkins, opposed Welch's position and argued that the vector was from bedside to the laboratory. Osler warned against the appointment of faculty based on research accomplishments as opposed to interest in students and patients.

While there were those who debated that the physician should be a hybrid between the position of Osler and Welch/Flexner, the emergent order was that of a reliance on reductionist science at the expense of the encounter between the patient and physician. In both their public and private lives, 19<sup>th</sup> century physicians viewed themselves as physicians of both body and soul, and it was a scientific materialism that threatened the doctor with losing the perspective both of man's ethereal character and ultimate sanctity (Tauber). The heavy reliance on empirical data and tremendous concern with disease as a malfunctioned component rather than integrated health considerations oriented the Flexnerian physician away from the Hippocratic tradition. William Osler feared and opposed such a trend. Both in education and in practice, the Flexnerian ideal seems to have predominated. Welch's scientific ethos became the paradigm of medical training and has therefore transformed medical practice via its effects on the character, values, and attitudes of physicians.

Modern medicine has fully embraced the scientific cause-and-effect world view and owes much of its success to it. However, medicine suffers from the same problems created by the dichotomy: starting from rational science, from man himself, one cannot determine any values, purpose, or meaning. Therefore the focus is almost exclusively on the lower portion of the dichotomy.

Using our previous model, this is the dichotomy of modern medicine:

Illness; heal; mind/spirit; "Why?"; context  
Disease; cure; body; "How?"; content

Compare and contrast the following two statements from the medical literature:

The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy, and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient. Francis Peabody, M.D., 1927

...medicine is a very narrow discipline.... Human problems and human agonies are medical problems and medical illnesses only when they can be approached by the theories and techniques of biomedical science. DW Selden M.D., President of the Association of American Physicians, 1981

How do you see this reflected in your medical training? \_\_\_\_\_

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In what ways has it influenced your thinking about health and disease?

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