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THE DIGNITY OF THE PRACTICE OF GENERAL MEDICINE*

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In addressing you today, I realize I have the honor of giving the Roy D. McClure lecture, by your invitation.

I have chosen as the subject THE DIGNITY OF THE PRACTICE OF GENERAL MEDICINE because I believe it is timely and pertinent and a very important subject for our consideration together.

By the scientific method of advance we are said to move from facts to generalizations, from generalizations to greater generalizations.

The practice of general medicine is described by authorities to have been early interpreted as general in scope and not confined to a specialty. Call it General Practice if you wish. They are synonymous. I prefer the term "the Practice of General Medicine" because it seems to open more possibilities for training and skill and is more likely to receive the recognition deserved for services rendered.

After the same education and training, the majority, if not all, of the graduating class in medicine is prepared and ready for the practice of General Medicine.

This was the situation with Dr. McClure in 1908, when, at the age of 26, he had completed his college work at Ohio State University and his medical work at Johns Hopkins. Born of a doctor father who himself practiced General Medicine in Columbus, Ohio, his preparation for his life work was carefully planned.

During the school years he studied abroad at the University of Prague in Bohemia and spent a year at the Rockefeller Institute in research with the famed Dr. Alexis Carrel before becoming a house officer in surgery at the New York Hospital.

In 1912 he returned to the Johns Hopkins Hospital where he completed his training in surgery serving five years under Dr. William S. Halsted. He wrote an excellent account of the Halsted School of Surgery. Dr. Halsted was his source of inspiration and influenced him tremendously in his method of training younger surgeons and in many other ways.

At the time of his death, March 31, 1951, he had served exactly 35 years, almost to a day, as Surgeon-in-Chief of the Henry Ford Hospital, and had been a

Trustee of the institution since 1938. His leadership here and his contributions to the building of this institution and its principles and practices are beyond enumeration. His publications began in the third year of his medical schooling and continued, 117 in number, to include three papers published since his death.

Dr. McClure is gone but much of him lives in this institution and in this generation. We feel a real sense of warmth in acknowledging his continued participation in our work and our planning here now day by day.

I was thinking of a volume I have, entitled ESCAPE FROM OBLIVION. What will be remembered the longest, of Dr. McClure? Will it be his skill as a surgeon? His interest in teaching? His accomplishments in research? Or Dr. McClure as a man? His personality, his outgiving nature, his gentle kindliness? His friendliness, mixed always with dignity and reserve on a base of Scotch determination and perseverance to see through to the end what he felt was right?

The term GENERAL MEDICINE may be interpreted as having a different connotation by others, but originally it included the wide field of medical practice, as it implies. It is not true historically that all the specialties grew out of it, but most of them did. Nevertheless, it is generally admitted that a thorough training in general medicine provides the best, broad base upon which devotion to a smaller, special field can be founded.

I believe the practice of general medicine is in the process of being elevated to as high and skillful a standard as any field of medicine. That recent leaflet of the American Medical Association entitled A DOCTOR FOR YOU lays the foundations excellently. In quoting it runs, “America’s M.D.’s are . . . interested . . . in seeing that you have a capable, understanding physician.” Dr. Lester D. Bibler, addressing the Indianapolis Torch Club, said, “I believe that every family should have a family doctor, one whom they may feel free to consult with every type of illness. It is the aim of the American Academy of General Practice that all such family doctors shall be alert, well-trained, and qualified for the medical and surgical care that they are to perform.”

The answer to future medical care is said to be in what actually is adequate medical care.

There is, I believe, something consistent with this picture in the expression “the practice of general medicine” in preference to the customary reference to “general practice.”

At any rate, with the swing of the pendulum back again we must recognize that special training for the practice of general medicine must be provided. We feel so strongly that this field forms a necessary basic training for everyone, that we have established four medical clinics for the practice of general medicine and the training of younger men in the field of general medicine, in this hospital.

Perhaps you saw in the New York Times of October 28th a notice of the meeting of the New York State Academy of General Practice. Dr. Samuel A. Garlan,
the President, said, "the Academy was organized to challenge the position of medical over-specialization and to interest the American public in the family doctor as a family counselor. About 95% of all routine medical problems can be handled," he said, "by a qualified general practitioner, according to studies of the Academy."

However, the aims of the Michigan Academy printed upon the blue program leaflet provide greater appeal and better publicity than Dr. Garlan's reported statement.

The best publicity, however, resides in the man himself who does everything within his power to keep abreast of the rapidly changing medicine of the day and attempts to bring to the benefit of his patients what he conscientiously believes is best for them.

Dr. Hamilton W. McKay in his presidential address to the Southern Medical Association stated, "We know that it is true that more people get better medical care today in America than in any other country in the world. We know that we have a program of medical education second to none. We know that we have a system of hospitals, clinics, and medical centers, small and large, that is the envy of the whole world."

"But the trouble with most of us is that we stop our thinking right there." He then points out that our fellow citizens are judging us not in these terms but against the standards of American demands.

Quoting him further, "We are being weighed against the balance of strictly American standards. Our public relations are being weighed against the public relations standards which Americans have come to respect in other pursuits. Our competence is being weighed against the standards of competence in other professions. Our charges are being weighed against budgetary demands of other services which are essential to life and happiness in America."

Continuing to quote him, "The primary purpose of this discussion is to make it as clear as I possibly can that ultimate responsibility for the freedom and welfare of American medicine rests squarely upon the individual doctor and his friends in related organizations in the field of general medicine."

"Above all else, it means that liberty is possessed only by those who earn the right to be free and employ that freedom in such a fashion as to maintain and enhance the respect and confidence in which the physician is held in his community."

Forced by the limitations of time, one might express this in these few words. The medical profession is said to be challenged by the need of exploring a "new frontier of science," namely, the attitude of the public toward medicine as it is practiced, public relations, the relations of the public to the medical profession. This is based primarily upon us of the profession and our relations to the public.

Edmund W. Sinnott, dean of the scientific school at Yale, says, "the scientist is the spiritual descendent of the old explorers." This is in an article entitled
"The Frontiers of Science." After referring to the explorations of the universe around us, of the atmosphere about the earth and what is as yet unknown about the character of matter, he speaks of the exciting things that are happening along the frontiers of life, of such great significance:

—the frontiers of the viruses, intermediate between organisms and protein molecules;

—the frontiers of heredity and the genes which also seem to be protein molecules;

—the frontiers of the isotopes, now produced so abundantly by the atom smashers and their already proven value in biology and medicine;

—the frontiers of the cell itself, now being unfolded from chaos to an orderly organism, a matter of great importance to the study of cancer;

—the frontiers of the hormones, aroused to a state of extreme interest by the work of Kendall and Hench with cortisone and ACTH.

We could add many more, notably the antibiotics; even the antihistamines and a host of others, perhaps of less general application.

Inasmuch as you and I are to dwell in these frontiers a great deal of the time in the future, it is quite essential we formulate a policy that will guide us and give us and our patients safe conduct over dangerous borders.

This is particularly demanded when we are told enthusiastically that "the progress of science, great as it has been over the past century, is surely but just begun. New discoveries open new fields of work quite unsuspected before. Every addition to knowledge, said a famous philosopher, brings an addition to ignorance. An understanding of ultimate truth is surely in the far, far distance."

Again we must emphasize the unpredictable nature of scientific discoveries, both in the field of their successful, useful application and in the unsuspected side revelations, the "serendipity," a term which you may remember Dr. Cannon, the physiologist, discussed when he gave the Beaumont lecture here many years ago.

With this situation in which we find ourselves in the practice of general medicine, continually faced anew with a wide variation of patients and their demands upon us for service, we are besieged with the aggressive activities of salesmen of new pharmaceutical products. It might be added that we are very busy. We have little of the academic freedom of the University professor and are usually too tired to accomplish much in reading the newer significant literature at night.

One more feature militates against us. There is little opportunity for discussion and contact with colleagues who practice under similar conditions. If there were, we would learn many answers for our patients and much of good medicine, just by the momentum of the associations.

Perhaps many of you in the Academy have already experienced the value of free discussion at frequent, stated intervals in groups of 4, 5 or 6. If you have not had this advantage of a discussion group, you cannot realize how much you
absorb of newer and better medicine and how frequently you find the answers to your problems before you finish stating the problem in a small group. After all, it is only one further subdivision of the local divisions of your American Academy.

Why have I gone into all these things which you already know? Because I felt much could be gained by reversing the scientific method of advance referred to at the onset of this talk, that is from facts to generalizations, from generalizations to greater generalizations.

We have dealt with the greater generalizations in considering the frontiers of science; with lesser generalizations in picturing the predicament of the man who is in the practice of General Medicine.

Now let us deal with the pertinent facts.

1. No branch of medicine should be considered less than any other in standard of work and service to patient. No medical man should tolerate any branch of medicine which is not equal with every other within the limitations of its character.

2. The Practice of General Medicine is an opportunity for developing a field of highly specialized medical work. Its challenges differ greatly for the man in the big city and for the man in the village or small town. The establishment of standard qualifications by the American Academy of General Practice has already claimed for it a point ahead of the present certification boards or American Associations and Colleges which in themselves require little or no individual effort of its members. It is my hope and prediction that you will not only pursue this program but expand it in as many directions as you can.

3. If you persevere and go the way of other such programs, the American Academy of General Practice will one of these days find itself soundly established as a tradition of American medicine. The American College of Physicians persisted many years, to my knowledge, without full and enthusiastic recognition by the internists of the country, or by the longer established American College of Surgeons.

In closing, it would be negligent not to point out two features which add dignity to the Practice of General Medicine. The first is the need of impressing the public, the patient, that diagnosis comes before treatment, and diagnosis cannot be made in a moment. Treatment should be more than meeting symptoms, of course, (though some men have been known to prescribe symptomatic treatment on a quick diagnostic impression). If all men practicing general medicine made the effort, patients would soon learn to put top value on the diagnosis first.

In this same category is the danger involved in using these newer medicinal products which appear almost day by day.

The most scientific scientist has the highest degree of scientific skepticism. He believes nothing until it is proven. The use of gold therapy, of the antibiotics, and the hormones, for instance, was fraught with untold dangers until worked out satisfactorily. We who are entrusted with the welfare of private patients can well afford to wait their use until some time when satisfactory reports appear which enable us to move with safety for our patients.
I know patients demand drugs and procedures they read about. In fact, I fought through relatives and friends for two years to avoid giving cortisone or ACTH to a case of rheumatoid arthritis in the specially dangerous late decade. Still, if one's position is right, the strength of one's judgment is enhanced in value ultimately by this stand. If one can follow that program because we are convinced it is right, one can do it and contribute thereby to the soundness and saneness of the practice of General Medicine.

Finally, I cannot close without confessing to you that I believe the greatest advance of the last five years has been in the emphasis put upon the whole man as a problem of the practice of General Medicine.

"Man, not matter, is the chief problem of the world today."

If man is unable to be “the master of himself, he is but half a man.” “Only whole men can save the world today.”

The dominance of science today has led to a dangerous state in that the mind of man has outrun his spirit. It is to the throng of reactions, instincts, attitudes and mental patterns which seem so variable and often chaotic and without control, to which we point as forming such an important part of every life,—these experiences which deal with emotions, desires, purposes, values, feelings of beauty and ugliness, of right and wrong, of love and hate.

Has not Selye satisfactorily established these under “unresolved stress and strain” as etiological agents of organic disease?

Although heralded as one of the great advances of recent medicine, it seems to me that for centuries doctors have been conscious of the fact that, in order to serve patients best, something must be known of them as persons. However, a recent publication by one of Detroit’s leading psychiatrists stated that “the re-discovery of the patient as a person constitutes an important challenge to American Medicine today.”

Dr. Benjamin Rush and his thought in 1809 that disease could result from an overdose of theology; Dr. Oliver Wendell Holmes and his protest against the tendency to ignore personality; Dr. Weir Mitchell who initiated the so-called rest cure; Dr. Lewellys F. Barker, a master genius of this generation in the care of people ill from emotional difficulties; these are just a few of those who featured the total personality in their teaching from the early 19th Century to date.

Shryock writing recently on medicine and social science says “the specialist, by definition, was not primarily interested in the patient as a whole.”

Right here may I state that the picture of a patient as a total integrated personality is the central figure in the practice of General Medicine, whether it is a matter of dealing with the emotional component of his peptic ulcer or with his illness based primarily upon the fact that he cannot lift the mortgage on his home. No group has a better opportunity to become the experts in this field than the men in the practice of General Medicine. They have the relationship with the family, the opportunity to know of home, work and other influences, to carry out a program of diagnostic, therapeutic and preventive skill in this field of General Medicine which cannot be surpassed.