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"AIMS AND ASPIRATIONS OF THE BEST AND NOBLEST"

EUGENE A. OSIUS, M.D.

Members of the Staff and guests of The Henry Ford Hospital. I wish to thank you for the pleasure and honor you have done me by inviting me to give the Roy McClure address. I knew him personally and remember him well. It was my duty at Harper Hospital to collect for him the yearly thyroid statistics, these to be added to those of other hospitals in this area for evaluation of the use of iodized salt in reducing the incidence of thyroid disease. It was routine in these days for a large hospital to have 1200-1500 thyroid operations a year, many of these cases severely toxic. This has changed and we see now a token number compared to these figures. Dr. McClure did much to bring this about. He was one of the first to use Heparin clinically and kept well abreast of the advances that were coming so rapidly in surgery.

His early training under Dr. Halstead and his disciples made him an ideal person to do this, as well as to envision the *future progress* of that specialty. He also knew that a Chief must surround himself with an able and enthusiastic staff, and many of you are here as living examples of this wise and sound philosophy. A physician's immortality lies not so much in what he does *himself*, but in the men he trains and teaches and leaves to humanity as a legacy. That he did this is attested to by the outstanding reputation this fine hospital has today and will continue to have.

This was brought home to me most forcibly in the last few months when my brother was a patient here in the Department of Surgery. Let me here and now pay my highest tribute and deeply felt thanks to the surgeon and his immediate staff and to the many other departments, who gave so unstintingly of their skill and time, and so efficiently, and so humanly. These are some of the legacies that a physician may leave to his fellow-man, and so it occurred to me it might be fitting to present to you an address entitled: "Aims and Aspirations of the Best and Noblest." It is directed chiefly at our younger confreres, residents and students, but presented here in the hope that you will carry the message to your students, residents and younger colleagues. The mounting criticism of our profession as a whole by the public has concerned me for some time. There are accusations of lack of availability, refusals

The Roy D. McClure Memorial Lecture was given at Detroit, December 7, 1965, before the Henry Ford Hospital Medical Society. Dr. Osius is at present Senior Surgeon at the Harper Hospital, where he was formerly Chief of Staff. He is also Clinical Associate Professor of Surgery at Wayne State University School of Medicine.

to give service where and when needed, brusque manners, hurried attitudes and failure to listen to woes and symptoms, snap judgements, excessive charges, ostentation and many others. All of these occur despite that, during the last 100 years or more, some of the greatest boons to mankind have resulted from the efforts of the *medical profession*.

The advent of anaesthesia brought abolition of pain during surgery and childbirth, as well as extending the scope of surgical procedures to an unlimited degree. At present there is no area of the body the surgeon cannot reach. The problem of infection, present since the year one, and longer, has been solved to a large extent, and could be abolished if only we would combine the lessons learned in the past with the use of agents known today. There has been a tendency to become careless in the aseptic technique and the gentle care of tissues, believing that chemicals and antibiotics can give an infallible umbrella of protection. They cannot do so. Epidemics which formerly caused thousands to die can be eradicated if we will but use methods already known to be efficacious. We still have epidemics, but they are due to ignorance, or lack of resources to *apply* a cure rather than not knowing a cure.

The education of the public and the improvement in medical schools, the result of the soul-searching inquiry by Abraham Flexner, and the encouragement of intensive research, along with the development of the residency system, have carried us to scientific heights never before reached. From American Medicine have come contributions of great value. Wangenstein's application of the principle of suction has probably saved more lives than we will ever know. The Mayos have set a pattern for effective medical organization that the *world* has followed. This hospital is a good example of this. So many more could be mentioned but time does not permit.

A recent poll taken to ascertain the respect commanded by the various professions showed the public voted the medical profession second, superseded only by the Supreme Court judges. But still one hears persistent rumblings and an under current of criticism of our profession. Some of this could easily be politically inspired by those who would like to utilize and give away our services, and curtail the freedom which has been traditional in medicine since time immemorial. This freedom has been one of the chief reasons for our progress. If we will but reflect, we shall come to the not surprising realization that the great strides made by the profession were made from within it. They were motivated by the desire to probe the unknown, to discover the causes of illness, and to improve methods for its cure, and thereby help and benefit the sick and injured. With this has been developed a system of self-discipline, as well as control by the medical profession itself to prevent the untrained from having free license, and to assure that the sick and injured receive adequate and responsible care. These are all self-inspired, self-conceived, self-achieved and not the result of direct governmental pressure and coercion. This is indeed a noble heritage and a bounteous inheritance!

"But where has the doctor gone?" say our critics. The family practitioner who was at one time a priest, friend, and counselor, almost a member of the family.

He was short on science, drugs and techniques, but long on compassion and concern over one's troubles and tribulations. His was the art of "laying on of hands" and of shrewd deductions together with an all-seeing eye and a receptive ear. He was willing to shoulder the responsibility alone, and make his decisions with the information at hand. His knowledge was not always deep, but his interests were wide and human. During the last half-century knowledge, techniques and skills have increased at a rate that is overwhelming. Specialism has put frontiers forward in all directions, but has reached a point where its scope becomes narrower and narrower. We could well be superspecialized. Our Canadian and English brethren think so. It may be well to recall that the Egyptians, once so advanced in medicine, retrogressed over two milleniums with standardized specialization. Have we become so imbued with our progress and skills that we are becoming disdainful of the ordinary wants and desires of the public? Is the average patient interested in the molecular pattern of a drug, the statistics of experiments, the enzymes found in organs and the like, or is he looking for a sympathetic "personal physician" upon whom he can unload his burdens, to achieve well-being?

Osler has said "Perhaps no sin so easily besets us as a sense of self-satisfied superiority to others." However one can only marvel at the variety and extent of the medical sciences, and the miracles they achieve. Nevertheless, the patient is confused and bewildered by the multiplicity of the services offered and the array of personnel to perform them. A vast parade exists where he, the patient, does the marching and the paraders stand still at their posts, an assembly line, if you will. Some of this is necessary, as the amount of knowledge is such that one man cannot encompass it and use it wisely, although the patients subconsciously expect this. The patient has been led by the *Reader's Digest*, *Time*, and *Look* and many others, to expect super-performance, all conveniently packaged in one doctor. The age of specialism is here to stay, and it has produced the finest medicine ever practiced, but it has produced one-sided doctors whose only concern is their one narrow field of endeavor. The laboratory, research and science have been stressed so much that the human being has often been lost among the diseases and experiments. One colleague said semi-humorously to me one day, "I have operated on 100 patients so now they are going to let me into the dog lab." I do not decry the laboratory or research, but this *can* become a refuge from facing the needs and problems of *patients* who should have assistance of a direct kind. We constantly get closer to a computer age of diagnosis, but I would like to hope that we will not soon achieve the cold, calculating, computer conscience. The admission order sheet of a hospital chart does not look impressive to the ward clerk unless it has 15 items of lab tests requested. The reports will come the next day (hopefully), and the physician can then take his choice of the returns. This is mechanical, impersonal and expensive, and reveals that little time was spent in history-taking. History-taking is the beginning of the art of medicine, and here is where the doctor and patient meet for the first time and get to know each other. It should not be delegated to another as the patient's confidence and trust often stems from that first contact. This is the time and opportunity to show interest, concern, understanding and sympathy for the patient and to gain his respect and confidence. The critics say these are often lacking. History-taking has a hand

maiden, namely, physical diagnosis. It is often treated like a Cinderella with our laboratories, x-rays, EKG, EEG, isotope tests and what not. I hope this art of physical diagnosis will not become a "*lost art*". Observation and seeing is its keynote. The older clinicians had this to a fine degree. One has only to read a few notes by William Beaumont made in his famous study of gastric physiology, carried out on Alexis St. Martin, to shame, and then to stimulate our residents and students. The notes are clear-cut, concise, beautifully descriptive, and so carefully thought out that to this day they have not been surpassed.

This is history, and to read of this teaches us a humility which is befitting to a disciple of Aesculapius. A place for history should be made in every resident's and medical student's education, not to mention *all* of us. Someone has said that he who does not read history makes the same mistakes over and over, mistakes he might have avoided. It is good to assign some topic to search for in the literature, and let the student discover to his surprise that 75 to 100 years ago (or even longer) someone else had the same idea. Let him note the conclusions. Our fund of knowledge has increased, but is our acuity of thought and brain-power any better than that of our antecedents? I wonder!

Our college curricula have stressed chemistry, biochemistry, biology, physics, anatomy, mathematics and other sciences, but have dropped Latin and Greek, the true roots of our medical language. Even the foreign languages have been de-emphasized. In Europe a man is not considered cultured if he knows only his mother tongue. A good working knowledge of foreign languages may be acquired, if one starts early, if persistent and constant. It is a great aid in travel, and broadens one's horizon. More English is a vital necessity for the physician and medical student, together with a planned system for the reading of good literature. On occasions, the close study of the dictionary is of value, even if the story seems confused. Editors of medical publications complain constantly of the horrible examples of almost illiteracy that cross their desks. How can the able scientist tell of his discoveries without command of his mother tongue? How can the physician convey to a patient his ideas, beliefs and suggestions if he lacks vocabulary? It is his bridge to the island, and it is also one of his strong weapons of therapy. In addition, an ability for public speaking is a must for the competent physician, and it should and can be cultivated, but a solid background of broad education is necessary. How well the British do this! Travel should be planned on by the student and encouraged by the preceptor or mentor. The exchange of ideas both scientific and cultural is a true necessity for a broadened and tolerant view. This is all the more true now that many foreigners are coming to us, just as we went to Europe in years past. This country has become a medical center and a good one. Let us be prepared to live up to our obligations and our reputation for hospitality. I still hear, on occasions, remarks against foreigners that had best be silenced or not uttered. The only true nonforeigners in this country are the American Indians. The physician should have had in his education a large and wide contact with people such as is obtained by work in boys' camps, organizations, clubs, and the like at all levels of society. I have found an experience in salesmanship somewhere early in life worthwhile for an

understanding of human nature. A hobby in the arts, be it literature, music, art as such, or any other nonvocational activity should be seriously practiced by all of us. I am also of the opinion that we, as a profession, have been lax in our civic duties, and an effort should be made to see that we get medical representation in our communities, politics, social contacts, schools and churches. The participation by the doctor in these activities has a salutary effect on the public and makes them realize that he is a real person and a human being.

How human are we with our residents and hospital personnel? Do we look upon them as our sons and try to teach them other than science and technique and research? What example do we set for them in the operating room? How much time do we spend explaining to our resident the things we say to our patients, and do we draw him into the circle when we talk to relatives and friends about their illnesses? What is the psychology behind certain remarks we make in our attempt to be honest and still to comfort? Have you taken him to your office and shown him your methods of office management to spare him trial and effort when he starts in practice? Have you discussed freely the question of fees when he asks you about them? Here is an opportunity to teach him true values and consideration, and instruct him properly so that accusations of overcharge and the like will be minimal. Give him reasons and justification for the economic side of medicine. There are plenty. This is not found in books and courses but is essential as a point of contact with an ever more critical public who knows more about medicine than any generation before it. These questions, trite and small as they may appear in contrast to the medical aspect of a situation, are nevertheless highly important and the place at which much of our relationship falls down. We have plenty of justification for our acts, but they must be made known to others and not be kept only to ourselves. A physician should be a many-faceted human being and able to meet people at all levels. This is only possible if his background has been wide and varied and his education broad and deep. If he is honest and his intentions are upright and compassionate he will succeed in getting his message over to the public. Many others besides myself have been troubled by these considerations. A man as well known as Wilder Penfield, the neurosurgeon, says in his book *The Second Career* (and I recommend it to you for your associates, students and residents) "It is not enough for Universities to train a medical student in the basic sciences and techniques. He must be more than a technician. He should read foreign languages. He should be able to express himself in good English. He should read it, write it. He should learn to enjoy some aspect of literature and have some hobby in the arts". These are not undue requirements for a man who is to be the spiritual counselor to educated men and women, as well as the keeper of their bodies. A physician should also know the value of charity, and I feel that the lessened number of charity cases, so called, is a calamity for the soul and not for training. It is good to know and feel that each physician owes a contribution to his fellow men above that of other professions. The giving of yourself in the small hours of the night, and at other times, with personal sacrifice of pleasure and substance is a duty which in the end becomes a privilege and a satisfaction, and molds your character to let you approach in a small

degree that quality which made the physician the respected and revered friend of mankind. I am confident that if we learn these lessons public criticism will be less vocal, our patients happier and our consciences clearer.

I would like to quote a short passage: "For Thousands of Years Medicine has United the Aims and Aspirations of the Best and Noblest of Mankind. To Deprecate Its Treasures is to Discount All Human Endeavor and Achievement as Naught." Karl Marx!

In closing I would like to read a Physician's Prayer which some of you may have heard and if so it will bear repeating. This was found on the desk of a deceased colleague of mine and sent to me by his wife. I have found it well worth reading from time to time:

"Slow me down, Lord! Ease the pounding of my heart by the quieting of my mind. Steady my hurried pace with a vision of the eternal reach of Time. Give me, amidst the confusion of my day, the calmness of the everlasting hills. Break the tension of my nerves and muscles with soothing music of the singing streams that live in my memory. Help me to know the magical restorative power of sleep. Teach me the art of taking Minute Vacations . . . of slowing down to look at a flower, to chat with a friend, to pat a dog, to read a few lines from a good book. Remind me each day of the fable of the hare and the tortoise, that I may know that the race is not always to the swift; that there is more to life than increasing speed. Let me look upward into the branches of the towering oak, and know that it grew because it grew slowly and well. Slow me down, Lord and inspire me to send my roots deep into the soil of life's enduring values, that I may grow toward the stars of my greater destiny. Amen." (Author Unknown)