The Linacre Quarterly

Volume 28 | Number 2 Article 4

May 1961

Medicine: Science, Profession, Vocation

Fred M. Taylor

MEDICINE : Science, Profession, Vocation*

FRED M. TAYLOR, M.D.
Houston, Texas

MEDICINE as a science is an intellectual adventure that explores ails of the human body and mind; as a profession it is a learned occupation dispensing relief and comfort; and as a vocation a humanistic summons to give oneself to God and service of man. Thus, doctors of medicine pursue knowledge of man as a whole being, assist him in health and disease, and exercise an art evolved in moral and spiritual laws.

SAFEGUARD OF LIFE

Safeguard of the living is a moral responsibility, a fundamental ethical fact neither oversimplifying nor overassessing medicine as a means of magnificent good. For medicine has within its grasp the power to bring relief and help to countless persons in need. But medicine faces challenges — not merely the bumbling challenges of recurrent cynics that spread distrust and nihilism amongst those upholding the idealistic aims of medicine, but hard-rooted alien challenges that threaten it with loss of its divine heritage and its aesthetic content; and that subvert physicians with loss not of their corporate strength but of the truth and beauty of their vocation, and even the courage of fulfillment of vocation.

Medicine, it is said s irically, faces a future that will h e fewer and fewer physicians, fo e technologic advances and ctronic computers of medical a mation, together with corner d -stores doling out, on prescri n, the means of control of hum genes, would serve to make th medical profession itself obsole And too, given enough time d adequate money (through g of the innumerable money-drive or each body system and every dy disease, as well as for the p vention and taking of human life) ll problems concerning the feguard of life would, of course be prevented and thus becom nonexistent. It also is said, owever, that the practice of me ine not only is too arduous, but s financially unprofitable and h et with untold regulations. Ye – arduous it is; for medicine is ot only a painstaking science an profession, but a demanding v ation in service to humanity.

ONE ERA TO THE NEXT

Two thousand years ago the mean life span of human beings was approximately 18 years, increasing during the middle ages in England — without advantage of chemotherapy and modern sewage disposal — to 33 years, and in 1900 to 49 years. Human beings at the present time have an average life span of 70 to 75 years. But threats to health are inescapable. And burdens of disease don't change. Merely the kind of disease changes: from the black plague and syphilis to tuberculosis and smallpox, and now again to syphilis; and from disorders of lack to disorders of excess; together with innumerable homotypic strains of virus, degenerative diseases, cancer, accidents, and mental-social handicaps. Thus, from one era to the next, medical practice and therapeutic methods undergo transformation. Obviously the kind of infectious disease changes, whether associated or not with the startling achievements in antibiotics against pneumonia and brain infection, in immunization against diphtheria and poliomyelitis, in sanitary engineering against typhoid fever and dysentery, and in public health measures against prevalence of malaria and tuberculosis.

Moreover, mortality rate is not criteria of absence of health. For physical and social disorders of extraordinary handicap continue to increase significantly. As examples, what's the health status of a 15-year-old who steals to buy heroin? Of a 3-year-old boy with progressive decompensation of lung function? Of young persons recurrently absent from school? Of adults and parents chronically and recurringly miserable with fear and suspicion of illness? Or of 14-year-old boys who want not sex education but advice on "How can we avoid getting V. D."?

Whether disease be physical and social, or social and mental, as well as mental and spiritual; and whether human beings be sick or well, young or elderly, needy or not, the kind of doctor of medicine devoted to the unarguable principle of love of man and unweary concern for life will be necessary. For as long as human beings exist, whether on this earth or outside it, regardless of continuous increase in knowledge of genetics and molecular chemistry, medicine will be practiced. For medicine is catholic. With neither boundary nor limitation its primary aim is always to provide the greatest number of human beings with the best possible medical care.

PHYSICIAN AND SOCIETY

We in medicine are in part shaped by the society in which we live and particularly the unfortunate consequences of its materialistic schism. And we, as well as laymen, are capable of excessive preoccupation with material welfare and personal distinction, and — wittingly or unwittingly — of defection to a kind of security bloc that not only lacks purpose and zest but even respect for human beings and indeed life itself.

Medicine as a profession is not likely servile. Nor is it inclined to go along with any herd. Yet, as a profession it is inseparably intertwined with the changing forces of complex social, economi-

---

* Adapted from a lecture given March 16, 1961, to premedical students at the University of St. Thomas, Houston.

Dr. Taylor, Treasurer of the National Federation, is a member of the Houston Catholic Physicians' Guild, and lectures frequently throughout Texas. He is a faculty member of Baylor University College of Medicine, Department of Pediatrics.

cal and cultural problems. And intertwine it should. For a physician's individual security in medicine bears directly not on the snug security of the well-being of his own professional herd, but on the infallible security of service to mankind.

We physicians comprise a unified professional culture, but there are intraprofessional group differences. We comprise a learned occupation, but there are mutual incomprehensions and naive dialogs. For we are human beings: some of us might even be cads and shrews, but the majority are dedicated servants. Some act and speak irresponsibly, but most are fully aware that optimum performance requires optimum responsibility. Some are shrewd business men, but innumerable physicians put aside all consideration of personal advantage or disadvantage. Nevertheless, as physicians comprising a vocation, each of us is obligated to stand above the common herd at least in this respect: *to practice not a trade but an art.*

KIND OF PHYSICIAN

Every generation has its ideal physician and its special brand of medicine: from the beloved doctor with the black satchel stuffed with pills and hypodermics to the futuristic-like doctor-scientist with an awsomely equipped laboratory of electronic-minded instruments. Yet either example, regardless of generation and exigencies of society, is obligated by oath upon becoming doctor of medicine to relieve and comfort, and have reverence for the superior good of human life.

The physician heals ounds and relieves distress, and e the priest penetrates secrets, hares sorrows, comforts the dy and eases the bereaved. A these things he does with an titude of dedication and persiste e, and of conviction and enthu sm — with the authority of an xpert, the austerity of a monk, e mas-terly daring of an astron t, and the versatility of a univers pres-ident. But whatever kind f doc-tor of medicine, his devo n and interest serve to make h hours the longest. And howe long his hours — without rega for 40 and 50 hour weeks — his ancial income may be the small or the largest. And however ed his professional interests, as well as individual personality and apabil-ity, the doctor is the pe on en-trusted with the confide e of a child, and the hope of t aged.

And wherever we go ere are physicians: from the far y phy-sician — traditionally a nerous, kind, sensitive person, an all-around doctor who is t to be regarded as the very fo ndation of medicine itself — to an Esquire avenue-like doctor, a sti sophis-ticated, cool character, e mer-chant of medicine, one ot likely to be medicine's choice s doctor of the year.

There are physicians who are administrative directors of large or small hospitals. Others serve medical corps of the federal services. Some direct vast medical programs of insurance companies, or specialize in industrial medicine.

There are those who organize primitive human beings into corps of disciplined nurse-aides in a medical mission in the Caribbean. Some are responsible for the complex health programs of cities and counties that protect the health of a community. Others choose to teach on faculties of medical schools. And still others are editors of reputable medical journals.

There are physicians who practice alone or together, in groups or in clinics. They may specialize in medical and surgical disorders of various body-systems. Some repair defects of the heart not only heretofore unheard of but also never before thought possible. There are those expert in disorders of the mind; of the bones; of the lungs; of the kidneys; and so on. Some are authorities by knowledge and experience in genetics and enzymology. Some become expert in the current "know-how" of both atomic submarine medicine and space medicine (some might even be honored as physicians to Sam, The Rocket Man). Others bend their energies and intellects in the laboratories in search of measures to prevent and cure arthritis, kidney disease, cancer and leukemia. Some assist the delivery of babies; others limit their whole medical practice to the care of aged persons.

MEDICINE NEEDS THE BEST

Standards of medicine are as high as the degree of knowledge and morality allows. Therefore, the profession of medicine, like the priesthood, needs persons with the best mental ability, the best physical stability, and the best emotional fitness. A person with intellectual capability thus is a candidate for medicine. But it happens this is a characteristic also sought by deans of other professional schools, as well as by corporations and industry recruiting aggressively and effectively in this regard. A candidate for medicine, however, needs more than intellectual capability. Thus his selection, as well as education, is a difficult but important task. For mere intellectual and technical competence is not enough. A candidate for medicine must be sensitive to human beings, and even like them. And he should be capable of knowing as they know, living as they live, thinking as they think, worrying as they worry, and understanding as they understand.

Medicine is humanism in an ever-changing time and environment, and those who practice it with full heart must also understand man in his economic perspective and social evolution. For physicians serve mankind. Thus there is need in medicine for persons not with poverty of mind and fixed intolerance, but with keenness of comprehension and richness of understanding. Medicine needs the best: persons liberally minded and educated, and capable of highest standards of medical practice and greatest humanistic concern.

But it is true that a physician also learns to learn for himself, and to have respect for learning, as well as for ignorance and fear.

He learns to grow in understanding of the social responsibilities expected of a professional person, and to develop both knowledge and a consciousness of man's traditions, ideals and cultures, as well as his creativity and way of life. He tries to acquire early a power of critical thinking and reasoning — not the cynical brand of thinking that creates clamor and discord, or conveys a falsehood and exaggeration, but the kind that submits to a standard of evidence and truth-telling.

For in his role in human affairs a physician is called upon to handle adequately and satisfactorily innumerable problems not only of health and disease but also of community and profession. However competent his learning and thinking, or whatever caliber his medical and research ability, a physician sooner or later is appraised for his qualities of charity, of love of man, and of stout honesty. And to masquerade with a professional-scientific halo either as sociologist and politician, or as economic and medical expert, and pretend to know and solve problems of social and criminal delinquency, or of adequate care of the young and old — yet not know whereof he speaks — culpably degrades the very aim of medicine itself. Yet as scientist, physician, and humanist he is obligated to know whereof he speaks, for even in conscience he has a moral obligation to society and his profession.

The science of medicine grows more difficult and complex with time. Yet it is not unfashionable for the profession of med ne to stress the need for atti es of critical inquiry, together w attitudes of conviction, en siasm and proper compromise: *onviction* for a moral and ethi point of view with emphasis no material benefit but on spiritu bene-fit, not on material value ut on humanistic value; *enthusi n* for service not to physicians marily but to individual patients d for the deployment not of fra e talk but of what is good; not organized mediocrity but o anized quality; not of clumsy un tainty and mistrust but thoughf reflection, and *compromise* of inking and labor not in terms resistance to change, but chan of resistance in order not to estroy in medicine the very pa rns of excellence and idealism it eks to preserve.

MEDICAL EDUCATIO ITS AIM AND COS

The fundamental role medical education is to conti e what hopefully — but perhaps naively — was first started in th home, and thence in the school d university: not the accumu tion of facts and mere knowledg but an intense desire to utilize k wledge and grow in education. F r medical education can not pr duce in four years and one year o internship a finished doctor of medicine. This is not possible. Nor can the requirements for the practice of medicine be met in four years of university training as now known. Indeed there is need in high schools for higher education and the establishment of elementary-school education at an earlier age.

Regardless, four years of medical school can only assure physicians the acquisition of the rudiments of clinical medicine and skills, not for its relevance to future practice but to future learning.

Last year 86 medical schools across the country admitted approximately 8250 students, 18 and 21 years of age. Since 1948, however, the number of applicants to schools of medicine across the country has decreased from 24,-242 to 14,951 in 1960. Yet undergraduate enrollments have increased. Therefore, in order to maintain a ratio between physician and population (heretofore approximately 130 physicians/ 100,000 population) the number of applicants accepted for medical education was increased from 6,973 in 1948 to 8,510 in 1960. Obviously the ratio of physicians to population varies widely across the country. As examples, the ratio in New York State is 187/ 100,000 population; in Colorado, 145/100.000; in Alabama, 74/100,-000, and in South Dakota 68/ 100,000.

Approximately 30 years ago there was one specialist for every five physicians in general practice. Today there are approximately 78,635 specialists and 81,957 physicians in general practice. In addition, over the period of the past three decades, physicians have increased 20 per cent, but the population has increased at twice that rate.

Medical schools generally require for admission an academic grade average of B, or its eq alent. (Penmanship is still n a requirement.) The Medical College Admission Test (MCAT), however, must be passed successfully, for it reflects fairly well learning abilities of applicants, and in addition measures potential achievement in chemistry, biology, and physics. But there is need for prospective physicians at the university level to participate more and more in courses concerned with the humanities and social sciences. Indeed, there is extraordinary need for a reasonable parity between humanism and natural and social sciences.

Persons contemplating the study of medicine face education costs. The mean total cost for four years of medical school education is approximately $11,640 or $2,910 a year. Tuition in private schools is between $1000 and $1500 a year, and in state schools approximately $700 a year. The cost, however, may be met in several ways. Eighty-two per cent of students meet it with gifts and loans from parents, relatives and friends, as well as from a wife's income. Eighteen per cent, on the other hand, derive help as loans from agencies outside the family. But there is nothing wrong with working part of one's way along. Many physicians do this. As a matter of fact, up to 59 per cent of medical students work in medical schools, and 70 per cent of these work up to 20 hours a week at night and on weekends, either as laboratory technicians in hospitals, as research and teaching assistants, or

as externs in hospitals.

THE OPPORTUNITY

Such students of medicine are capable of facing challenges to medicine as a profession and vocation. And there really has never been a better time to face challenges — nor to become a physician. For opportunities in medicine, like challenges, are greater than ever before: the opportunity and challenge to pursue idealism and quality, and to determine the fate of freedom by what we do with freedom. Our standards of quality are unerringly determined by how we bend our energies to see that what is done is done carefully and well, achieving thereby a degree of high-grade individual responsibility greater than ever before. *"Quid hoc ad aeternitatem?"* ("How does this look in the light of eternity?")

CATHOLIC MEDICAL MISSIONS

During the week of the A.M.A. convention in New York, the Catholic Medical Mission Board will sponsor two sessions on medical and paramedical services by lay personnel in overseas hospitals. The purpose of the meetings is to aid in coordinating efforts to help interested personnel get to places in the field where their talents and training will be most effectively employed.

Dates for the sessions — JUNE 26 and JUNE 29 at 8:00 p.m. each day. The meeting place will be in the WARWICK ROOM of the WARWICK HOTEL, 6th Avenue and 54th St., New York City.

Those interested in efforts to aid this important movement are urged to attend.