

May 1961

Medicine: Science, Profession, Vocation

Fred M. Taylor

Follow this and additional works at: <https://epublications.marquette.edu/lnq>

Recommended Citation

Taylor, Fred M. (1961) "Medicine: Science, Profession, Vocation," *The Linacre Quarterly*: Vol. 28: No. 2, Article 4.

Available at: <https://epublications.marquette.edu/lnq/vol28/iss2/4>

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.

* Adapted from a lecture given March 16, 1961, to premedical students at the

Medicine, it is said scientifically, faces a future that will have fewer and fewer physicians, for the technologic advances and electronic computers of medical automation, together with corner drug-stores doling out, on prescription, the means of control of human genes, would serve to make the medical profession itself obsolete. And too, given enough time and adequate money (through one of the innumerable money-driven body system and every body disease, as well as for the prevention and taking of human life) all problems concerned with the safeguard of life would, of course, be prevented and thus become nonexistent. It also is said, however, that the practice of medicine not only is too arduous, but is financially unprofitable and beset with untold regulations. Yet — arduous it is; for medicine is not only a painstaking science and profession, but a demanding vocation in service to humanity.

ONE ERA TO THE NEXT

Two thousand years ago the mean life span of human beings was approximately 18 years, in-

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.

creasing 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 recurrently 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-

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 awsome 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 wounds and relieves distress, and the priest penetrates secrets, shares sorrows, comforts the dying and eases the bereaved. All these things he does with an attitude of dedication and persistence, and of conviction and enthusiasm — with the authority of an expert, the austerity of a monk, the masterly daring of an astronaut, and the versatility of a university president. But whatever kind of doctor of medicine, his devotion and interest serve to make his hours the longest. And however long his hours — without regard for 40 and 50 hour weeks — his financial income may be the smallest or the largest. And however varied his professional interests, as well as individual personality and capability, the doctor is the person entrusted with the confidence of a child, and the hope of the aged.

And wherever we go there are physicians: from the family physician — traditionally a generous, kind, sensitive person, an all-around doctor who is apt to be regarded as the very foundation of medicine itself — to an Esquire avenue-like doctor, a still sophisticated, cool character, the merchant of medicine, one not likely to be medicine's choice as 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 physi-

cal 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 medicine to stress the need for attitudes of critical inquiry, together with attitudes of conviction, enthusiasm and proper compromise; conviction for a moral and ethical viewpoint of view with emphasis not on material benefit but on spiritual benefit, not on material value but on humanistic value; enthusiasm for service not to physicians primarily but to individual patients, and for the deployment not of fragile talk but of what is good; not of organized mediocrity but of organized quality; not of clumsy uncertainty and mistrust but thoughtful reflection, and compromise of thinking and labor not in terms of resistance to change, but change of resistance in order not to destroy in medicine the very patterns of excellence and idealism it seeks to preserve.

MEDICAL EDUCATION ITS AIM AND COST

The fundamental role of medical education is to continue what hopefully — but perhaps naively — was first started in the home, and thence in the school and university: not the accumulation of facts and mere knowledge, but an intense desire to utilize knowledge and grow in education. For medical education can not produce in four years and one year of 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
MAY, 1961

grade average of B, or its equivalent. (Penmanship is still not 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 5th St., New York City.

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