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There is no doubt that the must be a father in the house, by clear doctors. In order to rise to fulfillment of this vocation, he must often reassess the meaning of fatherhood and its importance and pray for the courage, wisdom, and grace to incarnate that meaning in your self for your family.

This is an address given by Pater Tomaszowitch to the Catholic Physicians' Guild of New Orleans at a Brunch following the White Mass last year.

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**Medicine And The New Programs**

**For Catastrophic Illness**

MICHAEL J. BRENNAN, M.D., F.A.C.P.

Sometimes in looking at the future it helps a little to look at the past, inasmuch as one can think of the future as a projection or outgrowth of the past.

Dualisms have a way of arising out of every kind of analytical discourse. Something fundamental in the mode of operation of the rational intellect appears to make them inevitable; self and non-self, spirit and matter, matter and antimatter in modern physics, health and illness, life and death, statism and freedom, stimulus and response, good and evil. These are all examples of that polarization toward which logical analysis, beginning with the observation of disparateness in nature, seems inevitably impelled.

Among the Greeks two gods of the mind were recognized. Apollo was the deity of thought, of the rational intellect; Dionysius was the god of the instinctual, the aesthetic, the intuitive, manifestations of the mind. Greeks, carrying in their veins from Indic origins a certain large tolerance for apparent opposites, worshipped both, practiced rites and regimens of life aimed at giving play now at one time to one way of behavior, and now to the other.

Aesculapius was the son of Apollo, born in tragedy when his father delivered him by cesarean section from the womb of his dead mother, Coronis. Medicine as such was conceived of, then, as an Apollo-Apollonian art from the very beginning, a work of the practical, rational intellect.

However, it was not the disciples of Apollo alone who gave us the medicine of the modern world. The mind of Galen may have been reasonable, indeed, when he made his reputed departure from Rome during an epidemic of bubonic plague. But it did not contain, nor had that of Hippocrates before it, the full glory of what we can see in the lives of Reed, Ricketts, Zinsser, and a host of others from the past; or of Schweitzer and Dooley in our time. These men inherited something from the mother of Aesculapius as well as from his father, and she was a child of Dionysius, a nymph and lover. Guy de Chauliac, unlike Galen, never left his post when the plague took 25 million lives in Europe in the mid-fourteenth century in a period of three years. He had learned his conception of duty not only from Hippocrates but from Benedict as well, whose loving response to sickness and poverty had been the foundation of the first houses of hospitality. Not physicians, sons of Apollo, but sons of Dionysius, men of religious and compassionate commitment, gave us hospitals. And the Lord knows that the best of these institutions faithfully preserve in many of these ways,
in the face of an increasing by Apo-
lonean structure of society, a gen-
erous component of the irrational.

The lesson of the past is that
scientific medicine needs constantly
to be confronted by and interfered
with by those whose hearts are
stronger than their heads. Those of
us who follow Apollo will always
criticize in the name of reason what
our compassionate and idealistic
brethren demand of us. Their heat
offends our coolness. But their dy-
namism, in the long run, goes
higher, carries us higher, than alone
would ever even hope to have come.

The future of chronic disease
control, of prevention and treatment,
is brighter now. The last year has
seen policies adopted which should enable us greatly to shorten the
time gap between the invention of
new capabilities and their general
provision as a resource of diagnosis,
prevention or treatment to the public
at large.

Hippocrates differentiates between
a physician treating a slave and the
physician who treats the free man.
In the case of the slave, the patient
or his master is merely told what is
necessary to be done and it is done.
In the case of the free man, the
work of healing is shared by the
patient and the physician. Since
nothing compels the patient to ac-
cept the regimen, and he must
rule himself into it, he must be
convincied by the physician of its
necessity. It follows that the physi-
cian of the free man must be not
only a healer but a teacher and
that his encounter with the patient
takes place in the category of co-
operation rather than of direction.
The medical profession is, as the
corporate physician to society, the
corporate patient to which it administers. In the free
society this encounter must also
be in the category of cooperation.
The two working together, not
one or the other, must protect,
preserve and repair the health of
the community.

Society is not co-extensive with
the state, but representative of the state must be included in the insti-
tutions through which this cooperation is achieved. The national
effort against the catastrophic ill-
nesses is properly structured accord-
ing to these principles, bringing
together voluntary, charitable and
service organizations, representa-
tives of social and economic organiza-
tions, the universities, the hospitals and
the profession, in the mounting of
this effort under the sponsorship of
the body politic.

In all this, however, it is to be
remembered that it is the medical
profession alone which has estab-
lished scientific competence to
prescribe regimens of prevention and
care. There is an old dictum that "he
who treats himself hath a fool for
a physician." Furthermore, all con-
cerned must come to terms with the
facts of death and immortality and
the limitations of available capabil-
ities for prevention and treatment.
These last factors have been insuffi-
ciently considered in some of the
thinking of voluntary health organi-
zations and of representatives of
medical consumers in and out of
government. It often means that

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have probably been carried as far as it is possible for them to go in the management of these disease states.

The detection of a few abnormal malignant cells in an organism composed of billions of billions of comparable cells is a vast problem. Yet treatment at any earlier phase of the cancer process than we can now recognize requires this kind of capability.

Altogether, then, we have to face up to the fact that we shall be dealing with malignant disease at much the same level of development as we now encounter, it, and with much the same means, for a considerable period of time. The same is true of heart disease and stroke, whose fundamental causes remain beyond reach of comprehension and control. All of these illnesses relate in part to aging which, to a large degree, is an inevitable sequence of events intrinsic to any dynamic multi-componented system. Our medical and social effort, as opposed to our scientific effort, must therefore be to humanize and perfect the utilization of the medical methods now open to us. New government fundings of programs for the catastrophic illnesses which aim at wider extension of improved medical services with existing practical methods are a rational response to our actual situation. It can be looked upon as a sign of maturity and integrity that we are beginning to realize that research will not change the world forever to humanize and perfect the capability.

Research and development have been well-supported and should continue to be, since they constitute not only a potential source of new power for disease control but also, and probably first of all, because the contemplation of Nature's first vocation, the beginning of his wisdom.

Apollonians tend to fear the depletion of treasuries presently supplying research and education by service-oriented programs now being initiated. Dionysians, filled with compassion and careless of knowledge, can and will compete with research for resources. The profession, fearing society's neuroticism and ignorance, is chary of associating itself with these new efforts and seeks to avoid even talking to its patient, society, at any length. The medical profession, like every profession, including the clergy and the teaching profession, is naturally suspicious of its laity and would prefer to manage its affairs in quiet solitudo.

The hazard, and at the same time the hope, of the Heart Disease and Stroke legislation is its requirement for joint planning and initiation of regional programs by an assembly of medical scientists and educators, medical practitioners, city and state public health officers, and lay people involved in voluntary health societies. The fact that all these classes of people will be neighbors in a particular locale will in all probability increase their anxiety and defensiveness regarding trespass across boundaries of organizational responsibility over what it would be were they strangers living somewhat removed from one another.

Consequently patience, integrity, modesty, and a genuine devotion to the good of the community, salted by practical prudence, will be necessary in negotiators if the regional programs are to succeed in their mission of improving, through education, through clinical demonstrations, and through development of rational coordination and referral mechanisms, the effectiveness of medical and social efforts to prevent and ameliorate these conditions.

Practicing physicians who participate in the work of the planning committees will quite likely find their witness given special attention and respect granted they can bring the right qualities and attitudes to them.

Aesculapius remains still the type of the ideal physician, a man in whose substance the opposites, Apollonian intellect and Dionysian feeling, find their dialectic resolution. This new effort partakes of both these dynamisms and the physician should be at home in his heart with it to an exceptional degree. Its presuppositions are genuinely Hippocratic. Its methodology is faithful to the principle of subsidiarity, in that it seeks its ends not through a replacement of existing social organizations by a central governmental agency, but rather through the strengthening of those organizations and the facilitation of their work.

Physicians who work to make the present initiatives effective will be helping to demonstrate that voluntaristic pluralism is more fecund for social progress than statism. Those who oppose and impair it will buttress the argument of those who have lost hope in the capability of freedom to match the performance of totalitarianism in achieving the prompt application of new technologies to the general improvement of life in modern societies.

There is validity in the popular assumption that failure to make available to every man the full armamentarium of contemporary medical capability is a serious fault in any society. No government today can divest itself of the responsibility for working toward this ideal. Granted it is a difficult ideal to specify in operational terms, and regardless of how individuals may differ in valuation of particular elements of medical effort, it is clear that fiduciary and organizational changes alone can provide only the substratum for erection of these social structures which would be needed to give all, all the help we know how to give.

Governments have little to work with other than their funding and organizing powers and are dependent upon other social entities for the operating capabilities needed to achieve genuinely creative sociocultural changes.

This latter truth is not widely comprehended, with the result that not only the populace but governors themselves expect more to come from manipulations of systems and supports than they can produce. But the realization that funding and reorganization are not sufficient means to achieve a common ideal should not make physicians so impatient that they neglect to work towards their rationalization. With-
in the structure of the Heart, Cancer and Stroke programs, physicians have a good opportunity to participate in a corporal work of mercy particularly appropriate to men of the vocational formation.

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Will The Hypnotized Person Commit A Crime?
Modern Research On An Old Question

JOHN B. MURRAY, C.M.

Are you tense? Overweight? Want to give up alcohol or smoking? Have you considered hypnosis? Many people do. The Yellow Pages list hypnotists. Mail-order firms sell equipment for hypnotism, e.g., crystal balls, whirling disks. Hypnotism is easy to learn but dangerous in the hands of amateurs. Properly used hypnotism has contributed importantly to analgesia for dentistry and surgery, as an adjunct in psychotherapy, and as an instrument in psychological investigation of vision, hearing, and memory.

Franz Anton Mesmer first popularized hypnotism under the name “animal magnetism.” Mesmer had written his medical thesis (1765) on the influence of planets on man. Magnetism appeared to have a similar potency for operating at a distance. Mesmer hypothesized man as having poles like a magnet; disease might mean imbalance of the fluids in man and health might be effected by restoring the balance in the body, gathering them about the poles as a magnet does filings. Mesmer contributed to his own defeat by the trappings of showmanship he affected. When he was rejected in Vienna, Mesmer moved to Paris but there his views were dismissed by a Scientific Commission on which Benjamin Franklin sat. Almost a century later hypnotism acquired its modern name and had its respectability restored by Dr. Braid, an English physician. Medical centers were slow in accepting hypnotism but Dr. Esdaile performed many operations with hypnotism as analgesia, and babies were noted in the daily newspapers as delivered with hypnotism. Dr. Braid saw that hypnotism depended on suggestion, although he believed it was a form of sleep.

In France about 1880 two great schools of hypnotism began investigations. Drs. Charcot and Janet at Salpêtrière in Paris believed that hypnotism was proper to the hysterical patients whom they treated, and was itself abnormal. Drs. Liebeault and Bernheim at Nancy in France considered hypnotism a normal process. Freud studied first under Charcot and later under Bernheim, and used hypnotism in his first work with patients. Soon Freud appreciated that the effects of hypnotism might not be permanent, and that the accounts of hypnotized subjects were not creditable without checking. Freud changed the approach to hypnotism from a static to a dynamic concept wherein unconscious and suppressed material could be revealed.

In the United States Clark Hull's