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Through My Window

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Everyone sees life through an individual window. At this moment I am looking through my window viewing a bird feeder chock full of seeds. I am entranced with the activities of the squirrels, blue jays, and chickadees. I tell everyone how I supply the feeders with food. Suddenly, I begin to wonder whether my motivation is really for the welfare of the birds and the squirrels or whether unconsciously and selfishly I am more concerned with the pleasure their visitation brings me. I know that these birds can exist without me. However, I begin to wonder, am I contributing to the luxury of their living?

My reflections further arouse my curiosity about the social reformer. Are the advocates of uni-lateral social reform really interested in mankind or are they subconsciously satisfying a desire to foist upon society a philosophy which sustains them? There is a weakness in all of us to see life through the window of our own limited knowledge and experience. On a gray somber day we complain because we miss the beauty and the comfort of the golden warmth of sunlight. Does the welfare reformer really feel that he can bring sunshine to all people at all times?

I can see where, in the past, socialized medicine has brought definite benefits to those countries where the people never had the advantages of even the most meager of medical care. But how do you

justify socialized medicine in a country such as ours where the people have had the best medical quality care in the world?

A decade of constant pressure has finally brought about a limited form of socialized medicine in this country through passage of Public Law 89-97. The history of this struggle since before 1946 is well known, and would be redundant in repetition, but it is important to point out that whereas Chapter 18 under Social Security is Medicare for those over 65—Chapter 19 (as worthy as it is now) does have the explosive potential of bringing about total socialized medicine in this country.

During this same decade there also has been another explosion—an atomic fallout of scientific knowledge.

Yes, we are living in an atomic age—a space age—limited only by the unlimited imagination of the mind of man. It also appears that since Genesis, this century has been marked as the “day” of revelation of scientific knowledge. We should be grateful for the development of basic scientific truths. The pure scientist deals in the research and fruition of these truths. For this, some condemn the scientists. Witness the criticism of the development of nuclear energy. It is tragic that its potential and real force had to be demonstrated as an atomic bomb, but it did shock the world into its recognition and presence. Later the

realization of the potential for useful good dawned upon society.

Medicine was certainly quick to utilize nuclear physics and energy for the good of mankind by developing aids in diagnoses and therapeutics. Medicine is utilizing the assistance of computers and memory machines. Medicine is applying the discoveries of chemistry, of alkylating agents and antibiotics in the treatment of a variety of diseases. Medicine is applying the discoveries of engineering in the replacement and substitution of organ functions. But the application of new scientific modalities has imposed greater moral responsibilities. The responsibilities are reciprocal between medicine and society, especially in the action and reaction to morals and mores.

Let us consider some moral problems brought on by research and economics. Let us take the topic of the prolongation of life. Do we always apply pure medical judgment or are we influenced by the effect of a certain treatment? Are we influenced by pleadings of relatives, by the use of extraordinary means or experimental drugs? Where is the borderline which defines when a treatment becomes a biological experiment? While we always justify this with the saying that the experience gained in one case may benefit mankind — how does our medical conscience blink when the patient says "why don't you let me die?"

In the problem of the prolongation of life by hemo-dialysis in the chronic nephritic, who is to choose which patients are to receive the benefit of this treatment? Who shall

make the decision, and for how long? Is such a program of hemo-dialysis justified when the end result is known and cost is such a potent factor?

By propounding these questions, I do not propose the cessation in experimentation, but we must maintain a fine, medical conscience, and we must weigh the benefits against economic impact and influence.

Let us consider the contraceptive pill. Certainly, it has its place in therapeutics and probably even in management in planning parenthood, but is the fear of a population really justified? Is the medical or economic problem? How will society accept the philosophy of self limitation?

Recently, the Department of U. S. Public Health reported a decline in our countries' birth rate for 1965. But more significant than the drop in the birth rate is the problem of moral decadence in our younger population. Is this decision entirely that of the medical profession to control the use of the contraceptive pill? Or shall we permit society to use it indiscriminately by the dictates of a few members? In many of these problems, scientific usage, society and science are in direct opposition. Tomorrow society demands a quick solution to problems. Are we, the medical profession, to respond to these quick demands, or are we to adhere to our age-old custom of tried acceptance in order to benefit society immediately and permanently? Like it or not, the medical profession is in the middle of these great debates.

These are a few of the many growing ethical-moral problems which hover like ghosts over all men of science. The physician needs something more than the dispassionate objectivity of a scientist. Science and society can be neutral toward humanity in this quest for truths, but the physician as a human being cannot be dispassionate. These decisions of the medical profession's reaction and correction to scientific discoveries are constantly and instantly accepted or rejected by society. These decisions will either tarnish or brighten our Image — an Image which the profession of medicine has inherited from generations before, espoused by the oath of Hippocrates and granted to us by the public. Moreover, the estimate of the profession by the public is through their evaluation of the individual physician. The well-balanced dedicated doctor is one of the most valuable assets of a community. It is through the individual physician, that the public accepts the Image of all the physicians of the world. Are we to allow science to control the greater part of the living of society? Are we to allow economics alone or science alone to dictate our professional conscience? When influenced by the disinherited mind that perceives only demonstrable phenomena we become victims of pure materialism. We must resist becoming "robot physicians."

We are living in an age of dependency — a Chain Reaction Life. Witness how in this high energy society one circuit breaker threw most of the New England states into a power failure darkness. In this nuclear age of stifle and adaptation are we becoming less free? Witness how society is sopping up this philosophy of dependency to live like saprophytes and not by "the sweat of their brow."

Yes, socialism, welfarism, or dependency (call it what you wish) is a threat to our free existence. The professional man must not allow socialism to become his conscience. But we now have a wedge of socialism splitting open the health care field. Through my window I see Medicare as an arm of economic adaptation to health care and a challenge to society as well as a challenge to our professional mind. I do not oppose the philosophy in the principle to provide for the needy — nor to budget prudently for the future.

Medicare is here. As law abiding citizens we shall abide by the law — reserving the right to criticize and to improve it so that the patient does not suffer. However, in our efforts to adapt to economic changes let us not forget our moral-ethical responsibilities to society as true physicians.