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# Medicine And The New Programs For Catastrophic Illness

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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 anti-matter 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 diety 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 Apollonean 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 Apollonian structure of society, a generous 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 dynamism, in the long run, goes higher, carries us higher, than alone we 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 accept the regimen, and he must rule himself into it, he must be convinced by the physician of its necessity. It follows that the physician 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 cooperation rather than of direction. The medical profession is to incorporate physician to society and society is the corporate patient to which it administers. In a free society this encounter must also be in the category of cooperation. The two working together, and 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 institutions through which this cooperation is achieved. The new national effort against the catastrophic illnesses is properly structured according to these principles, bringing together voluntary, charitable and service organizations, representatives of social and economic organizations, 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 has to be remembered that it is the medical profession alone which has the established 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 concerned must come to terms with the facts of death and immortality and the limitations of available capabilities for prevention and treatment. These last factors have been insufficiently considered in some of the thinking of voluntary health organizations and of representatives of medical consumers in and out of government. It often seems that

efforts are sustained more by an unspoken wish to change the elemental facts of our existence than by reasonable estimates and genuine compassion. It should be remembered that Aesculapius was destroyed by Zeus when he finally became so skilled as to give men immortality. Immortality through technology, like omnipotence through world-conquest, is a forbidden goal. It costs more in human values than it can repay.

If we learn together to modify our characteristic American megalomania and national euphoria, the ultimate result of the new cooperative approach to the catastrophic illnesses should be a needed renewal of humanism in disease care. Scientism has been a fault in the response of our society to illness. Too much has been expected from science and disease study has been supported out of proportion to care. In the words of Pasteur, "Science is for life, life is not for science."

What we can legitimately hope is that the new laws will help the profession to engage a much larger proportion of the population at the level of the curative, early and preventive care than is now the case. Up to the present, this kind of medical care has reached only a small, relatively well educated, and well-to-do proportion of the population. The large number have received only ameliorative care of established disease. This change will demand a shift from hand-industry to technological methods, and the recruitment and training of ancillary workers for many specific routine procedures now performed only by physicians.

Specialization of hospitals will also be a necessary development. This connotes development of medical transfer and referral methods including, very probably, records standardization amongst different institutions and certainly improved transportation and out-patient housing techniques.

In terms of the future of medical research in the field of neoplasia, we have, at the present time, very little hope that we shall in a short interval achieve a cancer vaccine or any other active technique of medicinal prevention. Current hopes and efforts for a leukemia vaccine are in a state of resurgence, although the reasons for this are not really clear. For some twenty years the virus of avian leukosis, a very severe, economically disastrous disease amongst chicken flocks the world over, has been known and studied. Numerous attempts by governments, by private industry, and by university scientists have failed as yet to yield an effective vaccine, although the responsible agent is clearly known, well-characterized, and capable of being isolated in tissue culture. In contrast, the viral origin of human leukemia remains merely putative, no virus related to it yet having been brought under laboratory cultivation.

Chemotherapy, lacking as yet a sound basis for the exploitation of specific differences between neoplastic cells and non-neoplastic elements, remains a merely empirical field of work, possessed of no powerful scientific principles upon which to construct a rational course of progress. Surgery and radiation therapy

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-component 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 overnight.

Research and development have been well-supported and should con-

tinue to be, since they constitute not only a potential source of new power for disease control, but also, and probably first of all, because of the contemplation of Nature, man's first vocation, the beginning of his wisdom.

Apollonians tend to fear the depletion of treasuries presently supplying research and education by the service-oriented programs now being initiated. Dionysians, full of 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 cautious of its laity and would prefer to manage its affairs in quiet solitude.

The hazard, and at the same time the hope, of the Heart Cancer 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 socio-cultural 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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medicine, Wayne State University. He has recently become president of the Michigan Cancer Foundation, Inc., an organization with major programs in cancer research, education and service. Dr. Brennan is currently president of the American Society for Clinical Oncology and has published numerous articles dealing with laboratory and clinical research in cancer. He is a past president of the Catholic Physicians' Guild of Detroit.

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