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THE MIND AND MORALITY OF THE DOCTOR**

I. The Physician and the Microcosm

It suddenly occurred to me, during the writing of these lectures, that it is now over 20 years since I began medical school. What reason is there, I thought, despite my teaching contacts, to assume that I can possibly recapture the spirit of the medical student; the way in which he approaches problems? As best I can recall, my own state in medical school was one of thorough confusion. I must have continuously exhibited R. P. Blackmur's "steady, startled state; as if one were about to be haunted."[1] I suspect that many of my classmates were equally disoriented.

But, I worried, even granting the accuracy of my recollections, what if the students themselves are now completely different? Certainly some educational practices seem to change with time. Matriculating medieval undergraduates at New College, Oxford, I once read, had to swear not to dance in the College Chapel.[2] In those days when students went abroad to take exams, candidates swore not to offer bribes to examiners and, if unsuccessful in their tests, they also swore not to take vengeance on the examiner with knife or other sharp instrument.[2] Then I remembered that two years ago some disgruntled American students machine-gunned the home of a teacher who had slighted them, and I decided that certain human tendencies were probably timeless and that it was foolish of me to worry about the passage of a mere two decades.

I address you in gratitude for your interest, and with sympathy for our common and difficult lot. Unlike the old shepherd in "The Winter's Tale," I do not wish that . . .

> there were no age between ten and three and twenty or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting.

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Quite the contrary; the youth of medical students is one of the great assets in facing the task before us.

My subject is the mind and morality of the physician. The general plan is to consider the doctor first in regard to his "inner self," to his fundamental ways of thinking, to his personal way of life. Next, I should like to look at the physician in his interactions with small groups of people, particularly his patients, taken individually and collectively. Finally, we will move into the macrocosm of society and consider the physician as a citizen. These transitions will, I fear, not be sharp ones, since the categories are not discontinuous. Furthermore, I will, from time to time, use the physician as a prototype of the Scientist (or even the Common Man). The framework of these presentations, is, to a degree, both unsteady and deceptive, and for this I beg the reader's indulgence.

The very existence of these lectures on medical ethics is even more important than their content. I have been struck by the spiritual restlessness of medical students and physicians in different parts of the country. Many have felt, like Menotti's Madame Flora in "The Medium," the icy hands of uncertainty on their necks. There is "a welcome ration of disquietude"[3] in the land.

Here, for example, are some excerpts from letters received recently in response to an article written for *The New Republic* entitled Why Are Doctors Out of Step?[4] The first is from California:

> The frustration you express is shared by several of my close friends who are young physicians of liberal bent who dare not express their sentiments . . . for fear of economic reprisal.

The second is from Texas:

> I wonder if most doctors are not ignorant of their social responsibilities. . . . There was no instruction in, and little discussion of, the ethical problems of patient care during medical school. Any consideration of a social ethic for doctors was out of the question. . . .

The third came from Iowa:

> Even though we all mill around in the same cultural milieu, I somehow expect physicians to be proponents of a more meaningful society, for theirs is a unique position of influence which can engender action on ideals. To see such Gulliverian strength bound down by rigidity, inflexibility, medical political strategy, personal power, etc., is maddening.

An especially interesting letter came from a Jesuit professor, who felt that the problems of doctors were in many ways similar to those of the clergy. He went on to say:

> [Doctors] are nice fellows, very charitable, but miserably ill-educated. They live in a closed world and reinforce each other's stereotypes. What they need most, intellectually, is *fresh air.* But what they get is stale, hermetically sealed, prepackaged bunk. It's too bad.

There is, then, evidence that medical students and doctors (and laymen as well) sense a deficiency in the training of the physician and in his orientation to life. So much for preamble—now on to some personal notions.

My first basic assumption is that knowledge and freedom are not only desirable, but inextricably linked. Last year, for the first time, I conducted a series of Socratic discussions with our pharmacology students on drug advertising. Despite the shafts which have been hurled—deservedly—at the gullibility of physicians, there was little to be desired in the performance of the students in evaluating these ads. Critique, sophistication (in the nonpejorative sense), indignation at dishonesty or bad taste, articulateness—all these qualities were present in their résumés and expositions. The contrast between this performance and the much less impressive one of many of their older brothers in medical practice was dramatic. How to explain it? The element of time cannot be ignored—the students had several months to analyze a small number of advertisements. Yet I prefer to think that digging out the necessary facts to contrast against the claims was the key factor influencing the result. Without relevant information, the mind is fettered; freedom to make decisions becomes a cruel illusion.

But knowledge and freedom are not enough, except perhaps in a solipsistic world. The solitary scholar can accumulate knowledge, but without such qualities as empathy, integrity, perspective, and the will to act, he is like that most desiccated of flowers, Henry Miller's "frozen edelweiss under a glass bell reposing on a mantlepiece in the deserted home of a lunatic."[5] Life is not possible without a modicum of self-interest, but life that is all self-interest is a shabby thing.[6] Indeed, it is worse than that. Total self-interest is a self-contradiction, an impossibility, since the navel gazer is doomed to an existence that is both less satisfying and less productive than one that is not so inner-directed. Like one of those new "sculpture-machines," it carries within itself the seeds of its own destruction.

In discussing the potential of the physician for becoming a desirable citizen, *i.e.,* a citizen who is educated, free, and aware of his social responsibilities, I should like to begin on an optimistic note. It is my firm belief that the doctor is, in many ways, favored by his training and

position in the achievement of this goal and in the function of a valued decision-maker and educator of his fellow men.

Let us consider certain aspects of the doctor's background. First, the good physician is, in Professor Whitehorn's words, "educated for uncertainty."[7] He must learn to tolerate ambiguity with equanimity. His every day is filled with grasping at elusive medical hints and whisperings. Rarely does a sick patient present with a simple, straightforward problem. Even the most minor illness occurs against a background of complexity. There are usually alternative diagnostic possibilities and alternative courses of therapeutic action possible. The good doctor is aware of this; indeed, he must be, to serve his patient properly. The doors must not be slammed too quickly on available alternatives for action, as the physician engages in the precious choice between them on behalf of another.

In some ways the good physician is like the good judge, scrutinizing carefully divergent points of view and letting ideas have their day in court. It is no accident that the following words were uttered by a noted jurist, Learned Hand:[8]

> The mutual confidence on which all else depends can be maintained only by an open mind and a brave reliance on free discussion. I do not say that these will suffice. Who knows but we are on a slope which leads down to aboriginal slavery? But of this I am sure—if we are to escape, we must not yield a foot upon demanding a fair field, and an honest race, to all ideas.*

This tolerance for rival possibilities and ideas is at times painful for the doctor, just as it is for his nonphysician fellow member of society. I still remember vividly some British commentaries on the Dean of Canterbury when he decided to resign from his post. After a stormy thirty-one-year tenure, the aged Dr. Hewlett Johnson, long known as the "Red Dean" because of his leanings toward Marxism, stepped down. He had been a trial to his superiors, to many members of his church, to members of Parliament (both Houses debated his conduct), but he was never forced from his post. The Archbishop of Canterbury once described his Dean as "a nuisance to be endured with such patience as we can command." He asked that Church and State should help each other to share "this liability as a small price to pay to keep unblemished our belief in freedom of speech."

Closely allied to this basic orientation toward uncertainty is the physician's concern with truth, Bronowski's "cement of society."[9] Unlike the

* From *But We Were Born Free* by Elmer Davis. By permission of The Bobbs-Merrill Co., Inc.

Hollywood press agent whose motto was "the only thing we have to fear is the truth," the physician, as a scientist, accepts as fundamental a lawfulness in natural phenomena. It is paradoxical that men of science are sometimes portrayed as iconoclastic to the point of lawlessness, as intellectual anarchists and chaos-makers. They are, on the contrary, attuned to the refutability of false hypotheses and false intellectual gods. The disastrous consequences of a flagrant disregard for scientific veracity and fact are well known to them.

I suppose that this false concept among laymen is, in part at least, engendered by the willingness of the scientist to question all concepts and subject their validity to experimental test, even when these concepts are well established and are held dear by many. An excellent example of how to lose friends and antagonize people occurred in the 19th century, when Sir Francis Galton decided to test the efficacy of prayer. He observed that more prayers were said on behalf of sovereigns and the children of clergymen than for any other people. He checked the life spans of these presumably favored individuals and found that their lives actually tended to be *shorter* than average, although not short enough to warrant the assumption that prayer was clearly harmful.

This same Galton, who was an anthropologist, biometrician, criminologist, geneticist, meteorologist, and psychologist, once had the following to say about the normal distribution:*

> I know of scarcely anything so apt to impress the imagination as the wonderful form of cosmic order expressed by the "Law of Frequency of Error." The law would have been personified by the Greeks and deified, if they had known it. It reigns with serenity . . . amidst the wildest confusion. The huger the mob and the greater the apparent anarchy, the more perfect its sway. . . . Whenever a large sample of chaotic elements are taken in hand and marshalled in the order of their magnitude, an unsuspected and most beautiful form of regularity proves to have been latent all along.[10]

The respect of physicians for natural law is superimposed, however, on a necessary appreciation of variability, of individuality, of richness of expression. Edith Hamilton, the famous Greek scholar, was overjoyed to learn that her fingerprints were unique, that no one else anywhere on earth had fingerprints exactly like hers. It has been pointed out that one could listen to hundreds of chests during the pneumonia season and never hear two that sounded exactly alike. There is, therefore, in the physician's mind, a nice tempering of order by flexibility and tolerance for individual differences.

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The good physician also possesses the quality of critique. To be a virtue, critique must fall somewhere between petulant querulousness and blind faith. The hypercritical are as handicapped as the naive dupes. Critique must not deteriorate into a cynical disenchantment and disengagement from life. As C. S. Lewis put it:

> The only point of seeing through something is to see something through it. . . . If you see through everything, then everything is transparent. But a wholly transparent world is an invisible world. To see through all things is the same as not to see.[11]

I do not mean, on the other hand, to denigrate the "merely destructive" type of criticism. The famous English critic James Agate once pointed out: "Whatever may be feasible in the domain of Lewis Carroll, in the world as we know it, constructiveness is possible only before an event."[12] It would seem feasible to achieve a golden mean of some sort, aiming at an atmosphere between that of a private girls' school tea and the last act of *Götterdämmerung*. The choice need not be between white gloves and corpses.

In Ecclesiastes we are told that "there is a time to rend." Occasionally a good destructive remark can do an amazing job of air-clearing. Consider the following characterization, by a former classmate of mine, of a faculty member who was terribly smooth but whose words lacked substance: "What a pity! All that oil and no machinery."

The physician, as a scientist, has faith in the idea that he is liberated by an increasingly truer and detailed concept of man, of the workings of his body and of his mind. Scientists have been criticized by some for wishing to learn about human behavior for the purpose of manipulating it. They have quite rightly rebutted that such increase in our knowledge should also permit man to resist more effectively manipulation of his behavior by others. Consider, for example, the question of decision-making by members of the professional and lay public. What determines our vulnerability to pressures of various sorts? Why do we find it so hard to climb out of certain mental ruts? Why is it so difficult to convince people to adopt health measures whose rewards are not immediately apparent? It seems clear, for example, that ridding oneself of excess weight is advantageous, yet people are as reluctant to practice "girth control" as they are to consult their physicians at the first sign of serious disease. Why do we as a nation establish certain priorities for action? Why can the public get much more upset about narcotics addiction than alcoholism, when the latter is a much more important problem in every way for our society?[13]

A final characteristic of the physician that I wish to mention briefly is the prestige he enjoys and the impact he can have on the public by reason of this prestige. Last year a poll taken of Americans on their respect for different occupational pursuits indicated that except for Supreme Court Justice, the physician enjoyed the highest admiration. Not long ago the results of an interesting experiment were published. A pediatrician measured his influence on his patients' families in regard to the purchase of seatbelts for their automobiles. The data clearly indicated that the person-to-person confrontation he utilized was extraordinarily effective in making the point and moving these families to action.[14] This prestige factor is, furthermore, important in the maneuverability it provides for the physician. It enables him to enjoy a certain "detachment from expediency" that individuals in less favored positions cannot afford.

Having said all this, let me now admit that there are serious limitations and traps for the physician. These are not unique to the physician, but they hamper him no less than they do the nonphysician.

The first of these is cynicism or pseudo-realism. One meets all too many people who believe that the "realistic" approach to life is one that takes a pessimistic view of the present and the future. This type of phony realism was satirized by Ambrose Bierce in *The Devil's Dictionary* when he defined realism as: "the art of depicting nature as it is seen by toads: the charm suffusing a landscape painted by a mole, or a story written by a measuring worm."

There is no need to deny that life can be seamy. There is abundant documentation of this point. Everyone knows Thoreau's famous line, "The mass of men lead lives of quiet desperation." This pessimism has been voiced by many others. The critic Kenneth Burke[1] once described life as follows: "Men build their cultures . . . huddling together, nervously loquacious, at the edge of an abyss." In a letter Edward Lear wrote: "At present I am doing little, but dimly walking along the dusty twilight lanes of incomprehensible life." C. P. Snow, in his famous "Two Cultures" Lecture (which is often referred to but rarely read) said:

> The individual condition of each of us is tragic, each of us is alone: sometimes we escape from solitariness, through love or affection or perhaps creative moments, but those triumphs of life are pools of light we make for ourselves while the edge of the road is black: each of us dies alone.

Evelyn Waugh has termed the later years of life the

> burden of longevity. It is in that last undesired decade, when passion is cold, appetites feeble, curiosity dulled, and experience has begotten cynicism, that *accidia*

> [the theologian's technical term for Sloth] lies in wait as the final temptation to destruction. . . . Death has not lost its terror in the new clinical arctic twilight.[15]

A few years ago I had the depressing experience of waiting in court to testify at the trial of some young car thieves. The dreariness of their lives as it emerged in the testimony was much worse than the crimes themselves. There was an emptiness and a pointlessness to their existence that was shattering.

But life is not *all* sordidness, corruption, mediocrity, and ineptitude. We are surely not always right to expect the worst, to shun perpetually all emotion and loyalty, principle and morality.

Closely allied to cynicism are apathy and laziness. This is sometimes explainable by the love of some for a kind of cerebral paralysis. I know some physicians who, in approaching research, are forever examining all the facets of a problem and who shun experimental action at any level for fear that they may be forgetting one minor aspect or relevant variable, and thus may exhibit "bias" or "partiality." This is the kind of eternal impartiality and indecision that was once characterized by C. P. Curtis as,

> nothing more than a vacancy of mind. In its purest state, [impartiality] is either ignorance or idiocy. . . . There are only two ways to be quite unprejudiced. One is to be completely ignorant. The other is to be completely indifferent.[16]

The second major reason for apathy, however, is not a lack of conviction but the inability to move. I suspect that there are more physicians who are convinced of the hazards of cigarette smoking than those who attempt to educate their patients or the public about these hazards. I have only a limited argument with the physician who does not attempt these educational efforts because he is unconvinced of the hazards of smoking. I have little respect for the physician who *is* convinced of the adequacy of the evidence linking smoking and various chronic diseases which we, at the moment, are almost powerless to treat, yet does not attempt to prevent them.

We tend to forget what can be done by men of action, even when their cause is evil. In Dürrenmatt's neglected novel *"The Quarry,"*[17] there is a frightening section in which Emmenberger, a former Nazi physician, harangues Barlach, a police chief who is his prisoner.

> "In what do *you* believe, Commissioner?"
>
> Barlach was silent.
>
> In the background ticked the clock, without pause, the clock, steady, with merciless hands, which pushed toward their goals.
>
> "You are silent. You are silent. People of our time do not like to answer the question, 'What do you believe?' It's become bad taste to pose that question. One doesn't like to use big words, people say modestly. And least of all to give a definite

answer—as for instance: I believe in God the Father, God the Son, and God the Holy Ghost, as the Christians once answered, proud that they could answer. One likes to be silent today when one is asked—like a girl to whom an embarrassing question has been put. Of course, one doesn't quite know either in what one actually does believe. It's by no means nothing. Good God no. One believes in something—even though it's quite vague, as if an uncertain fog hung over it all. One believes in something like humanity, Christianity, tolerance, justice, socialism, and love for one's neighbors—things that sound a little bit empty. People admit it, too, but they also think the words don't matter. What matters is to live decently and according to one's best conscience. And that they all try to do—partly by struggling for it, partly by just drifting. Everything we do, deeds and misdeeds, happens by chance. Good and evil fall into our lap like lottery tickets. By chance you become good and by chance you become evil. . . ."

After some comments on revolutionaries and nihilism, Emmenberger continues:

"I'm not ashamed to have a credo, I'm not silent as you were silent. Like the Christians, who believe in three things which are only one thing—the Trinity—I believe in two things which are one and the same, namely that something is and that I am. I believe in matter, which is *simultaneously* energy and mass, an incomprehensible universe and a globe, around which we can walk and which we can feel is like a child's ball, on which we live and drift through the adventurous emptiness of space. I believe in matter (how shabby and empty it is by comparison to say, 'I believe in a God')—matter that is seizable as animal, as plant, or as coal, and not seizable, hardly calculable, as atom. It needs no God or whatever else is invented for it. Its only incomprehensible mystery is its being. And I believe that I am, a particle of this matter, atom, energy, mass, molecule—as you are—and that my existence gives me the right to do what I want. As a particle, I constitute only a moment, a mere incident, just as life in this gigantic world is only one of matter's immeasurable possibilities, as much chance as I am—if the earth were a little closer to the sun, there would be no life—and my purpose consists of *only* being a moment. Oh, the tremendous night when I understood this! Nothing is holy but matter: man, animal, plant, the moon, the Milky Way, whatever I see, are accidental groupings, non-essentials, as the form of the waves of the water are something non-essential. It is indifferent whether things are or are not. They are interchangeable. If they are not, something else exists. When life on this planet dies out, it will appear somewhere in the universe on another planet. It is ridiculous to attribute permanence to man, for it will always be only the illusion of permanence. It is ridiculous to invent systems of power in order to vegetate for a few years as the head of some state or some church. It is senseless to strive for the welfare of man in a world structured like a lottery—as if it would make sense to have each ticket win a penny, as if there existed another yearning but this one—*for once* to be the singular, sole, unjust man who wins the whole lottery. It is nonsense to believe in matter and *at the same time* in humanism. One can only believe in matter and the I. There is no justice. How could matter be just? There is only freedom, which cannot be earned—for then there would have to be a justice; which cannot be given—for who could give it?—which can only be taken. Freedom is the courage to commit crime, for freedom itself is a crime."

"I understand," cried the Commissioner, shaking, a dying animal, lying on his white sheet as if on the edge of an endless, indifferent road. "You believe in nothing but the right to torture man."

"Bravo! . . . I devoted myself to that which made me free—murder and torture. For when I kill another human being—and I will do it again at seven—when I put myself outside all the order of this world, erected by our weakness—I become free, I become nothing but a moment. But what a moment! In intensity as gigantic, as powerful, as unjustified as matter. And the screams and the pain which flood toward me from glassy eyes and open mouths, the convulsing, impotent white flesh under my knife, reflect my triumph and my freedom and nothing else." . . .

"Now show me your belief," said Emmenberger.

The commissioner is silent. Again and again the Nazi challenges him to prove that his faith is as great. In what does "the good man" believe? God? Justice? Humanity?

"Your faith!" screamed the doctor. "Show me your faith!"*

But the old man says nothing. The chilling truth is, that the "hero" of the story *has* no credo.

Next, I would list, as limitations, fear and cowardice. Every doctor from time to time observes a fellow physician who is extraordinarily inept, dishonest, or both. Yet rarely is such an individaul castigated by his colleagues in the community, let alone prevented from practicing medicine.** We often fail even to steer friends into the hands of more competent physicians. The usual argument is that the legal or social risks of attempting this sort of self-policing by the profession are too great. The result, however, is to prefer our personal comfort to the health of others.

An interesting situation has arisen from the availability of new techniques to prolong the lives of people with essentially nonfunctioning kidneys. These techniques of dialysis have unquestionably permitted prolongation of existence in certain individuals. Yet there are few installations in the country currently involved in this task of giving life to the dead. One explanation is that such installations are time-consuming and expensive, and medical and paramedical personnel are limited. Yet one suspects that a sort of cowardice is also involved, since the setting up of such a facility automatically poses tragic decision-making problems for the people in charge. There are more patients available for such treatment than one can handle, and establishment of priorities in regard to whose life shall be

* From the novel *The Quarry* by Friedrich Duerrenmatt, Copyright 1961 by the New York Graphic Society.

** I realize that about 75 medical licenses are revoked in the United States each year, but this microscopic statistic relates primarily to transgressions such as narcotics addiction, alcoholism, and income tax evasion.

prolonged must make for sleepless nights. Whom shall we accept for treatment? The doctor or the bricklayer? The middle-aged executive or the teen-age schoolboy? This is Shaw's "The Doctor's Dilemma" repeated over and over and over again. To avoid these decisions by not choosing *anyone* is, however, a form of moral cowardice, coupled with a selfish laziness.

I cannot leave this discussion of cowardice without paying tribute to two members of the Yale Faculty who have exhibited the opposite characteristic: great courage. Professor Buxton's fight in regard to advising patients concerning birth control devices is known to all Yale students. His willingness to undergo arrest and conviction in order to test his beliefs is in the highest traditions of social and individual conscience.

Some now in school, however, may not know the story of Dr. John Peters, once professor of medicine at Yale. Professor Peters was, in essence, characterized as a traitor during the witch-hunting days of the 1950's and declared ineligible to serve his government. The evidence on which he was found to be a loyalty risk was never disclosed, and in the hearings which he fought to have held, not a line of derogatory testimony, according to Judge Thurman Arnold,[18] could be brought against him. Professor Peters resisted this cavalier dismissal, and at great sacrifice successfully fought the charge and vindicated himself. His fight remains one of the brightest hours in the history of this great university.

But to return to our list of negative characteristics: another limiting factor is our lack of wisdom, which is not the same as knowledge. There are some matters that physicians are not capable of dealing with for the simple reason that they are not wise enough. An example of this would be in the field of eugenics. It is always frightening to me to hear scientists discuss the manipulation of hereditary traits, a power which will be available to us in the not too distant future. Who has the right to determine the distribution of traits in a society? What kind of people do we *really* need in greater numbers? Physicists or clowns? Inventors or composers? Athletes, or ministers? Conformists or malcontents? Who is to say?

The pretension to powers that are not really the prerogatives of physicians results in an arrogant kind of God-playing. This may manifest itself in many ways. One is the exposition of the philosophy that science is something from which the public should be excluded. At a meeting held at our university a year or so ago, it was suggested by a participant that reporters be excluded from all scientific meetings, just as they are excluded from hospital rounds, on the basis that they had no right to be there. As one who has suffered his share of both good and bad treatment from

science reporters, I think I can speak to this point. It seems to me that occasional inaccuracies in science reporting and lapses into lurid journalism are prices we must pay in order to satisfy the need of the public to keep itself informed on matters of importance. Science, including medicine, cannot be treated as a private affair.

Physicians indulge in God-playing in another way, *i.e.,* the positions they take in regard to disclosing information to patients or their relatives. Many doctors cannot resist trying to peer into the future. It is rare that prognoses as to life span gain much credit for the physician. The possibility for error in both directions is so great that I can never understand why physicians are not eager to beg off when they are asked by students or relatives to guess what will happen to a patient, and when. Doctors might periodically reread the preface to Shaw's "The Doctor's Dilemma," especially the section that recommends making it compulsory for doctors to add to their brass plates the words, "Remember that I too am mortal."

A special area of irritation for me is the overweening attitude that physicians can take on occasion in regard to mentally retarded children and their parents. A recent article recorded the believable resentment of mothers at not being told within three months after birth that their children were Mongols. In this survey it was found that not only had certain parents not been informed until four years later as to the true state of affairs, but indeed some were never told, but discovered the fact for themselves. Some who began to suspect an abnormality were even reassured by their physicians that there was nothing seriously wrong![19]

It is equally disturbing to see the opposite kind of highhandedness, *i.e.,* when a physician elects to tell a mother immediately after birth that her Mongoloid child is "hopelessly retarded" and should be immediately institutionalized. For this class of mentally retarded children, there is a broad range of intellectual development available, and I defy anyone to predict at the birth of such a child whether *that* human being will eventually be trainable, or educable, or even moderately self-sufficient.

(It is desirable to remind ourselves of the viewpoint of the handicapped. I was recently interested to read the following comment in a letter from a thirty-year-old Amish dwarf refusing scientific examination: "As for me I think I am exactly the way the good Lord intended for me to be. I am happy, have work, friends, can support myself. So what more do such people want?"[20]

Another severely restricting limitation is the lack of a sense of history. We are all prisoners of our contemporary paradigms.[21] These established patterns of thinking and acting impose blinders on our minds and limit our mobility of expression and action. A sense of history would remind us of the inevitable obsolescence of most paradigms, and would permit more imaginative approaches to some of the serious problems facing us. This can be perhaps most dramatically illustrated by taking up a few important issues involving life and death.

Our society's approach to the problem of abortion typifies our dilemma. Historically, there has developed the concept that physicians have the right to make certain decisions in regard to abortions. The fact is that most such decisions must be made on the basis of nonmedical considerations. It is rare for matters of health to be the predominant variables in a decision as to whether or not an abortion is indicated. As Dr. Robert Hall has so well put it:

> The American doctor is forced to practice hypocrisy. . . . Doctors should not be asked to determine which women qualify for abortions. We are no more qualified to do so than accountants or street-cleaners.

He goes on to state that in his opinion no one is better suited than the prospective parents to decide the matter.

Another example is euthanasia. Again, the historical paradigm has developed that the shortening of a person's life is under any circumstances undesirable and illegal. The Swedes have recently taken a new look at this problem, and controversy has arisen which may be tremendously beneficial in the long run for us all. Hedenius, a philosophy professor, has proposed that healthy people be given the right to sign up for *dödshjälp* ("death help") on their health insurance cards. He divides this "death help" into passive and active categories, with "passive" death help equated with the physician's refraining from undertaking treatment vital to maintain life or discontinuing such treatment. "Active death help" is equated with giving pain killing drugs in such amounts as to shorten life, or giving such drugs so that death occurs immediately. Professor Hedenius has indicated that he would rather die than suffer immeasurable pain or become a helpless wreck without any prospect of a decent human existence, that he would rather die than usurp a hospital bed with his own meaningless suffering when others might be nursed back to health in that bed, and that he would rather die than have relatives wish him dead in vain and remember him as a distasteful wreck.

The journalist Helen Hill Miller has recently discussed the same issue as follows:[22]

> As younger persons become accustomed to the sight of terminal illness of the very old, what if they, while still in good health and sound mind, wish to instruct family, physician and the institution where they may one day be after an incapacitating stroke or when deterioration has reached a nonreversible stage, that they are not to be maintained in an existence that has lost all significance. Should a properly attested instrument not be accorded the same validity as an individual's last will, likewise prepared in advance with a view to a future contingency?*

It seems reasonable for physicians at least to discuss these contingencies and to consider the possibility of committees made up of appropriate medical and nonmedical members, including perhaps representatives of the patient's family, to decide about euthanasia in certain instances. I do not mean to minimize the difficulties involved. The taking of life is an awesome business. But safeguards are conceivable which could eliminate dangers arising from the rapacious or guilt-laden relative, the amoral physician, etc. One would have to devise ways of maintaining the individual's dignity as well as the dignity and peace of mind of his family and his physicians, but the task need not be an impossible one.

Before leaving the matter of our being trapped by conventional modes of thought, it is well for us not to forget that whereas certain kinds of alternatives are readily considered by scientists, fundamental novelties are often suppressed by men of science as readily as by laymen. The first reports of X-rays were greeted by shock, and the phenomenon at first pronounced an elaborate hoax by Lord Kelvin.[21]

Finally, there is the limitation imposed by conflict of aims and of values. The distinction between a research scientist and a physician is both troublesome and real. Research is primarily concerned with the answer to a given question. Patient care is primarily concerned with getting a patient well as quickly and as safely as possible. There is at times a serious conflict between the acquisition of information which will help other or future patients, and the immediate welfare and comfort of a given individual. Although in many instances clinical research poses no ethical conflict of any major kind, there are situations where the conflict is a serious one.[23] Both goals are desirable. There is no question but that a concern for other patients and for future generations is a noble consideration. When this concern conflicts with the welfare of a present individual, however, the decision may become torture for the responsible physician. In Bronowski's words, ". . . the problem of every society . . . is to find a compromise between man and men."[9]

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We must not forget, furthermore, that society does not always act in its own best interest. Not long ago Dr. Kitetsu Imaizumi, a Japanese ophthalmologist, was given a scroll of appreciation by our Air Force. This physician defied the law to perform corneal transplants at Iwate Medical College. It was not until after his arrest in 1958 that the law, forbidding tissue transplants from dead to living persons, was changed. Here society had made the decision that such experimentation was illegal despite the possibility of benefit for the subject of the experiment. Time has proven that the courageous Japanese physician was right, and society wrong.

So much, then, for the physician and his microcosm. I have tried to avoid offering facile, glib answers to important questions. The problems are difficult and at times tragic. Yet in attempting to come to grips with them, we can perhaps approach the state described by the famous Connecticut poet Wallace Stevens. He once said, regarding "the sense of tragedy hanging over the world," that "what the poet has, is not a solution but some defense against it."

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