

## An interfaith dialogue with Sir William Osler: crossing the divide of COVID-19 pandemic

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### ABSTRACT

With the recent COVID-19 pandemic and George Floyd protests, the USA (US) has become extensively polarized across social and political divides. The COVID-19 pandemic has left tens of thousands dead and several million American citizens without work. Furthermore, the months of quarantine and uncertainty with the COVID-19 virus impacted the economic stability and health of Americans. In recent weeks, the divides have only deepened with the death of George Floyd from police brutality, which ushered in worldwide protests addressing racial, social, and law enforcement issues for minority groups. Both developments have ushered in unprecedented challenges for addressing social disparities while controlling the spread and devastation of the COVID-19 pandemic. With social media and mass communication, polarization between opposing groups has only deepened the divide. An inclusive dialogue that recognizes the intellectual and interpersonal boundaries of opposing groups would provide an avenue towards mutual understanding and further collaboration towards a common goal and solution. A physician that exemplified many aspects interfaith dialogue in his clinical practice and personal life was the late Sir William Osler. This will be accomplished through a fictional dialogue between Sir William Osler and Dr. Mark Webb.

### ARTICLE HISTORY

Received 4 February 2020  
Accepted 7 July 2020

### KEYWORDS

Interfaith; medicine; religion;  
Sir William Osler; and  
dialogue

### 1. Introduction

With the recent COVID-19 pandemic and George Floyd protests, the USA (US) has become extensively polarized across social and political divides. The COVID-19 pandemic has left tens of thousands dead and several million American citizens without work. Furthermore, the months of quarantine and uncertainty with the COVID-19 virus impacted the economic stability and health of Americans. In recent weeks, the divides have only deepened with the death of George Floyd from police brutality, which ushered in worldwide protests addressing racial, social, and law enforcement issues for minority groups [1–3]. Both developments have ushered in unprecedented challenges for addressing social disparities while controlling the spread and devastation of the COVID-19 pandemic. With social media and mass communication, polarization between opposing groups has only deepened the divide.

Therefore, an inclusive dialogue that recognizes the intellectual and interpersonal boundaries of opposing groups would provide an avenue towards mutual understanding and further collaboration towards a common goal and solution [4]. This is particularly true between physician and patient where two individuals must come together to overcome personal biases, interpersonal boundaries, and

fears towards a common decision for a patient's medical care. One such method for building bridges between physicians and patients can be found in interfaith dialogue [5,6]. In interfaith dialogue, the goal is to establish mutual collaboration and discussion between different religious traditions towards creating a unified voice. This is achieved through moving beyond separation and suspicion, inquiring more deeply, sharing both the easy and the difficult parts, moving beyond safe territory, and exploring practices from other traditions or perspectives [5]. Through listening and sharing our experiences, we open dialogue on important issues while simultaneously moving beyond separation while developing a sense of oneness, love, compassion, and forgiveness within and beyond our social or political affiliations.

A physician that exemplified many aspects interfaith dialogue in his clinical practice and personal life was the late Sir William Osler. Dr. Osler was a Canadian physician who practiced during the nineteenth and twentieth centuries and has become immortalized as the ideal model for clinicians in perfecting proper physical examination, diagnostic reasoning, physician–patient relationship [7]. Despite his busy schedule, Osler was able to maintain a sense of intimacy and cooperation with his patients despite his periodic feelings of tiredness, lack of enthusiasm, cynicism, and diminished sense of

personal achievement and satisfaction [8]. Beyond his impressive skills as a clinician, Osler's essays on the medical practice, leadership, and his personal charisma continue to serve as a model for physician behavior at the bedside [9]. Furthermore, Osler's ideas on faith, medicine, and the physician–patient relationship show similarities to interfaith dialogue and provide a prime example of how such dialogue can occur in both medical and social interactions. Therefore, examining Osler's bedside manner and relationships with patients may provide an example of how interfaith dialogue may provide a framework for repairing the divides within the US. This will be accomplished through a fictional dialogue between Sir William Osler and Dr. Mark Webb, who is the Department Chair of Philosophy and Religion and Texas Tech University.

## 2. Interfaith dialogue interview with Sir William Osler

**Interviewer:** Thank you Dr. Osler for taking time to interview during this tumultuous time. As our audience can see, we are having this discussion over Zoom for both convenience and to maintain social distancing during these times. As you both know, there has been an increase in anger and frustration across social and political divides. The current COVID-19 pandemic has ushered unprecedented hardships and challenges for both physicians and citizens around the world. And with the death of George Floyd, movements such as the Black Lives Matter movement have sparked heated debate concerning politicking in minority neighborhoods, use of force, and racial tensions around the world. Both events have only deepened the divide and suspicions the public has towards the medical establishment, political institutions, and between neighbors. Given these hardships, how do you approach reducing suspicion or separation between colleagues, friends, and strangers during this uncertain time?

**Osler:** *'In some of us the ceaseless panorama of suffering tends to dull that fine edge of sympathy with which we started .... Against this numbing influence, we physicians and nurses, the immediate agents of the Trust, have but one enduring corrective-the practice towards patients of the Golden Rule of*

*Humanity as announced by Confucius: 'What you do not like when done to yourself, do not do to others' [10]. The motto of each of you as you undertake the examination and treatment of a case should be 'put yourself in his place'. Realize so far as you can, the mental state ..., enter into his feelings ... Scan gently his faults. The kindly word, the cheerful greeting, the sympathetic look' [11].*

**Webb:** Empathy is certainly the beginning of all ethical wisdom. Empathy is the ability to imagine oneself in another's place, what it feels like to be that person in that situation. We are cognitively equipped to do that, perhaps because of the evolutionary advantage a prey animal gains when being able to outthink a predator, but it also underlies the social instincts of human beings. We are able to do great things because we are able to work together, and we are able to work together because we see others as fundamentally the same type of critter as ourselves. I can see that if I prefer not to be treated a certain way, then others like me probably have the same preference, and that gives me a reason to treat them as I would like to be treated. We have a similar reason to trust one another. If I think my beliefs carry some weight, then I should afford the same courtesy to others; the fact that they believe something is all by itself reason for me to take it seriously. Empathy not only expands my ability to act, by making other people available as collaborators, it also expands my knowledge of the world, by making other people available as sources of information. I am one of many, so I should be humble, both in my preferences and my beliefs, before the group.

**Interviewer:** It seems both of you are discussing the concept of empathy and humility. With the plethora of social media outlets, it appears many individuals have flocked to those who support their preconceptions and beliefs without engaging into mutual dialogue between one another. How do you force yourself to inquire more deeply and attempt to understand individuals who hold opposing opinions or ideas to your own?

**Osler:** *'Our work is an incessant collection of evidence, weighing of evidence, and judging upon the evidence, and we have to*

*learn early to make large allowances for our own frailty, and still larger for the weaknesses, often involuntary, of our patients [12]. Remember silence is golden; don't you do the talking; you do the listening and you'll learn much [13]. But whatever you do, take neither yourselves nor your fellow-creatures too seriously. There is a tragedy enough in our daily routine, but there is room too for a keen sense of the absurdities and incongruities of life, and in the shifting panorama no one sees better than the doctor the perennial sameness of men's ways [14]'.*

**Webb:** There is a balancing act here. Of course, sometimes I am right and the majority is wrong. I should not always give in to the group. Likewise, sometimes when I empathize with someone, by doing so, I discover that they have disordered desires. Empathy requires a degree of trust and humility, but it does not require complete subservience to the other. My individual contribution has value, too. In fact, that is not a contradiction. It is because each individual contribution has value that the concatenation of them has value. This is also what underlies the idea of expertise. We should trust one another, but that trust is based on the idea that others are both sincere and competent. The sociopath is not sincere, and so is not a proper object of trust. Likewise, people speaking in areas in which they have no knowledge are not competent, and so are not proper objects of trust. We have, in human society, a division of cognitive labor. Different people study different things, and their views in those areas are especially trustworthy. And especially, everyone is an expert on his or her own experience.

**Interviewer:** I think most would agree that trying to understand another person's perspective is essential for any controversial topic. However, the George Floyd incident has revealed persistent racial disparities in the African American community that are often difficult to address without inciting some strong reactions. How can we begin to address this topic in a respectful manner without avoiding the difficult parts of the conversation?

**Osler:** *The wrangling and unseemly disputes which have too often disgraced our profession arise, in a great majority of cases, on the one hand, from this morbid sensitiveness to the confession of error, and, on the other, from a lack of brotherly consideration, and a convenient forgetfulness of our own failings [10] The greatest of ignorance – the ignorance which is the conceit that a man knows what he does not know [10]. Perhaps no sin so easily besets us as a sense of self-satisfied superiority to others ... it is an attitude of mind which either leads to bigotry and prejudice or to such a vaunting conceit in the truth of one's own beliefs and positions, that there is no room for tolerance of ways and thoughts which are not as our are [10]. In these days of aggressive self-assertion, when the stress of competition is so keen and the desire to make the most of one-self so universal, it may seem a little old-fashioned to preach the necessity of this virtue, but I insist for its own sake, and for the sake of what it brings, that a due humility should take the place of honor [10].*

**Webb:** We take our place in the human history of building up an edifice of knowledge, with the building already well underway. Part of empathy and trust is empathizing with the past, and trusting those who came before. Part of it is also re-examining what went before to see if there is any flaw in the building. Sometimes, when we employ empathy, and examine the past of our societies, we find that some groups have not been extended the courtesy of trust that they should have been afforded. This is starkly obvious in the history of the USA and African Americans. They were systematically devalued in order to make them slaves, and then systematically devalued ever since. As a result, white people feel free to discount their accounts of how things work. Instead of realizing that they are experts in the area of their own experience, the white majority has imposed the picture provided by *their* experience, and so concluded that things are not that bad. The same has happened to every other excluded and marginalized group.

The group that is ‘on top’ is often blind to what is really going on because of their privilege. The group that is marginalized is not the group for whom the system works, so they often have a clearer understanding of how it works. Privilege produces, and is partly constituted by, ignorance. Consider this example: When I drive my car, I’m not thinking about how it works. I’m thinking about where I am going, and what I am doing. It’s only when it stops doing what I need it to do that I start thinking about how it works. If I am mechanically inclined, I might begin to work on it myself; if not, I’ll take it to someone I think has the right expertise. The better my car works, the more ignorant I can be of how it works. As long as I own a reasonably reliable car, I can live without thinking about how they work. If my car is unreliable, but I can afford to hand it over to a mechanic, then I can still live without thinking about how it works. If I don’t have a reliable car, and I can’t afford to keep it in the shop, I am forced to learn about how it works, or do without a car.

Similarly, I don’t have to think much about the nuts and bolts of things like law enforcement, health insurance, or a thousand other things I use off and on. Since they work reasonably well for me, I don’t have to worry. Now suppose you are someone for whom these things don’t work: Say you are the kind of person for whom law enforcement is a risky proposition. Call the police, and they may help you with your problem, but they may also take you to be a problem, and harass you, arrest you, or shoot you. You will know things about how law enforcement works that the people for whom it works seamlessly won’t know. In general, the more a system works for me, the less I have to think about it, and so the less I will know about it. Being one of the beneficiaries of a system is privilege, and also makes it much more likely that I will be ignorant of the real workings of the system. We need to employ

empathy and trust to everyone, but we should also understand that, just as there are experts on scientific topics, there are experts on social topics, and they tend to be the ones the social system works against. We should listen even more attentively to those voices.

**Interviewer:** It seems that such dialogue may touch upon even deeper aspects of a person’s worldview or deepest held beliefs. In many cases, this touches upon an individual’s religious or spiritual beliefs concerning God, morality, and truth. In these circumstances, what do you see as most important when exploring these topics with friends, family, or stranger?

**Osler:** *‘At the onset do not be worried about this big question-Truth. It is a very simple matter if each one of you starts with the desire to get as much as possible. No human being is constituted to know the truth, the whole truth, and nothing but the truth; and even the best of men must be content with fragments, with partial glimpses, never the full fruition [10]. The truth is the best you can get with your best endeavor, the best that the best men accept-with this you must learn to be satisfied, retaining at the same time with due humility an earnest desire for an ever larger portion [10].’*

**Webb:** Unlike Dr. Osler, I approach these matters from the Theravada Buddhist view, but we nevertheless have a surprising amount of agreement. For the Buddhist, the primary problem in life is suffering, so the primary goal of a good human being is to reduce the suffering of yourself and others. That’s what ethical life is about. Part of that view is that my suffering is no more important than anyone else’s so I must be concerned about the suffering of others. In order to relieve suffering, I must understand what it is and where it comes from, so I must pay close attention to what others are saying to me about their suffering. I must listen attentively and sympathetically, and then do whatever I can to relieve the suffering. Part of that commitment is a commitment to seeing things as they are, not as I wish them to be or fear them to be. So there is a deep commitment to finding and facing the truth, as well as speaking the truth.

### 3. Conclusion

Although Osler's view of God is complex, he saw faith as an essential aspect of the human experience capable of bringing people together towards a common good. In interfaith dialogue, the continual exploration is similar to a life-long pilgrimage in search of refining one's beliefs while continuing their own search for truth. In reflecting on religion and human society, As demonstrated by Osler, interfaith dialogue has the potential to pull us out of our individualism and create a new sensibility about being human and empathizing with our struggles and journey in life. By leveling their minds from biases, physicians can better empathize, connect, and improve the quality of care given to patients. Physicians can unshackle themselves from destructive thinking and better prepare their minds to live a larger life dedicated to service, love, and compassion. Physicians must recognize the intellectual and interpersonal boundaries of opposing groups and traditions would provide an avenue towards a shared reality without eliminating differences. The process by which physician bridge these divides and encourage starts with acknowledging and understanding how cultures equip individuals and groups with particular gifts and expertise to relate with outsiders, suspending disbelief long enough to rid ourselves of stereotypes and prejudgments, delaying critiques of the culture to which we are relating until we formulate and pursue an open dialogue with differing cultures, and, finally, rediscovering ourselves in relationship with the other.

As physicians and healthcare workers, we have the unique opportunity to help improve the physician-patient relationship in spite of the widening polarizations of society. Towards this end, physicians can foster the physician-patient relationship by first identifying and exploring ways their own religious or philosophical beliefs shape their clinical encounters and ability to act as facilitators for improving patient care [15]. Despite the significant challenges faced with bridging the polarizations of modern society, it is through the struggle that physicians throughout history have forged ahead a new path for reconciliation and healing. It is when we work together that we reach our highest potential as human beings.

### Acknowledgments

I want to thank Don Mackenzie for his advice and support in writing this manuscript.

### Authors' contributions

All work in this manuscript was done by Jonathan Kopel.

### Disclosure statement

The author reports no conflict of interest.

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