

The Elements of Medicine: Faith, Hope and Credence

The technical vocabulary of the medical profession is both vast and intimidating: Vast, as found in the standard English language medical dictionary of about 1,600 pages with an estimated 86,000 words; and intimidating because most of those words are constructed of Latin or Greek roots, prefixes and suffixes. In general, Latin roots have been reserved for normal physiologic phenomena and standard anatomic structure while Greek roots have defined pathologic states.

English, more than most languages, is an accretive tongue with numerous additions to the mother vocabulary through successive invasions of Britain by Celts, Angles, Saxons, Jutes, Romans, Danes, Norman French – and finally, the Americans in the 1940s, each incursion bringing new and enriching words. English, it turns out, is like any other language – but only more so. Thus English, perhaps the most linguistically impure of languages, provides a wide selection of words, some elitist, some vernacular, for virtually every basic term or situation.

With all of these linguistic riches, people nevertheless seem to fall back upon the older, more primitive Germanic words when they feel themselves medically imperiled. Thus, when your head is pounding and ready to spin off to the southwest, you will complain about a splitting headache but never describe it as an acute, bilateral cephalalgia. The two most precious medically-related words in the entire language – heal and health – were both bestowed upon the earlier English by the Anglo-Saxons with not a trace of Classical language origins. Both words convey the sense of completeness, togetherness, to make whole. This kind of comprehensive healing transcends and is distinguished from the customary patient-physician transaction where a specific problem, say a fractured ankle bone, is brought to the physician who then exploits his/her medical education, cumulative experience and technical equipment to repair the damage. The patient leaves, satisfied that the immediate problem has been attended to expeditiously; but whether he feels healed in the sense of being made whole again is another matter. There are many who bless the high rate of cure achieved by modern medicine while expressing, *soto voce*, that the experience felt more like a business transaction than a healing interlude.

Medical historians, particularly those who have also practiced medicine, have been astonished by the clinical successes achieved by occasional physicians in centuries past. Certainly their understanding of the mechanics of disease had been rudimentary; their drugs at best were non-poisonous; and their surgical skills no better than abjectly primitive. Yet cures were indeed achieved, cures which the skeptics called faith-healing in those burdened by imaginary ills. But surely not all were psychosomatic disorders; and while the ill-defined illnesses may have been illusory, certainly the sincerity of the patient's gratitude was tangible. And in today's medical encounters, in contrast, the patients have invested their faith in the machinery of medicine rather than the practitioners of medicine.

Benjamin Rush, one of the five physicians who signed the Declaration of Independence, once declared: "I have frequently prescribed remedies of doubtful efficacy . . . but never

till I have worked up my patients into a confidence bordering upon certainty, of their probable good effects."

William Osler, the most prominent physician of the 20th Century, remarked: "Faith in us, faith in our drugs and methods, is the great stock in trade of the profession." In Osler's iconic textbook (which has guided medical students for over four generations), he said that three factors will lead to therapeutic success: A strong personality in whom the patient has faith; a healing environment rich in symbols such as a shrine, a sanctuary, or for those in medicine, a hospital with skilled nursing care; (Osler, who founded the Johns Hopkins Hospital and Medical School, referred to the institution as Saint Johns Hopkins.) The third factor was the patient's "active belief in the assurance of the physician."

Medicine, before the era dominated by MRIs and other intrusive paraphernalia, still had its visible symbols: the well-worn stethoscope, the pocket watch to determine the patient's pulse, and most of all, the atmosphere of optimism, equanimity, assurance and self-confidence emanating from the physician. The physician's ambience was not marginal; it was all.

In the formative days of Johns Hopkins Hospital, Osler was called to see a mortally ill boy named Billy O. The urgent call came when Osler was presiding over the medical school graduation, and in his haste to arrive at the child's bedside, he neglected to remove his ceremonial robes. This then was how the child had first envisioned him; and for the next forty days, Osler visited Billy daily, always wearing his academic robes. Osler talked at length with Billy, fed him with his own hand, and somehow urged Billy's body to heal itself. Billy recovered, although Osler had no explanation.

In medicine's quest for meaning, its search for plausibility, and its insistent demand for rational explanations, it recognizes intuitively that there must be more operative elements than the intricacies of the immune system, the endocrine glands, the hereditary equipment and other wondrous modalities governing mortal encounters between illness and its victim. Somehow, somewhere, passions must influence the capacity of the body to confront its disorders.

If not blind faith, then certainly some faith in the healer's skills exerts a role in the subtle negotiations that culminate in either healing or non-healing. The physician, as custodian of the healing adventure, must be assertive and have faith in the process - until such time when a pharmaceutical company devises a pill to activate the patient's sense of confidence in himself and his physician.

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Disclosure of Financial Interests

Stanley M. Aronson, MD, has no financial interests to disclose.

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