# MEDICAL IDEOLOGY: A PROBLEM OF SURVIVAL

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A man without an ideology is an automaton, and a profession without an ideology is a craft. Medicine as an art has great antiquity in that it has been close to life, since the human attitude and outlook are emotion- and health-dependent. A man in physical pain or incapacity might still become the leader of men, but more probably, he would become frustrated and warped mentally so that he is unable to exert influence in leadership. This gives credence to the well-worn phrase: Mens sana in corpore sano. Hence, it is natural that an art or a science, as medicine is known to different people, that is so intimately concerned with life itself should have evolved early an ideology of its own, and in turn, this ideology has not only served to keep the torch of dedication alight for the profession, but has in fact upon many occasions indicated the way to many pathfinders in humanity. The Hippocratic oath in essence stresses the sanctity of life; the equality of man, both lowly and high, and either friend or foe; and the respect of the individual as one with his own privacy and dignity. These fundamental concepts were formulated centuries ago when the value of life received scant regard, and class distinction was observed with a religious fervour. It is this ideology that has welded medicine and religion together in the earlier days, and enabled social reforms to materialise through a change of heart and attitude. It is also this ideology that, in the subsequent atheistic and agnostic age, leads to the supplanting of religion by medicine, so that the role of guide, counsel, and reformer comes to roost on the shoulder of the medical profession after leaving the spiritual counterpart. Many of the rebels have been doctors, or at least medicine-inspired, and it is important to note that the rebellion is engendered by their medical attitudes, and not the other way around. The concept of equality between races, the assumption of responsibility for the sick and feeble, and the care of the mentally alienated bespeak the medical influence on humanity. No doubt there are still some who holds that black and white blood cannot mix in transfusions, and that the infirm and handicapped are best not permitted to live, and we have to admit that these too have been and are still in some quarters medical opinions and attitudes, minority not withstanding. Nevertheless, no profession or any man or group of men can claim infallibility, or a 100% conformity, and we can be proud of a past record of performance when the medical thought set pace to the broadening of human horizons.

In the last two decades, there appears to be a gradual but nonetheless perceptible erosion of medical leadership. On the scene are many, who claim the right and expertise to this leadership. The scientists with their objectivity and newly achieved public prominence won by performances like nuclear explosion and space exploration, begin to assume the role of a "new priesthood" as one of them called it. The social scientists, with a foot in humanity and another in objective behaviourism, also claim to hold the panacea to human ills. The psychologists too with a system of psycho-dynamics which is facile enough to explain away all human situations both normal and abnormal, offer dogmatic advice on the line of action with the conviction of a religious zealot. Amidst such a large number of messiahs, the medical image must falter a bit. This hesitancy is accentuated when the medical profession, characteristic of its honesty in self-appraisal, readily admits its shortcomings in many of the situations, and is only too eager to yield its lead to the contenders.

This feeling of inadequacy has been manifested in more ways than one, and just to enumerate a few, I might mention three of them. Firstly, the profession has begun to profess its inadequacy by expressing its dissatisfaction with the curriculum and schedule of training, and commences to redesign them, so as to produce better doctors who are to be, in the words of one of the reformers, "better orientated to the need of the community, more liberal in outlook, and with a greater appreciation of basic sciences." In other words, the doctor's attitude, outlook and ability are now going to be dictated by many factors outside the profession, and not geared to just the need of an individual patient; he is going to be more a humanist, and a scientist than a healer. Unfortunately, to permit many factors to influence the medical attitude is an invitation for the profession to be embroiled in the acute controversies of changing social behaviour pattern and thinking, and by taking a passive role, the profession finds that it is

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changing in spite of itself, and at best can only voice objection and protests as it goes along.

To be a humanist or a scientist is not a mean ambition, but a doctor handicaps himself in doing so, for he has to apportion some of his time to the acquisition of the healing skill and knowledge. This means, human ability being to a large extent fairly uniform, that the doctor will grow up second rate scientist and humanist compared to the original, if humanitarianism and scientism are going to be his cherished goals, for a medical basic scientist cannot aspire to the height of basic science reached by a pure basic scientist, nor can he plumb the depth of humanity as expertly as a qualified humanist. Hence he either seeks the aid of the others via a collaboration, which means he will have to relinquish the right of the sole care of the patient to become part of a team; or he attempts to get along on his own, and be simultaneously an indifferent scientist and humanist. In both cases, his public image falters.

Secondly, the doctor begins to find that the changing thought pattern of the community is gradually affecting his way of belief. Being a member of the community, he is coerced to conform but as a member of a skilled profession, he should be leading. Since he has no confidence in his competence in leadership, then he must be contented to be swayed by the winds of change. This means that public opinion, regulations, and laws may make him alter his stand sometimes with his acquiescence, but not always or necessarily so. Abortion, specialist register, retention fee for licenscing, advertising publicity: one can name many where the doctor has been placed in the situation of the coerced and not the guide.

Thirdly, within the medical discipline, more and more emphasis is being made on the relation of the doctor with the community and with knowledge, with the result that a good proportion of graduates today, and probably the majority tomorrow, in fact in some countries it is already the majority, would not be a doctor in the old fashioned style—the one with an interest which is entirely for the welfare of his patient, whose welfare outweighs everything in the doctor's consideration. We have, besides, doctors in disciplines totally dissociated from the individual man such as bacteriology, biochemistry, medical education, and community or public health, also doctors whose activity makes for competing loyalties such as clinical researchers, epidemiologists, and preventive community programmers. The problem of "if there is a last bottle of blood, and I have an incurable case which needs a transfusion badly, should I give him the blood to prolong his life, a painful one to boot, or should I leave him and keep the blood for some one more deserving, who is bound to turn up soon, but as yet not present" is no longer a problem to these doctors, for to them, the individual must be weighed with others such as the advancement of science and the benefit of the society, and oft times to the mind of these doctors, the single individual counts for less. The presence of this group which is increasing both in number and influence in the profession must inevitably lead to a modification if not a total change of the professional ethical philosophy.

Faced with these, it seems to me that our profession today must make decisions, which will either restore us to our original state, or relegate us to a secondary role. In some countries, the decision has already been thrust upon us, and the doctor in a socialistically-inclined totalitarian state is more a tool to be used, than a source of inspiration to be sought after. However, these decisions are not easily made, and would require us to marshall everything we have to find the correct answers. Some says that an international meeting is the last place to decide on issues of principles, for conflicting individual interest of each nation often annul effective measures. I hold the opposite view, for if the leaders of different nations get together, then being the elite, they should form the most likely group to arrive at important conclusions. In the history of internationalism after the Second World War, the World Health Organisation has achieved some measures of significant success in aid programmes, and ethical philosophy whereas the other counter-parts have produced more literature than positive results. This shows that as a profession, we may succeed where others fail. It seems to me that we should set ourselves deliberately a difficult and challenging task, rather than be ensnared in details of individual problems which many of us in fact can iron out ourselves. Before this meeting has begun, I was asked by a member of the press: "What has the Commonwealth Medical Association done, and what would be its future plans?" I must say that after due reflection, I cannot say that we have achieved anything momentous in the last ten years, and I hope that the next ten will see us with a better record. For this, I sincerely suggest that we begin to build ourselves a new idealogy that will keep us in the lead, so that we may remain a proud profession in the years to come.