

Angels, doctors and public perceptions

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Soon after graduating, a classmate was pleased to read the following message in her local newspaper: "Mr. John Smith wishes to thank Dr. Jones for her kind and compassionate care during his recent illness. She is truly an Angel of Mercy." While a little nonplussed at her sudden elevation to the boardroom of God and Son, Inc., she was obviously pleased to find herself in such heavenly company. She wondered what she had done to deserve the opportunity to dance with the angels. As she told me later, she had only been doing her job.

My friend wanted to separate healing from the holy. Her patient had no such problem, having recognized that the 2 have been entwined from the beginning of time. It is only in the last few centuries that medicine has attempted to transform itself from the sacred to the scientific. While we may have convinced ourselves that we no longer deal in the mystical, it is obvious that the public still sees divine guidance in much that we do. Even in their derogatory comments, we are elevated: "He thinks he is God."

In Europe, healing was the work of the church. Some patients think it still is. Indeed, when I didn't respond to a request with the appropriate alacrity, a patient informed me that doctors should not be allowed to have a spouse or children — such encumbrances interfere with God's work. For healing is a sign of divinity, a miracle. Sure, there are other miracles, but one doesn't get beatified for them. No one has suggested that Bill Gates is in line for sainthood for the miracle that is Microsoft, but Mother Theresa is most certainly in the running.

The outcome of all this excessive sanctity is a heavy altruism that is intrinsic to medicine's value system. We work very hard to prove we are worthy. We tot up our sacred points in hours worked because, let's face it, if we



totalled the number of lives saved the result would not be very impressive. We only feel worthy if we are exhausted.

The patients love it. "Oh, doctor," they commiserate, "You look awful. Up all night, were you?"

Their concern belies their satisfaction, for here is a doctor who cares, who is virtuous enough to bear the burden of their illnesses. After all, the doctor is exhausted from doing miraculous things all night long.

Unfortunately, like Icarus, doctors get burned when they fly too close to the sun. They topple to the sea, their wings disintegrating in a flurry of melted wax and feathers. All watch in horror as the surf engulfs them. Perhaps a prescription pad is left floating on the waves. "Oh, dear," we say, "I never knew Dr. Brown had a problem. If only he

had talked to me.” Secretly we are pleased, because we know that Brown was not made of the right stuff and therefore we must be, because we’re still here.

The dilemma, of course, is how to release ourselves from the bindings of altruism without surrendering our compassion. Is altruism so intrinsic to our value system that we are unable to forgo it without the collapse of our medical culture? Will we become uncaring technocrats, doing McJobs in McMedicine clinics? Even worse, will we lose our place in the pantheon and have to walk among the mortals? After the heady days on Olympus cavorting with the gods, a return to the plains below seems a dull alternative.

Yet others do it. Nurses are uniformly loved and yet they work, *gasp*, shifts. They, too, are accorded a place in the celestial pecking order by the public, flitting about at the lower levels of the stratosphere. Doctors are accorded a higher status, for they bear the secrets of medicine obtained from the twin gods of modern medicine, Science and Technology. Like Prometheus, we are expected to pay a higher price for our hubris. We are allowed to keep our livers (although alcohol takes care of many of those), but we still get chained to the rock, with the lawyers and disciplinary committees hovering above us like vultures, on the lookout for deviations from godly perfection.

Perhaps our salvation will be thrust upon us. Some governments are introducing legislation to reduce the odious hours worked by house staff in the hope that they will stop

injecting the wrong pharmaceuticals into the wrong places. As the intolerance of imperfection grows, the profession may have to examine its working conditions, recognize errors made due to fatigue and rein back its enthusiasm for marathons of medical care. This will be done with a heavy reluctance, especially by the surgical specialists who value their macho abilities to hold themselves erect for the 36th straight hour. But the rest of us will probably be grateful to relieve ourselves of our more onerous duties, all the while saying publicly how dreadful it all is that we can no longer care for our patients the way we previously did.

So perhaps our profession has had a surfeit of the sacred and it is time to divest ourselves of the sacrosanct and admit that we are indeed mere men and women, flesh and blood. Perhaps it is only by surrendering ourselves to the reality of our physical limitations that we can truly become beneficent rather than self-sacrificing. For in denying ourselves the simple needs of mankind, we do not become more compassionate. We become more disillusioned, more distant, more resentful. Our resentment far too often turns on our patients, whom we label “cranks” and “nutters.” Truth be told, we are more deserving of those pejoratives.

It is time for us to shed the hair shirts of the monastery and to leave the angels to their own celestial devices.

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