

Why Can't Doctors Be More Human than the Rest of Us? More on the Physician-Patient Relationship.

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Barbara Tuchmann, in discussing our loss of confidence in people and institutions, capped her argument by saying that “[e]ven physicians, the last of the admired, are now in disfavor.”¹

This caught my eye for several reasons. First, being human I am subject to the natural shocks that flesh is heir to. Second, I am an information scientist, a sociologist of sorts. Finally, I am a manager and “businessman.” As such, I am frequently astounded by inept management practices among members of the medical profession. This may seem contradictory, when doctors are so frequently scorned for being too much concerned with “business,” and too little concerned with something else that is not easily defined.

If physicians are the “last of the admired,” the original admiration is easily enough explained. Physicians were originally specialized priests. Medical science eventually reinforced the aura of that role and its authority. But furthermore, physicians—perhaps because of the long uncertainties of their science—early on developed that uncanny ability to “relate” that characterizes a “good doctor.”

We require that a “good doctor” know not only his profession, but *know us* as well. He must know how to treat not only *our disabilities*, but also how to treat *us*. His historical role as a “minister” in healing often enables us to reveal ourselves to him as we seldom do to any other. (This does not mean that there is no role for a “pure” therapist. If DeBakey or Barnard undertakes to give me a heart transplant, I really don’t care if he “understands” me or not.)

This requirement of ours that physicians be “good doctors” has affected their role in the American “way of

life,” and put them now at a crossroad that is significant for their future and ours. In a recent article,² G. Hodgson reports that the physician is now condemned because he insists on conforming to criteria of the American ethos that de Tocqueville,³ Lipset,⁴ or Merton,⁵ might have spelled out for a paradigm of the American character. The physician is criticized for wanting to be “the rugged, individualist, fee-for-service, small-businessman . . .” The doctor is reported as preferring to go it alone, as Americans once did, unhindered by unnecessary law and officious regulation. (In the doctor’s case, the law and regulation would now be a national health service.) In other words, he’s condemned, in effect, for being one of the last of the true American “characters”. Perhaps because of that he has lasted to be “the last of the admired.”

Another point is of relevance here. Unlike space technology, the public rarely questions the “relevance” of medical research.⁶ One rarely hears in regard to medicine any such anti-science and anti-technology argument as “Is it worth doing simply because it’s possible to do it?” On the contrary, the public is asserting that “we want it done now, even if we must do it ourselves!”

The shortage of physicians, the poor distribution of health-care services, and the expense of hospitalization for even trivial manipulations, do not alone account for a growing sentiment among laymen that much of what they see of medical practice ought to be laicized. Nevertheless, the phenomena of the physician’s associate,⁷ of the nurse who hangs out her own shingle,⁸ of the proposals that contraception and abor-

tion should be made lay matters,⁹--all in their way express a "populist" sentiment that is, strangely enough, not anti-medical.

Paradoxically enough the computerized history-taking, the TV-taped interview,¹⁰ the assembly-line multiphasic testing--all of the "mathematical medicine"¹¹ has had exactly the opposite effect one might expect. The patient does not resent computerized medicine! For if machines can diagnose our diseases and prescribe the medication, and if any well-informed, dexterous layman can administer injections, give pills, perform abortions, make VD diagnoses, even perform tracheotomies--then the physician should have more time to be a "good doctor." The patient resents that it seems to have made no difference.

The matter of the doctor's time--and its value--I've discussed briefly elsewhere.¹² The doctor's poor management of time is why many of us consider him a poor businessman. Why can't a doctor be more like a dentist? My dentist sees me on time, he makes sure I return on schedule, his bills itemize exactly what I'm charged for, he gives me adequate explanation of options--more or less expensive--available to bridge the gaps. Why indeed can't my doctor be more like my veterinarian? He even sends me an after-visit postcard to inquire whether Taffy is improving as expected!

Physicians have been condemned also, on idealistic grounds, for now choosing medicine as a money-maker, disregarding the "humanity" of the vocation. In that respect, C.M. Lindsay has shown that they should be condemned rather for a poor choice of career.¹³ The costs of a medical education, viewed as an investment, and in relation to hours worked, are repaid poorly in comparison with those of dentists, veterinarians, even plumbers.

If the "last of the admired" are now in disfavor, why then is it that physicians are still so idealistically and so frequently portrayed on our TV screens? Presumably the advertising people know what the public wants to see. Why the disparity? It's because, I think, we still expect something of the physician that we can find nowhere else. And we resent paying him when he fails to deliver it, when technology is supposedly giving him the time to deliver it. For we do still expect something more of the physician. E.G. Dimond has published a list of items, of areas, in which the "future" patient will expect his physician's "support".¹⁴ It is an awesome list. I suggest that this "futuristic" view of medical responsibility may not be so futuristic as Dr. Dimond imagines, and that it may indeed have something to do with the high rate of suicide among physicians as a professional group.¹⁵ The doctor is, after all, only human.

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