Two philosophies

The human condition seems to be an integrated somato-psycho-social phenomenon. During my undergraduate training, I needed to find boundaries within this whole in order to limit my considerations to understandable sized portions. It was only in my years of practice that I managed to put these all together again.

The simplest conceptual model which relates the integrated human condition to the practice of medicine is shown in Fig. 1.

The individual is seen as an integration of thoughts, feelings, behaviour and a physiological structure and function. Each of these aspects influences each of the rest. In addition this individual is immersed in a social milieu, and interacts with that social milieu at all four levels.

One part of the social milieu is the healer, which may be a doctor. Different healers or doctors intervene at each different level on this model, but the essence is that an intervention at any level affects the whole individual (i.e. affects all other levels).

The effectiveness of the intervention by a healer seems to depend on a matching of needs and expectations of the helper and the helped, i.e. how the helper will help, and how the helped will be helped.

Looking back on my learnings during my undergraduate and post-graduate years I have realized that these two learning phases were based on two different sets of beliefs or philosophies of medicine. In order to demonstrate the differences between these I should like to present the two as polar opposites.

At one pole is the philosophical approach which could be called DUALISTIC MECHANISTIC MEDICINE; and at the other pole the philosophical approach which could be called HOLISTIC HUMANISTIC MEDICINE.

There are three main differences between these two approaches.

1. DUALISM

People are perceived as having a mind and body which are separate entities. In only a small number of disease (called "psychosomatic") do the two overlap between the two perceived. Thus, doctors perceive their role as being to treat the bodily ailments of the person; any disturbance of thoughts or emotions are perceived as a separate entity to be treated separately by a psychiatrist or counsellor (This is the fundamental philosophy of Cartesian Dualism which has persisted since the 17th century).

2. ILLNESS AS AFFLICTION

In general, "illness" or "disease" is perceived as an affliction caused by some agent from the environment (or "outer experience") to the patient. Only in those conditions labelled as "psychosomatic" is the internal experience of the patient perceived as having some responsibility for his illness.

3. HEALING FROM WITHOUT

The doctor "treats the disease" by applying his knowledge and skill to the detection and correction of physiological processes, chemical or physical means (drugs, operations, etc.). The healing "agent" is perceived as being primarily the drug or operation, while the relationship between the doctor and patient is perceived as playing a secondary or supporting role.
in medicine

The philosophical difference between these two sets of beliefs is reflected in our current system of medical education, which seems to be based in favor of the Dualistic-Mechanistic approach. In this system, the process used, it seems to be geared primarily to the acquisition and use of knowledge. This follows the Aristotelian doctrine in which knowledge is ranked highest in the order of values: skills (especially behavioral skills) are valued lower, and attitudes and values are rarely confronted as educational issues. Thus, the student's education is primarily cognitive (i.e., what he knows) and logical thinking is encouraged.

The skill of responding to the patient's and his own expression of feelings seems to actively discouraged. The hypothetico-deductive method is the exclusive method of research and arriving at a "truth," so that he tends to think only in terms of quantifiable data.

An alternative system of medical education (let's call it "Humanistic Education") may be geared primarily towards developing self-direction, self-awareness and self-worth.

Cognitive education (what the student knows) could have equal value with affective education (his development of attitudes and values) and behavioral education (what he does), especially in the areas of interpersonal communication and response to the expression of feelings. Both the "scientific" and the "experiential" method of thinking could be used to arrive at a "truth." Thus, his thinking will not be limited only to quantifiable data, but also to the non-quantifiable (or qualitative) elements of human existence.

It may be that by extending such a humanistic approach into our current medical education, we will able to develop doctors with a more humanistic approach to their patients.

In terms of the content taught, current medical education seems to be biased towards the dualistic mechanistic viewpoint. It may be that by the addition of the holistic humanistic set of beliefs, we may be able to develop doctors who will be able to respond to a wider set of needs and expectations in their patients.

ABOUT THE AUTHOR

Peter Cusins MB BCh MFGP
(SA). A graduate of the University of the Witwatersrand and the Royal Postgraduate Medical School. After 5 years in hospital and research posts (local and overseas) he says he found he was still not trained for general practice, but became a GP anyway.

He was in active general practice for 14 years during which he trained himself, wrote some papers, and did some research. Noristone awarded him a silver medal in 1973. He obtained training as a teacher of GPs with Byrne and Long in Manchester, as well as at a number of experiential groups around this country. He is committed to treating trainees as adults, and to holistic humanistic orientation in medicine.

Presently he is the Associate Director of the Division of Continuing Medical Education and Honorary Lecturer in Medical Education at the University of the Witwatersrand. He hopes to be back in more active general practice this summer, when the age of enlightenment dawns at Wits.