

The Program's Purpose

The intention of the Medical Humanities Program is to focus and assist the efforts of all members of the academic community interested in the interrelationships of medicine and the humanities. "Medicine" is construed very broadly here; it includes not only allopathic and osteopathic medicine but also nursing, veterinary medicine, and allied health professions. Under the heading of "humanities" are the disciplines of philosophy, literature and the arts, history, and religious studies, together with the interpretive or normative dimensions of law and the social sciences.

A number of current issues emphasize the need for such interdisciplinary collaboration. Among these are: (1) life and death issues related to new knowledge and technology; (2) conflicts between the best interests of human and nonhuman experimental subjects and the advancement of medical knowledge; (3) problems in the distribution of scarce medical resources; (4) concerns for fairness in national health policy; and (5) a general feeling of progressive dehumanization resulting from the emphasis on science and technology in modern medicine.

The program, with basic support from the Colleges of Human, Osteopathic, and Veterinary Medicine, and the Office of the Provost, was inaugurated in the fall of 1977, and is the recipient of a pilot grant from the National Endowment for the Humanities. Its policy board includes representatives from the Departments of Zoology, Political Science, and Humanities, the Honors College,

Lyman Briggs College, the Colleges of Human, Osteopathic, and Veterinary Medicine, and the School of Nursing.

We hope that through this newsletter we can keep you informed of our activities and our continuing growth and development. But most especially we want to get you thinking about the proper role of medicine in our lives. This is a question that concerns everyone, regardless of his or her discipline or professional interest. * *

--Dr. Andrew D. Hunt

Coordinator, Medical Humanities

Pilot Grant Awarded

The Medical Humanities Program has been awarded a grant from the National Endowment for the Humanities to develop a series of courses on ethical issues in medicine and related areas.

The grant runs from January 1, 1979 through June 30, 1980, and totals \$44,093, which covers 48% of the costs.

The first of the series of courses, Ethical Issues in Medicine, was offered Winter quarter, with a section each in the Colleges of Human and Osteopathic Medicine.

Each section was team taught, with one member from the respective college of medicine, and the other a faculty member from the Department of Philosophy. Though the enrollments in the sections were small due to scheduling conflicts, response in the classes has been enthusiastic. It is hoped that word-of-mouth and the solution of scheduling problems will increase en-

rollments for later offerings.

The team-teaching strategy is a natural outgrowth of the central goal of the pilot program and the Medical Humanities Program itself, which is to bridge the gap between the sciences and the humanities so that medical students, and students generally, will be (as the grant proposal put it) "more adequately prepared, both as citizens and professionals, to address the sorts of new human problems generated by advances in medical knowledge and technology.

All of the courses will deal directly with the sorts of perplexing moral issues that health professionals and others are likely to face in their work. Teaching will proceed "from the concrete, personal, and immediate... to the abstract, general, and more ultimate needs of mankind".

The central text of *Ethical Issues in Medicine*, for example, is Case Studies in Medical Ethics, by Robert Veatch. It is supplemented by a more abstract work in moral philosophy, Introduction to Ethics, by Fred Feldman.

If the courses in the pilot program prove successful, the course offerings might be expanded to include history and philosophy of medicine; literature, the arts, and medicine; religion, theology, and medicine; or humanistic perspectives on health and social policy.

A more immediate goal is the integration of bio-ethical concerns into the clinical curriculum. Although moral issues cannot be fully addressed in a clinical course, the program would like to sensitize faculty and students to these issues so that they are at least acknowledged when they are encountered in the context in which they will be faced by the students when they become practicing physicians. * *

Schedule of Courses

Ethical Issues in Medicine (Winter, Fall, 1979;
Spring, 1980)

Ethical Issues in Nursing (Spring, 1979; Winter, 1980)

The Place of Animals in Our Ethical Framework (With the College of Veterinary Medicine, Fall, 1979)

Aging and Human Values (Spring, 1979; Winter, 1980)

Case Commentary

The following is the first in a series of commentaries on significant moral questions which arise in the practice of medicine. The case protocols, though sometimes adapted or simplified, will be descriptions of actual situations. The commentators will be members of the Medical Humanities staff.

Since we believe that the exchange of argument and differing points of view is essential for an understanding of such difficult issues, we cordially invite our readers' comments, objections, or additional arguments. Please address your correspondence to:

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Michigan State University
East Lansing, MI 48823

Please limit yourself to 300 words. Should constraints of space prohibit the publication of all letters, a representative sample will be selected.

The commentator is Dr. Martin Benjamin, Assistant Coordinator of the Medical Humanities Program, and a member of the Department of Philosophy. These cases will be more extensively discussed in the March issue of Michigan Medicine, whose cooperation in the publication here of Dr. Benjamin's commentary is gratefully acknowledged.

Case 1.

A mother brings her 4-year-old daughter to the family physician with a complaint of irritability and a runny nose of two days' duration. The physician diagnoses a viral cold, based on history and physical exam. The mother is urging him to "give her something to make

her feel better", and the physician assumes that she will not be responsive to advice to give the girl fluids and bed rest only, so he gives the child an injection of penicillin. The mother leaves feeling satisfied with the physician's treatment.

Case 2.

The patient is a 54-year-old white female, a widow, who has been complaining of chronic low back pain for two years. Two surgeries for ruptured disc have been unsuccessful in relief of symptoms. X-ray and physical exam findings are inconclusive for organic disease of the musculo-skeletal system.

The surgeon who has been following this patient holds an interview with her in which he explains in some detail that he is going to try a new, potent medicine which he is sure will provide dramatic relief of her pain. He then gives her some sugar pills. On this regimen the patient reports a significant relief of her pain problem. The surgeon then concludes that he has proven that the patient's symptoms are "all in her head", and he calls for a psychiatric consultation.

* * * * *

A patient's trust in the honesty and integrity of the medical profession is one of the practitioner's most valuable resources. Thus any time a physician tells a "white lie" its overall presumed benefits must be carefully weighed against its ethical, therapeutic, and economic costs. In the cases before us I believe that the physicians, though aiming to do the right thing, have seriously overlooked or underestimated some of the significant costs of their decisions.

In Case 1 the benefits of the injection of an active placebo are presumably the mother's satisfaction and the greater likelihood that she will be more responsive to the physician's sound advice about fluids and bedrest. The costs are: (1) the risk of a severe reaction to the antibiotics and possibly contributing to the girl's de-

veloping a resistance to it; (2) the compromised autonomy and personhood of any subject of deception; (3) unnecessary expenses; and (4) given a better educated public and increased coverage in newspapers of medical matters, the likelihood of the mother's eventually becoming aware of the physician's deception. This last is especially important inasmuch as the resulting mistrust will seriously threaten both the entire institution of medicine and the health of future patients. Therefore, these high costs plus the availability of patient education as a satisfactory alternative lead me to conclude that the "treatment" cannot be justified. And to the economic objection that the time it would take the physician to educate the patient would cost more than the injection, I have two responses: (1) even if this were so, the non-economic costs listed above still outweigh the benefits; and (2) over the years this sort of patient education will more that pay for itself in economic terms.

The surgeon in Case 2 believes that his use of an inert placebo has been justified by its usefulness in making a preliminary diagnosis of a frustrating medical complaint. The costs of this procedure, however, also outweigh its benefits. Among the costs are: (1) the possibility that the search for organic disease has been abandoned prematurely; (2) the compromised autonomy and personhood of the patient (her consent to the treatment could hardly have been informed); and (3) the very strong possibility that the psychiatric consultation will reveal the surgeon's deception and hence contribute to mistrust of medicine, which will then lead to diminished health. If the suspicion that the patient's symptoms were psychosomatic was sufficient to justify administering a placebo, why was it not also sufficient to directly justify the psychiatric consultation?

Finally, it is important to distinguish the placebo effect from the administration of placebos. The former is a way of characterizing healing which is at-

tributable to the doctor-patient interaction, though not to any specific medication. The placebo effect adds greatly to a physician's effectiveness and requires no deception. It would be a tragic irony, then, if an indiscriminate reliance on placebos, which do require deception, would in the long-run severely impair the capacity of physicians to take therapeutic advantage of the placebo effect.

Course On Aging Set

A new course, Aging and Human Values, has been organized through the Medical Humanities Program.

Designed for graduate and professional students, as well as advanced undergraduates, it is offered for credit by both colleges of medicine, and by the College of Arts and Letters

The course will be an interdisciplinary effort which is organized to "draw upon the perspectives, methods, and resources of the humanities to examine the value-laden aspects of aging and the elderly."

There will be six instructors for the course: Martin Benjamin (Philosophy), Andrew D. Hunt (Medical Humanities), Bishop N. Pipes (Humanities), Joan V. Smith (Art History), Peter Vinten-Johansen (History), and James N. Riley (Anthropology).

The texts for the course are as varied as the disciplines represented, ranging from the anthropological (Sula Benit, Abkhasians), to the philosophical (Simon de Beauvoir, The Coming of Age), to the theatrical (Shakespeare, King Lear). A total of six texts will be used.

The shape of the course was hammered out in January at a conference the participants describe as energetic and very productive. They were especially concerned to avoid parading a succession of speakers before the students and calling the result "interdisciplinary."

Those interested in further information on the course may call Martin Benjamin, Medical Humanities Program, 355-7550.

Upcoming Seminars

The Medical Humanities Program is pleased to announce the following seminars for Spring quarter:

- March 30 Samuel Gorovitz will speak on the timely subject of in vitro fertilization. He has written numerous articles on medical ethics, and is the author of Moral Problems in Medicine.
- April 25 Robert M. Veatch will appear in conjunction with a five-day conference on science and the humanities. His talk will center on deprofessionalizing the responsibility for health. He has written extensively on philosophical and moral issues in medicine, and is probably best known for his Case Studies in Medical Ethics.
- May 23 Professor Charles Leslie, Professor of Anthropology and the Humanities at the University of Delaware, will deliver addresses for both the Medical Humanities program and the Department of Anthropology. Professor Leslie is a specialist in comparative medicine who has extensively studied forms of Asian medicine.

In The Next Issue

- Seminars on the history of medicine
- Reports on the appearances of Peter Singer (author of Animal Liberation) and Mila Aroskar (co-author of Ethical Dilemmas and Nursing Practice)
- Case Commentary
- ...and more...