

Doctor Andrew D. Hunt Accepts New Position

In June, Dr. Andrew D. Hunt, Coordinator of the MSU Medical Humanities Program and former Dean of the MSU College of Human Medicine, will be leaving MSU to accept the position of Associate Dean at Mercer College, Macon Georgia. Dr. Hunt came to MSU from Stanford University in 1964 to become the first dean of the new MSU College of Human Medicine, Michigan's first new medical school in more than 100 years. In 1977 he accepted the position of Coordinator of the Medical Humanities Program at MSU. Throughout his career, both here at MSU and before coming to Michigan, Dr. Hunt has also been deeply involved in a variety of community health-related activities. These have included chairing the Comprehensive State of Michigan Health Planning Commission (1968-1970), serving as president of the Board of Directors of the Michigan Association for Regional Medical Programs (1972), chairing the State (of Michigan) Health Planning advisory council (1968-1976), serving as president of the Michigan League for Human Services (1973-1975) and chairing the Board in 1976, chairing the Statewide Health Coordinating Council (1977-1979), participating as a member of the Michigan Council for the Humanities since 1981, and chairing the Michigan Department of Social Services Task Force on Medicaid Cost in the fall of 1983.

Those of us who have had the privilege and pleasure of working with Dr. Hunt, however, know that the impact he has had goes far beyond what can be listed in terms of his varied public appointments and positions. So what we have done for this issue of the Medical Humanities Report is to ask some of his friends and colleagues to speak to their experience of having worked with Dr. Hunt. The deans of the two medical schools at MSU have written something specifically for this issue of the Report, while other comments have been excerpted from remarks made at a ceremony held in May of 1980 honoring Dr. Hunt and which were published in the summer 1980 issue of the Michigan State M.D., the journal of the College of Human Medicine.

Dr. Donald Weston, Dean of the College of Human Medicine

After twenty years, Andrew D. Hunt, the founding Dean of the College of Human Medicine and currently the Coordinator of the Medical Humanities Program, will retire from Michigan State University.

During his tenure at MSU, Andy left an indelible mark not only on this institution but on medical and health professions education generally. As founding Dean of the developing College of Human Medicine, he effectively translated his philosophy of medicine as a socially responsive "helping profession" into programs of national and international repute. Under his leadership, the traditional medical curriculum was adapted in innovative ways to include an early introduction to clinical medicine, special programs to build interpersonal skills and more effective doctor/patient relationships, consideration of behavioral and social factors involved in clinical practice, and the study of basic medical sciences in the context of clinical problem solving. Also under his guidance, the newly established College developed cooperative relationships with community hospitals to provide clinical education in "real world" situations. This early network of hospital affiliations has evolved to become a network of six community campuses which extends throughout the lower and upper peninsulas which provide medical education and other services impacting more than one-third of Michigan's population.

After leaving the deanship in 1977, Andy was named coordinator of Michigan State University's emerging Medical Humanities Program. Again, under his dynamic and thoughtful direction, the educational and research activities associated with this program are already gaining a national prominence.

Andy's contributions have, of course, extended beyond the University. He has been a leader and significant contributor to many governmental, local, state and national organizations. He is a former president of the Society for Health and Human Values and the Michigan League for Human Services. He is a former chairperson of the Michigan Statewide Health Coordinating Council, and recently chaired the Task Force on Medicaid Cost of the Michigan Department of Social Services.

To those of us who know and have worked with Andy over the years, it is difficult to express the depth of our admiration for him as an educational leader and human being. His strongly held ideals and significant accomplishments, combined with his thoughtful and caring nature have served as an inspiration to us all. It will indeed be difficult to think of the goals, traditions and innovative programs of this College without, at the same time, thinking of Andy Hunt. I, for one, will not.

Dr. Myron S. Magen, Dean of the College of Osteopathic Medicine

Dear Andy: For two decades you have served MSU with a commitment to innovation and excellence.

As a charter dean of the College of Human Medicine, your imagination, foresight and warm spirit enhanced the establishment of M.D. and D.O. medical schools on the same campus.

Whether administrator, teacher, student or philosopher, this warmth, your dignity and your courage are apparent. In both your professional and personal life there is commitment to humankind, to medicine, and to the highest standards of ethical conduct.

The College of Osteopathic Medicine will miss you. Michigan State University will miss you. Ruth and I will miss you. Mike and Ruth Magen

Dr. Daniel Tosteson, Dean of the Harvard Medical School

I think of Andy as a pediatrician, an educator, and a dean. His early work in pediatrics at Cornell and at NYU and subsequently at Stanford gave a good indication of the directions in which he would develop. Investigations of the use of new antibiotics in the management of infections in children expressed his continuing interest in biological dimensions of medicine. His work on the organization of medical services in the rural setting in the mid-50's indicated his awareness of and concern for social aspects of medicine. As early as 1952 he published a paper on collaboration between a children's hospital and a psychiatric clinic, a sign of his recognition of the central importance of human behavior in medicine.

All of these themes have been elaborated in his work as an educator and a dean. It was, of course, in 1964, that he came to this place to begin his great work. As the first dean of the Michigan State University College of Human Medicine, he has supported many important innovations in medical education. I think particularly of his strong advocacy of greater emphasis on the study of human behavior during the early years of medical school. His firm grasp of the essentiality for physicians of continuing self-learning and acquiring adequate techniques for problem solving was important in shaping distinctive aspects of the curriculum in the College of Human Medicine. He has been a pioneer in developing new ways of bringing together the university with community hospitals in the service of medical education (The) characteristics of an effective doctor have not and will not change. This synthesis of scholarship and character of learning and service has always been the mark of a great physician. You know ... that Andy Hunt lives in that tradition and that Andrew Hunt's energy, courage and commitment to learning and caring have provided a model for many ...

Dr. John Gronvall, Dean of the University of Michigan Medical School

The College of Human Medicine clearly was anchored in a very strong concept developed in this university...with an educational program built to serve the needs, the health and medical needs of the citizens of this region and state--a program highly integrated with the existing health system of the state, the community hospital, the practicing community and with a strong commitment to improve the care of patients, the quality of medicine being practiced ... Andy clearly was a leader and pioneer in this kind of model and experiment in American medical education, and I think the record attests to the success of establishing medical education in the model of this kind of university I congratulate this university, this college of medicine and more particularly, Dr. Hunt on the accomplishments you've brought off here.

Dr. John Hannah, former president of Michigan State University

I'm very happy to be included in this program honoring Dr. Hunt. Michigan State University decided long ago that it wanted to be the best possible university....And a decision was made by the board and the faculty that we were going to try to do everything that we could, as well as we could, and make this land grant university actually what land grant universities were supposed to be: institutions that are dedicated to the service of people, all kinds of people....I just want to say that whatever this medical school has become, whatever it may become, was all made possible by Dr. Hunt. It was the basic attitude, the basic conviction of Andy Hunt that the emphasis should be on medical sciences, medical help, medical encouragement for all people.

Dr. Robert D. Sparks, Program Director for the W.K. Kellogg Foundation

We of the Kellogg Foundation have enjoyed a stimulating and provocative relationship with Dr. Andrew Hunt as he has ably served Michigan State University in its new College of Human Medicine. From his earliest associations with our Foundation as a representative of the university, he has reflected the professional, scholarly and administrative leadership required to pioneer new educational programs His keen clinical senses and skills as a physician were also his administrative tools. Andy Hunt was the advocate and spokesman for an idea that was...right, important, and good. The example provided by Andy will have value, not simply due to the graduates of the College of Human Medicine and the work of the faculty. Other medical schools and universities will have benefitted by his example, whether or not they accept his specific ideas (His) contributions have responded to the needs of the people in Michigan who support this university and to the purposes of a valued public institution of higher learning in this country. Dr. Hunt's sincerity and dedication to these purposes have been admired, endorsed and supported by the W. K. Kellogg Foundation. We congratulate Andy Hunt on a great career.

William G. Milliken, former Governor of the State of Michigan

On this occasion, it is with great pleasure that I add my voice to the others who have come here today to honor you and your contributions which you have made toward improving the well being of the people of the State of Michigan. The wide range of your efforts and achievements in medicine, in medical education, in health planning attempts, attest to the skills, knowledge, and commitment which you have brought to your work. The people of Michigan are deeply in your debt.

Many of us, including myself, have followed the course of your career since you assumed the position of the dean of the College of Human Medicine at Michigan State University. We have seen the school under your leadership become a widely recognized leader in medical education. Now, again, following your lead, we are watching MSU become a pioneer in the development of medical humanities programs.

Your contributions to the Michigan State University should not overshadow your contributions to state government directly through your longstanding participation in our

public policy process. Your leadership of the statewide Health Planning Council and the previous state Health Advisory Council over the past 15 years has earned the respect and admiration of those of us in state government with concern with making health policy. I am pleased to have this opportunity to join with others in honoring you through this ceremony.

In the name of the citizens of this state, I thank you and express our deepest appreciations for your efforts on our behalf.

James Blanchard, Governor of the State of Michigan

I am happy to join your many friends and associates in congratulating you upon your retirement from Michigan State University.

Retirement always seems to arrive before you expect it. I hope you enjoy all the new freedoms and privileges that are now yours. You have served your profession and your community well, and have more than earned this opportunity to pursue your favorite interests and causes.

Congratulations upon reaching this milestone. Please take with you my best wishes for success and happiness on your new path. Kind regards.

State of Michigan, Michigan Legislature

Senate Concurrent Resolution No. 769

**Offered by Senators Sederburg, Conroy, Hart, McCollough and Kelly
(Representatives Jondahl, Stabenow and Hollister named co-sponsors)**

A CONCURRENT RESOLUTION OF TRIBUTE TO ANDREW D. HUNT, M.D.

WHEREAS, In gratitude for his exceptional contributions to Michigan State University, particularly to the College of Human Medicine, it is a great pleasure to extend the highest praise and tribute to Andrew D. Hunt, M.D., upon the occasion of his retirement from the faculty at M.S.U.; and

WHEREAS, Since coming to M.S.U. in 1964 to serve as the founding Dean of the College of Human Medicine, Dr. Andrew Hunt has provided his unsurpassed expertise as a leader in medical education to develop the program into a national model for community based medical education. Moreover, Dr. Hunt has been instrumental in the development of M.S.U.'s Medical Humanities Program which provides leadership in the area of medical ethics; and

WHEREAS, In addition to authoring and co-authoring a number of scholarly publications in the scientific and ethical aspects of medicine and medical education, Dr. Hunt has served with the distinction as Chairperson of both the State Health Planning Advisory Council and the Statewide Health Coordinating Council. He has also demonstrated great leadership and civic responsibility in undertaking the duties of such demanding positions as Chairman of the Task Force on Medicaid costs, President of the Society for Health and Human Values, Chairman of the Board of the Michigan League for Human Services, President of the Michigan Association of Regional Medical Programs, and Chairman of the Comprehensive State of Michigan Health Planning Commission. Indeed, this exemplary citizen and superior medical educator has left an indelible mark on the quality of health care and health education in the State of Michigan; now, therefore, be it

RESOLVED BY THE SENATE (the House of Representatives concurring), That we hereby extend our gratitude and commendation to Andrew D. Hunt, M.D., for his many contributions to Michigan State University and the State of Michigan as a medical educator, a social philosopher, and a civic leader; and be it further

RESOLVED, That a copy of this resolution be transmitted to Dr. Hunt along with the wish that the pursuits of retirement years be as fulfilling and productive as the twenty years of service that he has given so freely to the people of the State of Michigan.

Adopted by the Senate, May 24, 1984.

Adopted by the House of Representatives, May 24, 1984.

Case Commentary by Susan Cope Ekstrom

The Winter 1984 issue of the MHR presented a case on court-ordered cesarean section surgery. The case raised a number of interesting questions, two of which I want to comment on here: the nature of the physician-patient relationship in obstetrics and the effect this has on questions of informed consent and refusal of treatment.

In obstetrics, the physician-patient relationship is something of a puzzle, for it is not always clear who the patient is. Is it, as traditionally has been the case, the pregnant woman? Or is it, as increasingly seems to be the case, the fetus? Or is it both? If both, then how are the interests of each to be construed? Should these interests be perceived as being in conflict, whose are to take precedence? And in any case, who is to decide?

There has been a tendency in recent years to emphasize the fetus as the obstetric patient. At the same time, there has also been a tendency to view the fetus and the pregnant woman as independent, if not adversarial, protagonists in a kind of obstetric drama (Katz Rothman 1982). In light of these two tendencies, the question can be raised as to whom the obstetrician owes primary allegiance. Is it to the pregnant patient? Or is it to the "fetal patient"? Sometimes the question seems to be resolved in favor of the fetus, as when, for example, the suggestion is made that the parturient woman be attended not by an obstetrician but by an "obstetric pediatrician" (Odent 1984). An extreme example of this approach can be seen in a 1979 article titled "The Fetal Right to Live". In this article, four obstetricians suggest that some "occult" reason may lie behind a woman's refusal of cesarean surgery. They speculate that "it is probably that the patient hopes to be freed in this way of an undesired pregnancy", though they also concede that other factors might enter in, such as "fear of surgery, prejudice, ignorance, difficulty with the language or inadequate rapport between doctor and patient." In any case, these physicians feel that if a pregnant woman does refuse to consent to cesarean surgery which the physician deems necessary to save the life of the fetus, "the doctor must be legally entitled to warn the woman that she is committing a felony" (Leiberman et al. 1979). In a related position, which questions the advisability of vaginal delivery at all, Drs. John Sutherst and Barbara Case speculate that "it well may be that during the next 40 years the allowing of a vaginal delivery or attempted vaginal delivery may need to be justified in each particular case" (Sutherst and Case 1975).

Positions such as these are troubling for a number of reasons. On one level, as consumer health activist Gena Corea points out, they suggest a view of the pregnant woman that borders on reducing her to the status of a "vessel". According to Corea, "Such arguments turn the women into mere housing for a fetus whose rights and personhood are given more validity than the woman's, and in the name of whose welfare the woman's body can be manipulated, probed and invaded with impunity." (Corea 1980) Dr. Howard Brody raises similar kinds of questions in his introductory remarks to the case when he constructs two hypothetical situations which "challenge those who would appeal to the mother's obligation to undergo some slightly increased risk to her own health, as well as loss of liberty--simply to produce the best possible health outcome for her child--to state clearly where they would draw the limits of that line of argument." While he adds that these hypothetical situations and the questions they raise "may seem ridiculous at first glance", fictional accounts exist which vividly illustrate this challenge raised by Dr. Brody. In a story titled "Prima Gravida", set in a future in which fetuses have been accorded full legal rights, the leader of a "Fetal Protection Squad" explains that "everything (a pregnant woman) eats or feels affects the child. Women can't monitor this themselves, so the Fetal Protection Agency was established to make sure that mothers would provide a safe environment for their developing embryos. We monitor the body chemistry of pregnant uteruses (through telemetry) and enforce transplants to artificial uteruses when the women can't keep to the guidelines for fetal safety." (Sautter and

Feinberg 1982) And Boston Women's Health Book Collective member Norma Swenson envisages a future in which vaginal births are no longer permitted because cesarean sections are deemed less stressful for the fetus. Women who might attempt to avoid cesarean section surgery by staying home for birth could be tracked down (again, by telemetric devices implanted in their bodies) and taken to the hospital for surgery upon going into labor. (Corea 1979)

On another level, however, yet another problem exists. This problem has to do with the notions of informed consent, refusal of treatment, and patient "competency". As Dr. Brody points out, for informed consent to take place, the assumption is made that the patient in question is competent to make the necessary decisions. And as Dr. Brigitte Jordan points out in her comments, it would also seem "self-evident that informed consent has to include the possibility of informed refusal". Now, although patient competency is not usually predicated upon patient compliance with medical advice, the pregnant woman finds herself in a peculiar position with regard to decisions regarding proposed medical treatment. Her competency to agree to proposed medical treatment usually is not questioned. However, should she refuse treatment--in this case, cesarean section surgery--not only may her decision not be honored but her motives for refusing may be questioned as well. It is interesting to note that the list offered by Leiberman et al. of possible reasons why a woman might refuse a cesarean section does not include the possibility that the woman might have rational grounds for her refusal. Similarly, in an editorial response to Leiberman et al. which affirms that "as unsatisfactory as it may seem in some individual cases, ...there is no acceptable alternative to requiring the woman's consent to surgery", attorney Thomas L. Shriner, Jr., nevertheless continues to base his position on a "suspicion that fear and ignorance are the motivating factors behind many, if not most, of the refusals to consent to surgery." (Shriner 1979)

Two points need to be raised here. In the first place, refusal of treatment is not always attributable to fear or lack of knowledge (Kleinman et al. 1978, Hahn 1982). Indeed, given the continuing public controversy over the conduct of medicalized childbirth in this country, patient non-compliance may be based on considerable knowledge on the part of the patient of the possible ramifications of this approach to birth. It is at this point, however, that the spectre of infant mortality and morbidity is raised. It is all very well, it is argued, to allow refusal of treatment when that involves only the patient herself. But it is quite another matter when her refusal involves her fetus. For, being a laywoman, by definition she is not competent in the relevant way -- namely, medically -- to make such a decision. And it is here that refusal of treatment comes dangerously close to being equated automatically with patient "incompetence".

It is not enough to assume, as did the NIH Consensus Task Force on Cesarean Childbirth, a commitment on the part of physicians to include consideration for the mother as well as for the fetus in decision making (Guillenmin 1981). What is needed is a rethinking of the notion of patient competency in medical decision making, as well as a reconceptualization of the status of women and their relationship to their fetuses that does not automatically cast them as adversaries, however symbiotic.

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STAFF NEWS

Howard Brody co-authored (with Joanne Lynn of George Washington University) a Sounding Board, "The Physician's Responsibility Under the New Medicare Reimbursement for Hospice Care," New England Journal of Medicine, April 5, 1984. He presented a paper, "Ethical Sensitivity in Family Intervention," at a conference of the Society of Teachers of Family Medicine, Newport Beach, CA, March 11, 1984. "The Impact of Ethical Dilemmas on the Doctor-Patient Relationship" was presented as part of the Spring Family Practice Review, University of Michigan, Ann Arbor, April 18, 1984.

Daniel Maguire, visiting professor of theology at Notre Dame, was a distinguished speaker who was teamed up with Howard Brody in three presentations co-sponsored by the Medical Humanities Program, University Lutheran Church, and the School of Ministry. Professor Macquire addressed topics including terminal care decision-making; medical and Judeo-Christian models of ethical thinking; and the nature of suffering and the goals of medicine. Maguire and Brody spoke both at University Lutheran Church and on the MSU campus during May 7-8.

"American Medical Education in the Post Civil War Period" was the title of the Medical Humanities Program noon Clinical Center conference presented by Dr. **Ralph Gordon** on April 19. Dr. Gordon, MSU pediatric coordinator for the Saginaw community and formerly acting assistant dean for Saginaw, reviewed the impact of Civil War medicine on the future course of medical research and education in a thoroughly researched and illustrated presentation. He noted the prominent military surgeons who were later active in medical education and how the seeds for the National Library of Medicine were planted by the Surgeon General's office activities during and after the war.

Another distinguished guest, Dr. **Raanon Gillon**, was hosted by the Medical Humanities Program on May 8-9. Dr. Gillon, editor of the Journal of Medical Ethics, was on a month-long tour of U.S. programs in medical ethics teaching to compare American teaching practices with developments in his native Britain. At MSU Dr. Gillon consulted with MHP staff members, attended an undergraduate medical ethics class, and quizzed a group of medical students and residents about the type and quality of their teaching in medical ethics.

Bruce Miller participated in a symposium on "Bioethics: Problems and Prospects" on April 27 at the Western Division of the American Philosophical Association in Cincinnati. On June 27 he will present "Ethics and the Design of Clinical Research" for the Bronson Clinical Investigation Unit of Bronson Hospital/Upjohn Company in Kalamazoo, Michigan.

Tom Tomlinson presented "Patient Counseling-Persuasion or Manipulation?" at the Third Annual Medical Humanities Day held at the New England College of Osteopathic Medicine on May 3. On April 28, Tom presented a paper, "Is There a Moral Difference Between Active and Passive Euthanasia", at the Wisconsin Academy of Sciences, Arts and Letters Conference. On March 7 he spoke at the Cooley Law School (Lansing) Conference on Depo-Provera: The Constitutional Issues, addressing "Depo-Provera and the Ethics of Punishment".

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