Middle Articles

"What Shall the Doctor's Image Be?"*

The Dean of Westminster

The Very Revd. Eric Abbott, D.D., M.A.

Brit. med. J., 1964, 2, 1062-1063

It is not my purpose to hit the headlines by this sermon. I am not going to discuss euthanasia nor any of the contemporary problems of medical ethics. I am not even going to discuss the relationship between medical science and the Church except by implication. Rather on this St. Luke's Day I will touch on those insights of the Christian Gospel which lighten up the image of the good doctor. For there is an "image" of the good doctor which has been handed down to us, and we must hope that the new generation of doctors will not impatiently reject it, and that the increasing specialization of medical as of other sciences will not cause the old image to fade from our minds.

It is the image of someone who is more than a "technician." On the other hand, it is the image of someone who is more than merely "kind." It is the image of someone who combines scientific skill with a spirit of vocation. It is the image of someone who has undergone a long and exacting training, and therefore it is part of the image of the good doctor that he has technical competence on the strictly scientific level.

No amount of personal devotion or theological learning can make up for medical ignorance on the doctor's part. But what the patient sees with exceptional clarity is that the technical considerations which must and should enter into the doctor's relationship with him never finally exhaust that relationship. In other words, the "image" of the good doctor is of a man or woman who, while understanding the patient's physiology, psychological make-up, and social and economic environment, is also prepared to deal with the patient in his *mysterious personal uniqueness*. What Jacques Maritain has said of the educationist is true also to some extent for the doctor: "What is of most importance to the educator is a respect for the soul as well as the body of the child, the sense of his inmost essence and internal resources, and a sort of sacred and loving attention to his mysterious identity, which is a hidden thing no technique can reach."

Although the Hippocratic Oath is no longer taken by doctors on qualification in this country, inasmuch as it is still regarded as the representative example of the medical ethical standard one hopes that in the Oath the true image of the good doctor may still be studied and accepted by medical students, and that they will find the sanction for their profession *outside itself*—that is, in some *ultimate* principles which their medical science and art seek to serve.

Ultimate Principles

What are some of these principles? I think that the Christian would make these suggestions:

(1) That the whole world and every individual in the world, whether articulately or inarticulately, is seeking *salvation*; but our notions of salvation differ in accordance with our various diagnoses of the ills from which mankind most needs to be delivered. Thus if ignorance is the greatest ill, salvation is in knowledge. If folly is the greatest ill, salvation is in wisdom. If anxiety is the greatest ill, salvation is in peace of mind. If poverty is the greatest ill, salvation is economic justice and sufficiency. If famine, then food. If disease and pain, then health. If death, then life. If disintegration, then wholeness. If selfishness, then unselfishness. If sin, then holiness. The variety of notions about salvation represents the different convictions that are held concerning the fundamental ill from which mankind needs to be delivered.

(2) Christianity's message of salvation is surely *comprehensive*—that is, we are permitted to trouble about anxiety but not about ignorance; about death but not about sin; about pain and disease but not about fears and guilt . . . and so on. But however comprehensive may be our notion of salvation as a deliverance from *all* the ills to which mankind is heir, Christians think that sin, in the sense of self-centredness in its manifold forms, is the fundamental diagnosis; for what use is knowledge, what use even is health, if we remain so self-centred as to be closed to saving Grace?

This self-centredness, revealing itself in many ways and not least in fear, presses hard upon your profession at the present time in the corporate neurosis of our Western society of which the most obvious symptoms are the psychosomatic troubles of so many men and women, the drift towards suicide, and the crowded mental hospitals. This is a realm in which the doctor cannot be a mere technician. He finds himself compelled to exercise a pastoral office, for which often he may feel himself untrained, and for the *fully* responsible exercise of which he certainly has not the time.

(3) Clearly pain, disease, and death are great ills. But I am sure that the Saints would say that they are preferable to the least taint of deliberate and wilful sin. Thus, with all greatest respect and reverence for your profession and vocation, I do not think it is possible or right to put freedom from pain and disease at the *top* of the list of desiderata in salvation. Allowing that all these ills from which we desire deliverance are interconnected, there is a greater ill than pain, disease, and physical death.

(4) Sir Thomas Overbury in the 17th century wrote: "A man feels the advance of his age more by the strengthening of his soul than the weakness of his body." Why then fight against disease and pain? Why fight the long rearguard action against death?

The answer to this is surely that your medical science is more than a mere research into the causes of this and that disease, it is, in principle, a positive protest against death. Your

* The Winchester Address given in Winchester Cathedral on St. Luke's Day, 18 October 1964.

profession is life-affirming and life-reverencing, and until the last enemy overcomes us it is life-preserving. In being life-affirming it is closely linked with the Christian doctrine that the whole creation was in original intention *very good*, that man was made for life and not for death, and that, in some sense, death is an "alien intrusion." The novelist and lay-theologian Charles Williams called death an "outrage," because it forces asunder soul and body, which in this life have belonged inseparably together. The Bible certainly links together death and sin, and says that "the wages of sin is death." This means (a) that human self-centredness and self-will is a positively destructive force—and brought Christ to his crucifixion; (b) that a "fallen" race which is corporately and organically self-centred to the *n*th degree cannot "live" but must die, and that death in its present form proclaims the "vanity" of human life and the inability of man to save himself. By many doctors and scientists this (Biblical) nexus between sin and death is regarded as artificial, forced, and unnecessary. We must all die. No one in his senses wants to go on living for ever in this world. The time comes when it is better to go. But put the idea of the original goodness of the creation and the contradiction of death and the fallen-ness of a self-centred world into the evolutionary setting. True, as St. Paul says, the whole creation groans and travails together in pain until now—but what is all this groaning and travail looking forward to? *The manifestations of the sons of God*. The end of the process is what has been called in a recent famous book *The Phenomenon of Man*, and the purpose of the whole amazing exercise is nothing less than charity.

As, therefore, the profession of medicine is to-day at one of the great turning-points in its history it is infinitely desirable that its practitioners should have an adequate doctrine of *man* as a being who though he is part and parcel of creation also transcends it, as a being who belongs to *two worlds at once*, the outward world of sense and the spiritual world which Christians would say is eternal.

(5) The great Frederick Denison Maurice, who was a Professor at King's College, London, in the last century, wrote: "We have forgotten that Christ took a human body and spent the greater part of his time on earth in healing the sickness of it; we have not confessed that the body and the earth are as much redeemed and regenerated by him as our spirits or intellectual powers. We have not confessed the meaning and power of the resurrection. A man who fully believes in Christ's regeneration must regard every physical study as a sacred study—physiology as the most sacred of them all."

The Great Physician

It is no accident that Christ is regarded as the Great Physician, for he healed both the souls and bodies of men. But it is equally important for Christian thinking that Christ's own soul and body, in their perfect unity and wholeness, are the "sacrament *par excellence*" of God's intention for our human nature. As we contemplate the Body of Christ we note its freedom from disease. We note that from this perfectly whole Body "virtue" flowed forth. Death was not "natural" to Jesus. When he died it was at men's hands—"he borrowed death from others." Before he died there was an occasion, according to the Gospels, when his body was transfigured. This represents a way in which he might have left this world had there been no sin. The body is made for the divine glory, but that glory is fulfilled for Christ not by transfiguration but by death and resurrection.

Deeply underlying your medical science, skill, and care, deeply underlying my priesthood and pastoral skill and care, is this Christ and the perfect wholeness of his nature—man in God, God in man. Behold the Man! He so deeply underlies all our healing work of every kind that he may be forgotten; but hidden he is still there. For always it is true as the Gospel says—"there standeth one among you whom ye know not." Him we serve though we see him not nor recognize him. His healing we extend to our fellow-men though we may never name his name. His all-pervading spirit can use us all, believers and agnostics and unbelievers, and just as the unworthiness of the minister does not thwart the effectiveness of the sacrament which he celebrates, so the Great Physician can and does use us all, if we are sincere, over and above our beliefs and disbeliefs, our merits and demerits. Moreover, his Spirit leads us on; for as he said: "Greater things than my mighty works shall ye do, because I go to the Father."

It is perhaps by some such considerations as these that your great profession, placed as it is under tremendous pressures by its own dramatic advances, by specialization, by clamant human need the world over, by Governmental actions, by urgent moral issues in uncharted seas of personal ethics in the emerging scientific and technological civilization, can preserve a spiritual sensitivity which has its roots in Jesus of Nazareth the great Physician who is also the eternal Christ. Such spiritual sensitivity will preserve the deeply personal quality of your science and art. You will be as personal and pastoral as you are scientific and technical. And if you stray from this, then the Gospel must recall you with its well-worn injunction—"Physician, heal thyself."

St. Luke's Service at Winchester

Pageantry and Worship

Winchester Cathedral was filled by the congregation of doctors, nurses, and medical auxiliaries; civic dignitaries; and lay people who attended the Service of Praise there on St. Luke's Festival on the afternoon of Sunday, 18 October. Her Royal Highness the Duchess of Gloucester was present at the service, at which the Dean of Westminster, the Very Reverend E. S. Abbott, delivered the twelfth Winchester Address on the theme of "What Shall the Doctor's Image Be?" His address is printed in full at p. 1062. The setting of the Festival, with the Cathedral and Close bathed in autumn sunlight, the processional robes of ecclesiastics, doctors, and councillors, and the uniforms of those in the Armed Forces and the nursing services lent an

air of pageantry to the occasion. The gay colours assorted well with the mellow grey of the Cathedral buildings. A fanfare by trumpeters of the Greenjackets Brigade, as the Duchess of Gloucester entered the Cathedral, was the signal for the drama of professional rededication to begin. This was the first time that the Winchester Address, the annual contribution of the Winchester Division of the B.M.A., had been combined with the religious festival of St. Luke's Day.

The first to enter the Cathedral in procession was the choir of the Royal Hampshire County Hospital. After them came the first of the various medical processions, composed of the Presidents or representatives of the Royal Colleges and the