HEALING ARTS

Text and Context

Everything in Its Proper Season: Sir Thomas Browne's *Religio Medici*

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TEXT

EXCERPT FROM SIR THOMAS BROWNE'S *RELIGIO MEDICI*¹

Tolerance

"I could never divide myself from any man upon the difference of an opinion, or be angry with his judgment for not agreeing with me in that, from which perhaps in a few days I should dissent myself: I have no genius to disputes in religion, and have often thought it wisdom to decline them..."¹, p. 256

"It is the general complaint of these times, and perhaps of those past, that charity grows cold... But how shall we expect charity towards others, when we are uncharitable to ourselves?"¹, p. 256

Distinction Between Religion and Science

"I can cure the gout or stone in some, sooner than divinity [*i.e. the clergy*] [can cure] pride or avarice in others. I can cure vices by physic when they remain incurable by divinity, and they shall obey my pills when they condemn their precepts. I boast nothing, but plainly say, we all labor against our own cure, for death is the cure of all diseases. There is no catholic or universal remedy I know but this, which though nauseous to queasy stomachs, yet to prepared appetites is nectar and a pleasant potion of immortality."¹, p. 324

"Men that look no further than their outsides think health an appurtenance unto life, and quarrel with their constitutions for being sick; but I that have examined the parts of man, and know upon what tender filaments that fabric hangs, do wonder that we are not always so; and considering the thousand doors that lead to death, do thank God that we can die but once."¹, p. 295

Medical Virtue

"I desire everything in its proper season, that neither men nor the times be out of temper. Let me be sick myself, if sometimes the malady of my patient be not a disease unto me. I desire rather to cure his infirmities than my own necessities. Where I do him no good, methinks it is scarce honest gain, though I confess 'tis but the worthy salary of our well-intended endeavors... I am not only ashamed, but heartily sorry, that... there are diseases incurable, yet not for my own sake, or that they be beyond my art, but for the general cause and sake of humanity whose common sense I apprehend as my own."¹, p. 324

CONTEXT

Dr. William Osler famously urged his medical students to improve their liberal education by obtaining a "bedside library" and turning books into "close friends" by reading a bit before bed every night and in the morning before work. His model ten-volume library included such world classics as Shakespeare, *Don Quixote*, Emerson, Montaigne, and the Bible. However, it also included one book that is likely to strike today's physician as a strange bedside companion, Sir Thomas Browne's *Religio Medici* (1643).²

Sir Thomas Browne (1605–1682) was a 17th century English physician who, after completing his education on the Continent, went home to write a comprehensive testament of his values and beliefs ("the religion of a doctor"), before he settled down in Norwich and began the medical practice that would occupy the rest of his life. Many of his patient case reports survive. They show him to be a compassionate, conscientious and courageous physician, who stayed at his post during the Great Plague of 1655–1656, rather than abandoning his patients and escaping to the country, as did so many of his colleagues. His *Religio Medici*, published in 1643, was a bestseller in its day and, as late as 1950, was said to appear "on virtually every list of great books."³, p. 4

What is this "religion of a doctor"? The excerpts printed here highlight several of its major themes. The first of these is tolerance. Browne asserted that an individual's religious and philosophical beliefs ought to be respected, even if you disagree with them; and that the state should not prescribe or interfere with religious practice. Browne opposed any form of conflict in the name of religion, "Particular churches and sects usurp the gates of heaven, and turn the key against each other; and thus we go to heaven against each others' wills, conceits, and opinions, and, with as much uncharity as ignorance, do err."¹, 307

Such tolerance was virtually unknown in 17th century Europe, where citizens were normally required to practice the official state religion, whether it be Catholic, Orthodox, or Protestant, while Jews were ostracized almost everywhere. Only in Islamic cultures had religious coexistence been traditionally permitted, albeit within very circumscribed limits. Thus, when *Religio Medici* appeared, it was one of the earliest Western statements of respect for religious beliefs that differ from one's own. John Locke's *A Letter Concerning Toleration*, often considered the bedrock of the concept of liberty of conscience, did not appear in print until almost 50 years later (1689).

Browne's second theme is his clear demarcation between the spheres of religion and science. His commitment to systematic empirical observation was highly advanced for his time and much like that of his older contemporary, Sir Francis Bacon, whose *Novum Organum* (1620) laid the groundwork for the modern scientific method. Browne, for example, was an early proponent of William Harvey's demonstration that Galen had been mistaken about the nature of circulatory system.

Browne's third important theme was the dignity and moral responsibility of the medical profession. He believed that medical practice was a natural extension of the moral life and not simply a trade or business. He also understood that service to others also contributed to the physician's personal fulfillment: "For by compassion we make others' misery our own, and so, by relieving them, we relieve ourselves also."¹, p. 312 Browne asserted that his patients' best interests must take priority over "my own necessities." In fact, when unable to help a patient, he felt awkward about charging a fee ("scarce honest gain") and, moreover, was ashamed that some diseases were "beyond my art."

One of the most appealing aspects of *Religio Medici* is the comprehensiveness and integrity of Browne's belief system, especially his vision of medicine. He rejoiced at balance and harmony in life, a perspective that today we would call holistic or biopsychosocial. He even anticipated mind-body medicine, suggesting that his pills might be able to cure certain "vices" that are unaffected by religious intervention. In today's world of conflicting and fragmented moral visions, *Religio Medici* encourages us to look within and discern our own moral core, especially with regard to our professional lives.

Of course, there are many aspects of Browne's worldview that are alien to the modern physician. Like most Europeans of his day, Browne accepted the factual truth of biblical stories like the Garden of Eden and Noah's flood. He believed in magic, spirits, and witches. In fact, he once testified against two women on trial for witchcraft.³, p. 214 Even more distressing are *Religio Medici*'s misogynous sections, in one of which Browne states, "Man is the whole world, and the breath of God; woman the rib and crooked piece of man."¹, p. 323

Today the moral compass of medicine is wavering. In response to concerns about loss of values in our profession, we resurrected the concept of professional virtue and adopted professionalism as an explicit theme in medical education.⁴ This professionalism can be interpreted in various ways, ranging from re-emphasis on rules of propriety to the far more ambitious process of character formation. The term "narrative professionalism" captures the idea that medical virtue develops gradually over time as students integrate, and identify with, stories they tell themselves—and listen to or read about—model physicians.⁴ For the young Osler, Sir Thomas Browne's

life and work was one of these formative influences. Osler's image of Browne was that of a wise mentor who pointed the way toward a new secular religion of tolerance, duty, and natural science. While Osler himself has become an iconic figure in medicine who now serves as an "official" role model for professionalism, as individuals our real influences are the physicians and other healers whose stories we participate in emotionally and spiritually, whether they be our real life teachers and preceptors, or historical or fictional characters with whom we identify.

I doubt whether many contemporary physicians can closely identify with Sir Thomas Browne. In fact, I suspect that most of us have trouble inhabiting the hundred-year-old medical and moral world of Sir William Osler. But, hopefully, we all do have role models who fire our moral imagination and encourage us to become better physicians; physicians about whom we can say, as Osler wrote about Browne, "Mastery of self, conscientious devotion to duty, deep human interest in human beings... these are some of the lessons which may be gleaned from the life and from the writings of Sir Thomas Browne."⁵

Conflict of Interest:

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Discussion Questions

- Sir Thomas Browne "talked the talk" by presenting a comprehensive moral vision of medicine, and in his practice he evidently "walked the walk." Describe your moral vision of medicine.
- Browne believed that a physician's moral duty is to place the patient's interests above his or her own self-interest. Discuss that principle in the context of today's medical profession.
- Browne was an important medical role model for William Osler. Who are your role models? Why?