

MCS Selective The Big Questions of Medicine

“History is congealed memory,” said President Kennedy, and yet history of medicine is often forgotten in medical curricula. That is unfortunate since awareness of the past is a fundamental ingredient in the education of well-rounded physicians. It provides a roadmap for understanding where we come from, so that we can more wisely choose where to go. As Søren Kierkegaard put it, “We live forward, but understand backward.”

Building on this premise, we offer a historical approach to four fundamental questions:

- What does it mean to be a physician in the 21st century?
- What are the fundamental traits of creative people?
- Why in situations of collective evil physicians have often chosen the wrong path?
- What should physicians do when their patients have become incapacitated government figures?

Instructor



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Syllabus

This selective is not a course in history of medicine, but it does use history as guidance for current events. Which, in the end, is the main function of history: to help us base the present on the past, so that we can avoid making the same errors in the future. Hence, this course is of interest to students who see medicine not as the mere acquisition of technical skills, but as the never-ending exercise of wisdom.

The format of the selective consists of four sessions of two hours each, with the first 90 minutes devoted to the presentation of the topic, and the remainder spent in small group discussion that can then serve as prompt for a reflective essay of 500 words.

Educational Objectives

At the conclusion of this course you will be able to better answer the following questions:

- What does it mean to be a physician today? What is the job description?
- How can you remain creative through medical school, or ideally become even more creative?
- Why have physicians often served as agents of destruction?
- What are the limits of confidentiality when applied to powerful, political figures?

Topics and Dates

1) SESSION I (2 Hours: 90 minutes lecture / 30 minutes group discussion): **WHAT IS MEDICINE?**

Medicine is facing an identity crisis, one that might find resolution by revisiting a past rich in multifaceted individuals who transcended the strict definition of 'doctor', excelled in other fields of human endeavor, and showed us different ways of being physicians. This presentation will review 12 archetypes that have been part of the profession since its inception, but that, as of late, might have been forgotten. Our goal is to elicit introspection, with the premise that being a physician ought to be something larger than being a mere technician. If this premise is accepted, then the next step would be to identify those personal traits that made those archetypes possible, so that we can start both recruiting for them and then nurturing them during training.

- **LECTURE:** The (Lost) Archetypes of Medicine
- **REFLECTION:**
 - What does it mean to be a doctor today?
 - Is Medicine still the 'Most Humanistic of the Sciences and the Most Scientific of the Humanities'?
 - What kind of Doctor do you want to become?

REFERENCES:

- Mangione S, Wilson JF, Herrine SK. The Archetypes of Medicine: A Job Description for the 21st Century. *Am J Med Sci.* 2019;357(2):87-92.
- Cooper DKC. *Doctors of Another Calling: Physicians Who Are Known Best in Fields Other than Medicine.* Newark (DE): University of Delaware Press; 2015.
- Boudreau JD, Cassell Eric, Fuks A. *Physicianship and the Rebirth of Medical Education.* Oxford (UK): Oxford University Press; 2018.

2) SESSION II (2 Hours: 90 minutes lecture / 30 minutes group discussion): **CREATIVITY IN MEDICINE**

Leonardo da Vinci was arguably the most creative person ever produced our species. Exquisitely gifted in both the arts and science, he practiced them as a "scientist of art and an artist of science." Five hundred years after his death, his anatomical drawings remain testimony to his unique way of engaging the world both artistically and scientifically. From pioneering the injection of molten wax into ventricles, to multiple views of specimens, to the recurrent use of cross-sections and cutouts, his drawings remind us of a brain that always thought in pictures. They also challenge us to understand what made Leonardo so creative. This may be especially worthwhile in times when medical education has been accused of hindering creativity.

- **LECTURE:** Leonardo at 500 – A Lesson in Creativity
- **REFLECTION:**
 - Why is Leonardo still relevant?
 - What are the personal traits that foster creativity?
 - How can you preserve them in medical school?
 - What can you do to become even more creative?

REFERENCES:

- Mangione S. Leonardo at 500: A Lesson in Creativity. *The Pharos Alpha Omega Alpha Honor Med Soc.* 2018 Spring;81(2):10-18.

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- Fitzgerald FT. Curiosity. *Ann Intern Med.* 1999 Jan 5;130(1):70-2.
- Dyche L, Epstein RM. Curiosity and medical education. *Med Educ.* 2011 Jul;45(7):663-8.

3) SESSION III (2 Hours: 90 minutes lecture / 30 minutes group discussion): **EVIL AND MEDICINE**

Physicians were the most Nazified profession in Hitler's Germany, and it has been argued that without their intellectual support, the Holocaust would have never taken place. Yet, Nazi doctors were not exceptions. While American judges were sending German physicians to the gallows for experimenting on Jews, Poles and Russians, U.S. Physicians from the Department of Public Health were also experimenting on innocent Guatemalan citizens and even fellow-Americans (the Tuskegee Syphilis Study). Thirty years later, Argentinian "health professionals knowingly and often enthusiastically facilitated, oversaw, and participated in every phase of the 'disappearance', torture, and mass murder process" that was carried out by the military junta that ruled their country between 1976 and 1983.

Why do physicians choose to become agents of destruction?

- **LECTURE:** Knowledge vs Certainty - Lessons from the Holocaust
- **REFLECTION:**
 - What was the role played by physicians in Hitler's Germany?
 - What was the role played by U.S. physicians in the Guatemala and Tuskegee Experiments?
 - What do you think are the reasons for such physicians' behavior?
 - Why is tolerance for ambiguity so important?
 - What can you do to prevent future evils?

REFERENCES:

- <https://www.youtube.com/watch?v=jnmERJ4tYnc>
- Reis SP, Wald HS. Contemplating medicine during the Third Reich: scaffolding professional identity formation for medical students. *Acad Med.* 2015;90(6):770-3
- Geiderman JM. Ethics seminars: physician complicity in the Holocaust: historical review and reflections on emergency medicine in the 21st century, part I. *Acad Emerg Med.* 2002 Mar;9(3):223-31.
- Geiderman JM. Ethics seminars: physician complicity in the Holocaust: historical review and reflections on emergency medicine in the 21st century, part II. *Acad Emerg Med.* 2002 Mar;9(3):232-40.
- Ernst E. A leading medical school seriously damaged: Vienna 1938. *Ann Intern Med.* 1995 15;122(10):789-92.
- Perechocky A. Los Torturadores Medicos: Medical Collusion with Human Rights Abuses in Argentina, 1976–1983. *Bioethical Inquiry.* 2014; 11:539–551.

4) SESSION IV (2 Hours: 90 minutes lecture / 30 minutes group discussion): **HISTORY AND PATIENT'S PRIVACY**

The year 2019 marks the 100th anniversary of President Wilson's stroke, which not only removed him from political life, but also began "the most serious case of presidential disability and medical cover-up in American history". Hence, this anniversary provides a timely opportunity to revisit how leaders' illnesses impact on both national policies and the allegiance of their own physicians. In 1957, the *American Medical Association's Code*

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of Medical Ethics stated that patient-physician confidentiality ought to be rescinded if human lives are threatened by a patient. Yet, no system is in place to report the psycho-physical ailments of some of the most powerful people in the world whose decisions affect every day the lives of millions of people.

- **LECTURE:** Turning Points in History: When Disease Hits Leaders
- **REFLECTION: Disclosing the Health Status of Public Figures - Privacy vs Public Interest When Can Doctors Make Disclosures?**
 - What are the physicians' responsibilities?
 - Should they remain loyal to their patients or consider the political health of the country?
 - Should the people know the health of their leaders?

REFERENCES:

- O'Toole P. *The Moralist: Woodrow Wilson and the World He Made*. New York, NY: Simon & Schuster; 2018.
- Toole JF. Dementia in world leaders and its effects upon international events: Franklin D. Roosevelt and T. Woodrow Wilson. *Eur J Neurol*. 1999 Mar;6(2):115-9.
- Kesselheim AS. Privacy versus the public's right to know. Presidential health and the White House physician. *J Leg Med*. 2002;23(4):523-45.
- Annas GJ. The health of the President and presidential candidates: the public's right to know. *N Engl J Med*. 1995 Oct 5;333(14):945-9.

Evaluation

1. Attendance and active participation in discussion.
2. Use our online blog to post a 500-word reflection per session.

Class Size

Minimum 5

Maximum 12