

[< Back to Search Results](#)



[Hide Cover](#)

Academic Medicine

Issue: Volume 85(2), February 2010, pp 378-383

Copyright: © 2010 Association of American Medical Colleges

Publication Type: [Flexner Centenary: Article]

DOI: 10.1097/ACM.0b013e3181c87221

ISSN: 1040-2446

Accession: 00001888-201002000-00043

[\[Flexner Centenary: Article\]](#)

[< Previous Article](#)

[Table of Contents](#)

[Next Article >](#)

Abraham Flexner's "Mooted Question" and the Story of Integration

Boudreau, J Donald MD; Cassell, Eric J. MD

Author Information

Dr. Boudreau is associate professor, Department of Medicine, Arnold P. Gold Foundation Associate Professor of Medicine, and core member, Centre for Medical Education, McGill University, Montréal, Québec, Canada.

Dr. Cassell is professor emeritus, Department of Public Health, Weill Medical College of Cornell University, New York, New York, and adjunct professor, Department of Medicine, McGill University, Montréal, Québec, Canada. Correspondence should be addressed to Dr. Boudreau, Room 529, McIntyre Medical Sciences Building, McGill University, 3655 Promenade Sir William Osler, Montréal, QC H3G 1Y6, Canada; telephone: (514) 398-5613; fax: (514) 398-3595; e-mail: donald.boudreau@mcgill.ca.

Abstract

Contemporary medicine is characterized by dualities. They include psyche and soma, subject and object, and, most important, science and humanism. The authors, in exploring Flexner's landmark publication, suggest that the history of curricular evolution has been marked by a quest for the integration of two knowledge bases: science and clinical medicine. They describe this goal as a preoccupation of medical educators, arguing that it was triggered, in part, by Flexner's recommendation for a two-phase curriculum. Their claim is illustrated with an analysis of motives for curricular renewal at one medical school and a review of published reports from educational opinion leaders. They discuss Flexner's conception of integration—namely, that unity could be achieved through methodology and, in particular, through inductive reasoning. They situate this perspective in the context of other purported integrative principles such as bioethics, narrative medicine, and the biopsychosocial model. They conclude by recommending an alternative framework for integration. The authors propose that a synthesis of two separate knowledge domains can be achieved through a common purpose and that, in a clinical context, that purpose is the well-being of the patient. Well-being is defined as the patient's ability to pursue achievable goals and

purposes. It can be brought about by changing medicine's emphasis from the eradication of disease to the restoration of functions impaired by sickness. This idea is congruent with aspects of Flexner's understanding of medical practice, as shown in his statement that the restoration of normal functioning should be the doctor's "goal in action."

In America, one is told time and time again that knowledge must be "correlated." - —Abraham Flexner, *I Remember: The Autobiography of Abraham Flexner*

The comment above is supported by another quotation, taken from a well-known treatise on medicine in America, that reveals a pervasive theme in medical education: "Underlying these efforts [to create physicians for the 21st century] is the fundamental goal of educating future doctors who can competently integrate the new sciences and technology into humane patient care."¹ The desire to fuse a set of elements, perceived to be disparate in nature, into an integral whole has been a preoccupation of the past century. We believe that a concern with such integration—its reach, delivery, purposes, imputed benefits, modalities, operations, and components—has overwhelmed the agenda of medical educationalists. In this essay, we explore the story of the integration of science and clinical medicine by focusing on Abraham Flexner's ideas and philosophy, revealed through his writings—most notably, the landmark 1910 report, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*.² We examine specific statements in that report (also known as Bulletin No. 4) and consider how they may have contributed to the cleavage of medicine into separate parts. We explore how Flexner reconciled the separate domains of medical knowledge; we also point out instances in which he contradicted himself, and we conclude by offering a perspective that has the potential to transcend the dualities that are inherent to medicine.

[Back to Top](#)

Most commentary on Flexner's legacy has been laudatory.^{3,4} On his death in 1959, the *New York Times* tribute,⁵ under the headline "Abraham Flexner is dead at 92; revolutionized medical schools," reads, "Dr. Flexner was an implacable critic of education. Teacher, philosopher, administrator and fund-raiser, he was equally brilliant at finding fault and creating right." In the centenary year for Bulletin No. 4, it is fitting to consider its pertinence as a scaffold for medical education.

A Touchstone Within Bulletin No. 4

We start by presenting a key recommendation found within Bulletin No. 4:

In general, the four-year curriculum falls into two fairly equal sections: the first two years are devoted mainly to laboratory sciences—*anatomy, physiology, pharmacology, pathology*; the last two to clinical work in *medicine, surgery, and obstetrics*. The former are concerned with the study of normal and abnormal phenomena as such; the latter are busy with their practical treatment as manifested in disease.^{2(p57)}

