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COMMENTARY ON THE ESSAY BY H. TRISTAM ENGELHARDT

Eric J. Cassell, M.D.

8-1490

A newcomer to the Philosophy of Medicine, reading Engelhardt's essay, might wonder what this articulate, learned man is about. Is he trying to turn the clock back a few centuries on medicine, or merely show us that medicine's pretensions about being a value-free science are humbug, and possibly damaging humbug at that. He is doing those things and he does them well as he makes clear for once and for all (I hope) that medicine in its practice and its beliefs is inevitably value-laden (more about this later). But to understand Engelhardt's project we have to put it in perspective. The paper comes after several decades in which medicine has been turning away from a description of its functions based solely on definitions of disease. It is turning away not only in practice (and practice has always been wider in scope than definition and theory) but turning away, also, in theory. As witness to this are all the recent essays and writings in an increasing crescendo dedicated to making distinctions between illness and disease, coming up with new definitions of disease, and all expressing a dissatisfaction with seeing the world of the sick in classic structural disease terms. Another part of the perspective from

which to see this essay is that medicine is turning away from a definition of its functions in purely body terms. For example, my own writing on medicine as a moral profession have been more widely and easily accepted than I would have thought at the time of their writing. A more influential example is George Engel's paper on bio-psychosocial medicine which appeared a year or so ago in "Science. And, of course, when something appears in "Science" we know that it has been accepted as conventional wisdom. Only a decade ago, aspects of the environment, the social factors, or indeed the unconscious of the patient were considered to be things that had to be taken into account in the care of that patient. Now there is a dawning realization that they are the patient in terms of the expression of disease -- as much perhaps as is the patient's liver or legs. So that the phrase "treat the patient as a person" has moved from meaning treat the patient as one would if the patient were a person to the more current and (I hope) growing belief that it is the person, not the person's disease, that is the central concern of medicine. That, I think, is the light

in which Engelhardt's essay must be seen.

But there is more. Engelhardt also knows considerably better than most that he is not turning away from a tradition stretching into antiquity when he casts aside strictly structural disease concerns and concentrates attention on the patient's complaints but is turning away from a tradition which is only a few hundred years old. And in the form that we know it today, something that is only about a hundred-and-fifty years old. That was the time when disease and categories were developed in the way that we use them now and in a way that made them an effective basis for action. And I think action is the key word because medicine is a profession of action -- doctors do things to their patients. Before the present disease era, before the last one-hundred-and-fifty years, and certainly before Sydenham, doctors treated the patient's complaints. That is to say that, for example, when the patient was short of breath, the doctor dealt with that symptom as though shortness of breath was what was wrong with the patient. We know now that there are numerous, very different diseases which

produce shortness of breath. We have that knowledge because the disease categories laid down in the late nineteenth century provided a basis for the systematic and scientific inquiry into disease which still continues. Unfortunately, in the era when doctors did treat complaints, medicine was in chaos. As an organizing principle for action, shortness of breath falls short and swelling of the ankles occurs in too many different situations and fever is common to a vast array of diseases that may have little else in common.

I don't have any belief that Tris Engelhardt wants us to go back to that chaos. He is pointing the way to an appropriate goal for medicine: the care of the patient's complaint. And he is making it clear that the vexations of the patient which deserve the doctor's concern can arise from sources diverse as the liver or the landscape, interpersonal relationships or environmental toxins, the sins of the patient or the sins of the fathers. Further, and I could not agree more, he argues that "the world of the patho-anatomist, the patho-physiologist, and the pathopsychologist is always dependent

