

INTRODUCTION:
UNDERSTANDING THE FUTURE OF MEDICINE

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THE PATHS TO THE PRESENT) — CAPS

This book, and the conference on which it is based, come at a turning point in the history of medicine. It is a time, we believe, when the profession has begun to direct its attention away from an almost exclusive concern with the body and is again focussng on the sick person.

The history of medicine is a story of changing customs and costumes, instruments and methods, explanations and theories. Throughout runs the common thread of attempts to understand what makes people sick and through that understanding to make them well again. We titled this book Changing Values in Medicine, but a better name might have been "Enduring Values in Medicine", for no sickness can be known apart from an appreciation of both the body and the person. It is strange that it should ever have seemed otherwise. Yet present day disease concepts, despite their obvious utility, are conspicuous for their impersonality.

How medicine came to where it is now, and how it was ever possible to forget that sickness always involves more than only the body, is in itself instructive. The history of medicine is often written as the story of a steady and

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determined growth of knowledge about human biology and disease, as if the development of anatomy, physiology, biochemistry, pathology and pathophysiology have all lead inexorably to our present scientific mastery. According to that scenario we are now in our finest hour--and better is yet to come. Some caution is necessary because in every era commentators on medicine have spoken of the brilliant advances of their time, often forgetting that the same praises were sung about medicine in other periods which, in retrospect, seem particularly sterile.

Medical history viewed as steps ever forward is not only not true, but also not very interesting. Vastly more exciting and productive is history read as twists and turns, as excesses and droughts along an uncertain road (if that implication of directionality is even a useful metaphor), profoundly influenced by prevailing philosophies and cultures. Medicine is always a part of its contemporary world, both shaping and being shaped by that world. But its goal has always been the same--the relief of sickness. And the the goal has always been elusive.

When one of us (EJC) graduated from medical school in 1954, excitement over burgeoning therapeutic effectiveness was everywhere. People really spoke about stamping out disease! As unbelievable as it may seem EJC was really concerned that everything would be cured and that no

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interesting diseases would remain. Of course, it turned out that solving some problems (primarily the big name infectious diseases) merely allowed new and unsolvable problems to take the place of the old timers. The goal of providing adequate care of the sick is elusive precisely because of the ever changing face of illness and the inevitable inadequacy of the physicians' knowledge.

In the world of today's doctors, the patients are older, their diseases are often incurable, and the society is undergoing some profound changes whose nature is not clear but whose effects are widespread. The public demands a more personal medical care governed by ethical strictures not dreamed of a decade ago, care in which the patient is seen as a full and knowledgable partner. At the same time, patients are suspicious of physicians and technology even while taking the effectiveness of both for granted. The paradoxes are numerous and depressing to contemplate. How did we get here, and where is medicine going?

The present era of medicine started somewhat more than a hundred and fifty years ago when the concept of disease as we know it came into being. Before the nineteenth century, patients presented themselves to physicians much as they do today-- "dropsied and asthma'd and joint racking rheum'd". But physicians looking at those patients did not see sodium retention, small airway

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obstruction, or synovitis. Nor did they see rheumatic valvular disease, chronic obstructive pulmonary disease, or rheumatoid arthritis. They observed only the symptoms themselves that could be heard or seen. To say that is merely to point to the truism that you cannot see what you do not know. Two factors impaired the ability of doctors to see beyond the obvious. First, they were overwhelmed by competing theories of how nature worked. Iatrochemists, vitalists, mechanists and others offered different explanations of the operation of the body; proponents of each position were able to see only those facts that supported their own viewpoints. (Present-day competing schools of psychology are similar.) Second, there was no cohesive nosology, or classification of disease, that could organize the phenomena of sickness out of the chaos of endless symptom manifestations and theoretical speculation.

Around the middle of the eighteenth century, Cullen in Edinburgh and Sauvages in Paris (among others) developed disease classifications based on symptoms alone. In Sauvages' classification there were 2400 "diseases" -- including, for example, 18 kinds of angina, 19 kinds of asthma, 20 of pleurodynia, 13 of cardialgia, 20 of phthisis, and so on. (Faber 1923) While those classifications were clumsy, they did represent a return to the actual phenomema of illness as a basis for the actions

