

M I S C E L L A N E O U S

MEDICINE AND SOCIETY

The theme of the 21st World Medical Assembly at Madrid was "humanism" in the sense of concern for the well-being of the individual in a rapidly changing society with constantly evolving social structures. Discussions revealed the medical profession's concern about the demographic explosion, its desire to adapt treatment and medical teaching, its anxiety over the conflicts sometimes engendered by unacceptable legislation and over other problems posed by the march of science. The official journal of the World Medical Association (W.M.A.) summarizes some of the papers delivered¹ and we would single out that of Dr. de la Quintana, Sub-director of the National School of Hygiene, Madrid, showing how, in the course of history, medicine has been affected by social thought, the different types of culture and structure of human groups of each epoch everywhere.

The speaker recalled the influence of political and social thought on the assumption of responsibility by society and the state for the sick and the healthy, pointing out also the importance of moral, religious and economic considerations. Social philosophy exercised pressures on the doctor, his professional structure, the organization of medical care and the relations between doctor and state.

The relation between the individual and society amounts to a permanent tension between the free development of individual personality and the subjection of the individual to the herd. Ever since the state appeared as a coordinator of social life for the common good, it has sought to establish an equilibrium between the two tendencies. The realization that health is not only a personal good but a social and community good has been slow to penetrate. Once it penetrated, the consequence was the assumption by the state of the role of defender of health and assistant in sickness.

¹ *World Medical Journal*, Oslo, 1968, No. 1.

MISCELLANEOUS

It is true that medical care in history has been influenced by what doctors think about the sick and how they treat and prevent sickness, but it has also been affected by the prevailing ideas of society at any epoch or in any culture. What society thinks about sickness colours the doctor-patient relation, just as much as the development of science does.

Historical examples show to what extent this is true. In Plato's *Republic* he envisaged a medical corps who would look after those sick citizens who were basically sound in mind and body but let the unsound ones die. This was the concept of the Greek world and it is far away from the idea of the modern welfare state and even from Christian thinking. Thus the concept of medicine as a social activity is a very ancient one. Alongside private medicine in the better moments of every civilization there has been a public medicine, usually with medical care dispensed by the less qualified healers, surgeons and midwives. In Greece for the first time there appeared the idea that orthodox medicine should not be reserved for a small portion of the population but available to all, with the establishment of the office of municipal doctor. In Rome preventive medicine was separated off from curative medicine but public physicians existed alongside the persons responsible for environmental sanitation.

With the fall of Rome the public organization of medical care disappeared and was replaced by the action of Christian charity. The Christians in contrast to the Greeks glorified suffering and thought of sickness as a way to perfection rather than a punishment for sin or a sign of inferiority. We have to wait for the Middle Ages before the concept of certain forms of sickness as the wages of sin appears. At the same time as Christian charity was being exercised in the west, the Buddhists of the east were practising the same virtue and it is recorded that the great emperor of India, Ashoka, provided free medical services to his subjects.

Among the historical examples cited by Dr. de la Quintana was the great Spanish humanist Juan Luis Vives who in 1526 published his book *De subventionem pauperorum, sive de humanis necessitatibus* in which for the first time he proclaimed the modern doctrine of the right of the sick and the poor to help, a doctrine which found general acceptance only in this century. He felt that Christian charity was not enough and proposed that the state establish

officials to supervise charitable works. This and later works show the trend towards a new type of social thought, with the idea not of casual relief of misery but of the cure and rehabilitation of the sick. Daniel Defoe (1697) in England and Chamousset (1757) in France suggested the development of sickness insurance, but it is only from the eighteenth century on that the concept spread that physical and mental illness was of importance not only to the individual but to the community: a logical consequence was the extension of medical care. Hobbes in his *Leviathan* showed that his absolute state should protect the health of its subjects in the common interest and thus introduced the concept of public health as an instrument of policy. Later the industrialists in England and on the Continent were beginning to realize that loss of work through sickness affects production and is therefore of interest to the whole of society, while on the other hand the philosophers who followed Locke, the physician friend of Sydenham, championed the individual's right to the good life without interference from the state. Locke raised the flag which eventually led us to many of the concepts of the modern welfare state in which welfare is achieved without loss of liberty of the individual.

The industrial revolution brought in its wake the modern public health movement, and during the second half of the nineteenth century the problem of providing medical care to the masses of a growing population gave rise to much activity in all western countries, and particularly in Britain and Germany. Even the "laissez-faire" state of Adam Smith recognized the duty to protect every member of society against misfortune. According to Ebenstein the forces which led to the transition from the "laissez-faire" views of the late 18th and early 19th centuries to the welfare state were economic, political and psychological. From the economic viewpoint, a greater and greater proportion of the population were dependent on their work. From the political viewpoint, democracy and the vote led to demands for increase in social security. Psychologically, men were no longer prepared to accept misery as a sort of predestination. It is now commonplace to consider that everyone has a right to the benefits of modern technology, and to aid in sickness and old age.