

On the Destructiveness of Scientism

by Eric J. Cassell

Healers: *Extraordinary Clinicians at Work*, by David Schenck and Larry R. Churchill, and *What Patients Teach: The Everyday Ethics of Health Care*, by Churchill, Joseph B. Fanning, and Schenck are both important and thought-inspiring books. For the first, Schenck and Churchill did an extraordinary thing. They recruited fifty practitioners, mostly physicians but some clinicians who practice alternative therapies, “identified by their peers as excellent healers.” They interviewed them to find out what they did to establish a good relationship with their patients. The practitioners all agreed that a strong relationship with the patient is basic to healing; in other words, the relationship came first. The results of their interviews and how they wrote their book makes this the best and most concrete understanding of a necessary step to healing that I have read. All clinicians, physicians and nonphysicians alike, will identify with their clinician subjects and know that they are reading the real thing. The least and the most experienced will learn from it how to make their patient care better.

What Patients Teach examines the patients’ perspective about forming relationships with their clinicians. The patients’ clinicians were asked to nominate patients to be interviewed to help answer the question. This volume, while important, is less extraordinary than the first because we hear less what the patients want to say and more what the authors want to tell us. That aside, taken together, these two books are a major advance in the literature of healing.

The books bring us to an important but more general question. The two topics they address, relationships and healing, are practically invisible in contemporary medicine. How can that be? In the not-distant past, the doctor-patient relationship, thought to be central to good medicine, was much discussed. The loss of emphasis on relationships seems also to be true of teaching from early childhood education through medical school. A recent *New York Times* opinion piece, “Teaching Is Not a Business,” by David L. Kirp, insists that the personal relationship between teacher and student is the essential element that has unfortunately often been replaced by technological and business models. Throughout society, however, in education, business, and everyday life, algorithms, data, objective evidence, and thinking in the mode of science have become dominant: the scientism of American society seems a reasonable conclusion.

How did this come about? As one result of Abraham Flexner’s 1910 report on medical education for the Carnegie Foundation, medical education was revolutionized. Medical schools evolved into scientific institutions increasingly staffed by full-time science-oriented faculty members whose primary mission was research. These changes were gradual before World War II but rapidly altered the face of medicine thereafter. Postwar, the budgets of the National Institutes of Health and other research funding grew exponentially, and the medical science establishment enlarged its space. The influence of medical science

in medicine became overwhelming. The ideal physician was now the physician-scientist. It became accepted belief that medical science and science-born technologies make the diagnosis and make patients better. Scientific knowledge became what counts. Those aspects of sickness and the sick person that cannot be measured are put aside. The characteristics of the doctor using that knowledge are thought not to matter; it is the knowledge that does the work. This major trend culminated in the last two decades in the movement called evidence-based medicine, which Trisha Greenhalgh defines as “the use of mathematical estimates of the risk of benefit and harm . . . to inform clinical decisionmaking in the diagnosis, investigation or management of individual patients” (in *How to Read a Paper: The Basics of Evidence-Based Medicine*).

Are Schenck and Churchill talking in *Healers* about the same world of medicine described in the previous paragraph, or found in any emergency room and modern medical center? No, they are writing about the medicine that takes place in the offices of the kind of clinicians they describe or in hospitals when these clinicians care for their patients. The authors are not theoreticians; they are very good teachers. They write (very well) about the actual skills that physicians acquire and how they learn them. They tell us how these skills and the relationships with sick people foster and contribute to patients’ getting better (even when they will soon die). They lay out the steps in healing and provide the evidence that supports their conclusions. (Although Schenck and Churchill do not discuss this, in

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the absence of competent healing, the patient can be made worse.) Healing does happen. These things that Schenck and Churchill so helpfully describe and explain in practical detail take place in the arena formed by the combination of clinician and patient in their special relationship. It is an arena, a circle of impact, formed around the patient and staff and family—not always knowingly, but effectively. Read *Healers* and you will have a clue why the physician-as-scientist, the ideal doctor of the last seventy-five years, has been a clinical failure. The science has not been a failure, of course; it has been brilliantly successful. But contrary to theory, patients in clinical settings in the developed world are not typically made better merely through the application of medical science to their disease. Perhaps that was once true for infectious and some other acute diseases, and maybe for trauma. But the major medical problems now are chronic diseases and diseases of the aged, which are rarely cured and require years of motivating, supporting, teaching, helping, and healing to make sure that a person is commanding a disease rather than a disease controlling a person. These crucial medical tasks require clinicians devoted to these skills. The idea of the physician-scientist has so taken over medicine and medical schools that it is difficult to find real-life examples of the kind of clinicians described in *Healers* and *What Patients Teach*.

Chapter 8 of *Healers* is about ethics. Chapter 6 of *What Patients Teach* is called “Rethinking Medical Ethics.” Both of these books want us to turn to an understanding of ethics as about persons as they live their lives sick or well. What is wanted is an ethics responsive, appreciative, and above all respectful of what happens in the domain of the life of these persons as lived. I believe that the most important principle of bioethics to come from Tom Beauchamp and

James Childress is respect for persons. Schenck, Churchill, and Fanning write as though they hold this belief, too. Respect for persons goes back a long way in our intellectual history. These days, most people jump right to autonomy as the important aspect of respect for persons. Does respect for persons support such a move? What is a person? The short version is this: a person is an embodied, purposeful, thinking, feeling, emotional being who is reflective, capable of choosing, always in relationships, responsible—a very complex human individual of a certain personality and temperament, existing through time in a narrative sense and carrying out a life that in all spheres points both outward and inward. Each of these attributes is dynamic, constantly changing and maintained through action on the part of the person—although generally the maintenance is habitual and unmediated by thought. Honestly, in view of this description, does *respect for autonomy* (whose exercise almost always requires others in addition to the individual) capture the meaning of *respect for persons*? And wouldn't the attending physician, in particular, see more to personhood than mere capacity for autonomy?

These books make the persuasive case for an ethics devoted to persons within their daily lives even when seriously ill. *What Patients Teach* calls the combination of healer and patient in the day-by-day life of patients double-agency ethics: an ethics of clinician and patient acting together, not the physician speaking instead of the patient but the physician speaking *with* and *as the authentic patient*. Single agency in the world of the truly sick is a fantasy. Bioethics in its central concerns should really be about persons. It should follow that bioethics is the field rich with knowledge about persons. Far from it. If it were knowledgeable about persons, it would be a

field replete with understanding of relationships, but that is not, as far as I can tell, an area of bioethicists' expertise.

In the 1970s, when patients became persons, medicine was fundamentally changed. Physicians' tasks became more trying. In addition to their job of seeking and treating illness, it became essential for clinicians to *learn to see and hear the authentic person* through the fog of illness, to create the basis for double agency—tasks that though essential are unscientific and subjective, and so mostly do not happen. Throughout these books, the authors emphasize the therapeutic relationship. One of the most difficult purposes of the clinician in the relationship is for him or her to be able not merely to connect to the patient (as therapeutically important as that is) but, as the crucially central act of bioethics in the world of illness, to know the patient. If clinicians accomplish that, we will not again see those cruel relationship-crippling parodies of autonomy in which sick patients are informed about some complex vital decision and told that the choice is theirs: “I cannot make the decision for you,” say the physicians, believing themselves bioethically virtuous.

The essential opinions about patients expressed by the physicians in *Healers* are ineluctably subjective; they are not measurable and cannot be made objective. To comprehend that is to realize also how imperative thoughtful subjectivity is not only to clinical medicine and bioethics but also to how persons live their lives generally. Understand that, and you will begin to be free of scientism outside of its rightful domain. I believe you will come away from these books with an increased appreciation of healing and a wider and more human view of ethics.

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