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Organize to serve: An ecclesiastical approach to medicine and dermatology

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Abstract Maintenance and promotion of health are worldwide activities, yet those devoted by their profession to these goals are currently hopelessly fractionated and involved in struggling for territory and self-sustenance. The author proposes the creation of a World Medical Congregation, eventually encompassing all physicians. This integrative endeavor would model itself after the governance of the Roman Catholic Church, without the latter's obvious confessional characteristics.
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Introduction

Rousseau began his "Social Contract" by stating, "It will be asked whether I am a prince or a legislator, to write about politics. I will answer, No, and this is precisely why I write about politics. If I were a prince or a legislator I would not waste my time saying what has to be done. I would do it or shut up."[1]

I intend to give a quick but wide outlook of the evolution of medicine, its current status, and a way to reorganize it so as to keep its main function—that is, to serve humankind by promoting health and preventing and healing disease.

Origins

Great rivers may have several sources; thus, it is difficult to be sure how what we now call medicine began. There must have been a component of lore, kept and transmitted by elders and mixed with religion and/or belief. Behavioral disturbances were treated differently from what we call now organic ailments. *The Iliad* clearly mentions Podalirius and Machaon, surgeons of the seed of Asclepius, treating wounds. *The Bible* describes signs of impurity in individuals and dwellings, with evaluation being carried out by priests; yet Ecclesiasticus speaks about physicians and their learning: "The Doctor's learning keeps his head high. He is regarded with awe by potentates," yet healing capacities come from God.[2–4]

In antiquity there were temples and sites of healing, and would-be physicians learned from masters.

Medicine then became a profession, but not only a profession. A calling, but not only a calling. It could also be a business, but woe to the physician who loved gold not God or the designated Deity.[5,6]

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Starting from the Renaissance, medicine not only recovered much of the Greek and perhaps Egyptian knowledge, but the discipline also began to discover new information. It found that teaching is not only by word of mouth, but by books with illustrations and later by proceedings from learned societies and medical journals.

The 19th century was one of expansion of research and knowledge. During this period a symbiosis developed between practitioners and scientists, establishing the "physician-scientist." This concept had been previously pioneered centuries before by Andreas Vesalius (1514-1564) and Michael Servet (1511-1553). It was also a time for the unveiling by Western science of previously unexplored or isolated areas. Additionally, other systems of medicine could be found, such as those of India and China.

This was also the time of birth of medical and surgical specialties as we now know them and the advent of formal training and research institutes, such as the Pasteur Institute in France and the Kaiser Wilhelm Institute for Medical Research in Germany. It was also an epoch of relative freedom of travel, of learning, and of the practice of medicine. The last quarter of the 19th century in Western Europe was a time of relative peace and flexible guidelines. The 20th century brought war and regulations, along with a growing influence of the State on individual affairs. This included fortunes, ideas, and behaviors. It all started with taxation of income. To do that, states had to know where and how income was generated and where was it kept. For reporting and knowing, one has to regulate; and medicine became one of the most regulated professions that included monetary matters.

The initial goal was to provide good medical care by guaranteeing physicians' proficiency and high hospital standards. As it commonly happens, goals were partially achieved, but the process of assuring them led to undesirable results.

Current situation of medicine and its practitioners

It is difficult to summarize the protean aspects of current worldwide medicine and its practice. Major differences exist even within a given city. What is most striking is the seemingly irrational distribution of physicians, health workers, and facilities worldwide. Most huddle in areas with high income and good living conditions. For instance, specialists in tropical diseases and poverty-related conditions are not plentiful where they are most needed. Vaccine manufacturing, diagnostic laboratory facilities, and logistical aids are often imported from developed countries, where conditions to be prevented or treated are seldom present if at all, to those areas where they are rife.

Tropical and public health facilities have had sites of excellence in France (Paris), Germany (Hamburg), England (Liverpool), and the United States (Baltimore), all far in the Northern Hemisphere. In Venezuela, a tropical country, the development of tropical medicine took place only when Professor Martin Mayer (1875-1951) of the Troppen Institut of Hamburg escaped from Hitler's Germany to Venezuela.

The best of physicians and health workers from poor and/or oppressed countries attempt to somehow work in nations where conditions are better, yet they may not be received with open arms, nor are situations as rosy as they may seem from afar.

In some developed countries (eg, in Scandinavia, Great Britain, and Canada) physicians work under a socialized system. They are soldiers and NCOs in an army commanded by others. Socialized medicine in a nonsocialistic country is a disgrace. Physicians and their practices are subject to the whim of politics and budgets. They have little incentive to excel in their practices or to reach academic heights. Their opinions may eventually permeate to decision-making bodies, yet they do so in an inefficient and haphazard way. Although there may be some, even adequate, medical care, physicians live mediocre lives. They tend to migrate to countries that have freer enterprise; but these are becoming less open and fewer in number. Socialized medicine is more bearable and more logical in socialized countries. Could this be why Scandinavian physicians migrate less and feel better than Canadian ones?

Doctors in the European Union (EU) may enjoy more freedom within that incomplete but huge community than elsewhere; yet again, they migrate from less to more favored areas. Their points of view are not taken directly into consideration of overall planning and action.

The United States behaves as a huge, very clear mirror that has been broken into many shards. All reflect light, and images can be seen by means of their use; but their edges are cutting and images fragmented. Physicians have adopted two sets of attitudes:

1. The mentality of small or middling businessmen, afraid of competition and guarding zealously and jealously their parcel of influence and income. Barriers are erected not only against foreign physicians, but against those of other states.
2. There is also the mentality of the bureaucrat, which works by seeing insured patients. The goal is not to err while at the same time to augment the income. Why is this so? Because physicians are at the mercy of the financial and legal powers. They are sued by lawyers, subject to laws made by lawyers and judged by lawyers. Medical societies, even national ones, have not been organized to present and sustain the physicians' points of view. For about a century the climbing cost of a physician's education and practices (including malpractice insurances) has led to a relative and even absolute scarcity of physicians, yet legal considerations and an idiosyncratic set of minds have led to a schizophrenic situation whereby US physicians are scarce, foreign physicians are shunned, and there is a proliferation of paramedics trying to exert, and even usurp, functions that are appropriate to physicians only.

The extent of physicians' burnout has been recently stressed.[7] There is a current tendency to place emphasis on

situations that have always existed as if they were new. Medicine is, has been, and will always be a demanding activity, yet it is probably true that doctor dissatisfaction is now greater than ever.

I cannot accurately predict the evolution of medicine if things are left to run for themselves. It would probably depend on sociologic, economic, and political factors. In all likelihood it would not be an optimal one, although medicine has been quite resilient throughout diverse civilizations; nevertheless, a physician who would do nothing but wait for the spontaneous unhampered evolution of disease in a very sick patient is not a good one.

Organize to serve

The following indicate ideas to allow for the best use of physicians' knowledge, abilities, and most importantly, their ability and willingness to serve.

Physicians have organized themselves in various ways, mainly for scientific and social purposes. Medical societies create bonds among doctors, be they generalists or specialists, and provide them with information. The World Health Organization carries out special actions in the case of contagious diseases and public health in general. Efforts have been made in medicine and other groups of scientists to direct efforts in a more efficient way.[8–10] There should be a body that integrates physicians so that they may serve both their patients and themselves in the best and most efficient way—not only in emergencies, but always. An organization should be created that would not only have authority over the physicians, but also be able to hold its own in interactions with governments or other international institutions—an army, as it were. This army would be destined to fulfill a most honorable mission: to care for patients and, at the same time, defend, protect, and hold its components together, while taking into consideration individual and national peculiarities and differences.

Are there organizations such as these that have proven their value and that can serve as a model?

The answer is YES, and the one worthy of analysis is the clergy of the Roman Catholic Church.

What can we learn from this long-lasting and effective society?

It has evolved through centuries (while states and their political systems went topsy-turvy and barbarian populations overwhelmed civilized ones). It has always dealt with governments and rulers, while keeping the well-being of its affiliates. It has ministered to the poor and the rich, the sick and the well, to the able and evolved and to the primitive. It has carried out, and continues to carry out, education and research. It has recruited personnel from all over the world and put them to work when and where needed. Its members have a keen sense of belonging and of duty. There have been and are shortcomings, and we can benefit from analyzing them.[11]

As a religion, the Catholic Church has held that it alone possesses the truth. It has had political power beyond that needed for its primary purposes. Its hierarchy is very stable. It tends to configure a frozen (or at least an unwieldy) bureaucracy; yet the Church has survived. It has harbored diverse tendencies in its midst. After the Rebirth of Italy in the 19th century, it lost most of its territorial possessions, keeping only a Holy See in a small area of Rome; yet its influence remains considerable throughout the world.

In what way can we physicians use the experience and teachings of the Church as an operational worldwide structure?

1. Bona fide physicians would become de facto and de jure members of the World Medical Congregation. There would be no question of religious belief or lack thereof, nor of celibacy or sexual orientation.
2. The Central Body or Senate of the World Medical Congregation would have a See with central offices, libraries, archives, and computational facilities situated outside the rule of major powers and enjoying extraterritoriality. For historical reasons the island of Kos (belonging to Greece, but near the Turkish coast), being the birthplace of Hippocrates, would have to be considered, but some other place could prove to be appropriate.
3. The basic unit of service would be equivalent not to a parish but to a diocese or district. There would be a physician in charge and other physicians manning the equivalent of parishes or municipal units; thus, a major medical center or a basic geographic unit would equate to a parish with an appropriate denomination. Diverse dioceses of a country would form one or several archdioceses or provinces and a Physician in Chief would be in charge of this major unit. Physicians in their diverse directing positions would be appointed for a first term of, say, four or six years and could be reappointed for not more than three terms in the same position. The physicians in chief of the world would constitute the Ruling Assembly, from which a Senate would be elected by vote from the physicians in chief. The members of the Senate would number around 50. Senators would be elected for 12 years and could be reelected only once. From their midst a Supreme Physician would be elected for a single period of 12 years. Former Supreme Physicians would be perpetual members of the Senate. There would be a parallel diplomatic body of envoys who would represent the Supreme Physician and deal with governments in consultation with physicians in chief. (It might be noted that the original meaning of a bishop, derived from the Greek word *episkopos,* is that of an overseer. A diocese was originally a governor´s jurisdiction. *Ecclesia* is a church, but originally a congregation. Finally, a "nuncio" was originally a messenger.[12])

New medical schools would be created, and existing medical schools would become affiliates of the Central Organization while keeping their ties with their original creators or sponsors.

Physicians would, of course, be able to marry and have families and have private property. From their personal

income, they would pay a tithe to the Central Organization via the diocese. The latter would take care of medical and legal needs of the physicians and their families either directly or through companies formed within the organization.

Physicians would be expected to perform duties outside their usual residence for longer or shorter periods of time, with or without their families, according to necessity. Overall need and physicians' wishes would have to be considered. Analogous situations take place everywhere with members of the armed forces or diplomatic services. Needless to say, individual physicians may opt to stay permanently in a single place if they so wish, but this would have repercussions on their careers. There would be provision for retirement, but not fixed ages to do so. There would be also plans for education of families.

The Congregation would take care of its own. Physicians would be able to practice wherever needed, but their qualifications would be taken into consideration by the Congregation.

Ethics would be of paramount importance. Political opinions would of course be free, but no one could speak in the name of the organization and of physicians at large, except for the Supreme Physician and the Senate.

Specialties, as dermatology, might be organized in a similar way to that of religious orders. The international head of a given order would rank as a Physician in Chief with authority as mentioned earlier.

Conclusions

Is what has been outlined an easy thing to do? NO. Does it seem far-fetched today? YES.

Is something such as this necessary for the health of the world and its well-being, as well as for that of physicians? Undoubtedly so.

Is there a point in writing like this without any formal authority? I shall refer to the words by Rousseau cited at the beginning of this paper or to Rabbi Yehuda Alkalai's (1798-1878) and Theodor Herzl´s (1860-1904) early writings foreseeing the need for and the restructuring of a Jewish State.[13,14] None of these visionaries had, at the beginning, any formal authority, nor did they have experience in ruling or in major organizations. They were outsiders, but they perceived the overall blueprint of what was needed. They also feared that a major catastrophe would occur if solutions were not carried out. It should be remembered that physicians have the ability to discern both the need and reasons for therapy when examining individuals or groups.

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