

Reflections

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“...I would suggest the possibility that three hundred years of scientific observation and experiment may have led us to underrate the significance and power of words.”

– Sir Geoffrey Vickers, 1968¹

Committed to preserving the healthy

I’m 82-years-old and living on a farm in Brown’s Cove up against the Blue Ridge Mountains just beyond the western reaches of Charlottesville. Lately, I’ve been splitting wood and awoke at 3:15 a.m. with a vague discomfort along my right flank. A cursory examination revealed a tick firmly attached to my skin complete with a surrounding area of redness. I removed the tick with a slow steady pull and after a dabbing of alcohol to the area I returned to bed hoping that I would not get a tick-borne illness. After staring at the ceiling for a while, I concluded that I should put on my clothes, go to my office and write this tale.

The story begins in 1965 at the University of Kansas. Soon after being elected to ΑΩΑ and graduation from the KU Medical School, I headed a U-Haul for the compound adjacent to the Johns Hopkins Hospital in order to begin my surgical residency training. I had worked diligently during medical school to “be worthy to serve the suffering” in alignment with William Root’s advice.

It wasn’t long into my internship that I began a rotation on the burn unit where I was put in charge of changing the silver nitrate soaked gauze dressings on a child whose nightgown had caught on fire while she stood adjacent to a wood burning stove in a nearby row house. She had a 70 percent burn. The Hopkins Halsted internship and residency had a 50-week call schedule in those days but we were encouraged to “sign-out” to a buddy for at least one night a week so we could have some time with our spouses and families.

During that month on the burn unit, I learned that the child’s burn injury, much like the washing machine wringer arm injuries of local children, was not unique to the surgical wards. Through the blur of my own daily fatigue and stress accompanying the painful dressing changes that I regularly inflicted on this child in the name of “relieving her suffering,” it dawned on me that “being worthy to serve the suffering” would not help her much to have a great life after surviving her injuries and treatments. No one spoke of any Baltimore-based physician who was trying to deal with these threats to the health to the children of Baltimore.

Years later, I learned that the girl had survived her burns only to undergo many more years of reconstructive surgery to deal with contractions from the scar tissue. Meanwhile, my scar tissue from her illness never ever truly recovered.

In July 1967, I had the opportunity to join Andrew Morrow, MD, at the National Institutes of Health (NIH). I immediately began to acquaint myself with efforts to make children’s bedclothes fire resistant. By the time I joined the Duke Medical Center surgical residency in 1969, under David C. Sabiston, Jr. (ΑΩΑ, The Johns Hopkins University School of Medicine, 1947), I interacted with the fabric manufacturers in North Carolina who were part of this effort. Flame-retardant fabrics led to legislation supporting fire-resistant night clothing for children.

Unfortunately, years later, chemical tests proved some of the compounds to be carcinogenic. Happily, wood burning stoves also passed from the scene about the same time. So too had washing machines with automated wringers.

It became clear to me that this one patient totally altered my approach to my career from seeking simply to “be worthy to serve the suffering” to a corollary commitment to preserving human health as well. This joint commitment soon landed me in hot water at the NIH. I noticed that Robert Berliner, MD (ΑΩΑ, Columbia University Vagelos College of Physicians and Surgeons, 1938), who was a major figure at the NIH, continuously puffed smoke from his lighted pipe, even

while in the elevators with patients who were rubbing their eyes from the irritating smoke. The presence of cigarette vending machines at the end of the heart and cancer surgery wards struck me as not only peculiar but unwarranted.

I collected the signatures of the clinical associates and we sent a letter to the NIH director urging the removal of the vending machines as a matter of patient health. I thought that the recent 1964 report from Surgeon General Luther Terry would make this easy. Instead, we received a letter recommending that we “attend to our patients,” while the machines continued to create additional disease for us to treat.

This was the first time that I realized that “being worthy to serve the suffering” seemingly did not imply anything at all to signal to most clinicians the importance of preserving human health.

Happily, by 1989, as the Vice-President for Health Sciences, I had sufficient authority to declare the newly constructed medical center at the University of Virginia smoke-free. At the time, it was the first smoke-free hospital in the Commonwealth. However, by the new millennium, the entire University of Virginia campus became smoke-free as are the hospitals throughout the state.

In 1973, I joined the faculties of preventive medicine and surgery at the University of Wisconsin-Madison as a joint appointment. It was one of two universities that offered me the opportunity to pursue both of my commitments to disease and health. Reflecting on my experiences as the inaugural health policy fellow in 1972-73 at the then new Institute of Medicine, I co-authored the paper “Reflections on Directive Language in Health Care.”²

In addition, I strongly recommended that my peers and colleagues read S. I. Hayakawa’s *Language in Thought and Action*, first published in 1949 and now in its fifth edition. I believe it should be basic reading on the bedside table of all medical school students along with Osler’s classics *Aequanimitas*⁴ and *The Student Life*.⁵

The benefits of a dual commitment to care and prevention continued in Madison. I took surgical trauma call the first few years and was alarmed at the number of young adults who were extracted from mangled cars on their way home to Illinois from weekend alcohol seeking trips to Wisconsin. At the time, the state of Wisconsin had an age limit of 18-years-old to purchase or consume beer, while Illinois’ age limit was 21-years-old. Some of these young adults died, others

recovered fully, and others lived but had residual life-altering disabilities.

Based on state health statistics, Nancy Dunham and I did a study estimating that 520 accidents could have been avoided if the state raised the drinking age to 20-years-old, and more than 1,450 could have been avoided if the age was raised to 21-years-old.⁶ I found a legislator interested in addressing this problem and I testified about the avoidable mayhem on the weekends along the southern Wisconsin border with Illinois. As a result, the legislature did raise the legal drinking age to 20-years-old.

A few years later we revisited the numbers and found that the reduction in mortality was reduced, very close to our earlier estimate, missing it only by a few souls. The cross border drinking cut back enough for us to feel it at the University Hospital in Madison!

In the mid-1990s, through support from Ernst & Young and some colleagues, I founded the Blue Ridge Academic Health Group. The group’s 14th report, “The Role of Academic Health Centers in Addressing the Social Determinants of Health,” was built off of the report from the World Health Organization in 2008.^{7,8} In 1978, the World Health Organization Director General Halfdan Mahler reflected that “health for all” requires removing obstacles to health as much as it does solving medical problems. In short, we need to both serve the suffering and preserve the healthy.

Finally, we get to today with COVID-19 and global warming. Global warming is an existential threat to the health of the entire planet, while COVID-19 has killed more than 2.5 million people so far. A look at the COVID-19 experience in the United States illustrates the importance of directive language. As we all know, sadly, COVID-19 is transmitted largely via aerosols and double masking can greatly control its spread; however wearing masks became a social issue rather than a medical or health one. As a result, more than 500,000 Americans have died when tens of thousands could possibly have been saved through uniform mask wearing.

As the most recent issue of *The Pharos* emphasized, Anthony Fauci, MD (AQA, Weill Cornell Medical College, 1956), is a genuine hero of this pandemic crisis, and he continues to work tirelessly on both treatment and prevention. Meanwhile, others, including a physician member of Congress, continue to ignore wearing a mask. These people are not committed to preserving the health of the public. They are unconcerned about spreading disease and serving as an example of good

preventive health practices. Often times, we seek to serve the suffering but we seriously slack off when it comes to preserving the healthy.

Global warming is threatening the health and well-being of all living creatures on Earth, and we are far from taking the actions needed to address this crisis. Over the past couple of years, the National Academy of Medicine (NAM) has urged its members to embrace this issue as a high priority, and the NAM has mounted an admirable response.⁹ In fact, all of the academies are engaging the issue to undertake a comprehensive assessment of the challenges and opportunities for addressing both drivers and impacts.

The world and its inhabitants will need all the motivation and help that can be mustered to overcome the inertia within our society to continue pumping carbon dioxide and methane into the skies. In addition, we must address the social determinants of health. We must preserve the healthy.

While we assume that Root's worthy phrase of "being worthy to serve the suffering" is good enough, we are missing the importance of clear, directive language for our emerging generations of physicians. Let us hope that, at last, the time has come for all in medicine to forcefully avow allegiance both to worthiness to serve the suffering and a commitment to preserving the healthy.

References

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