

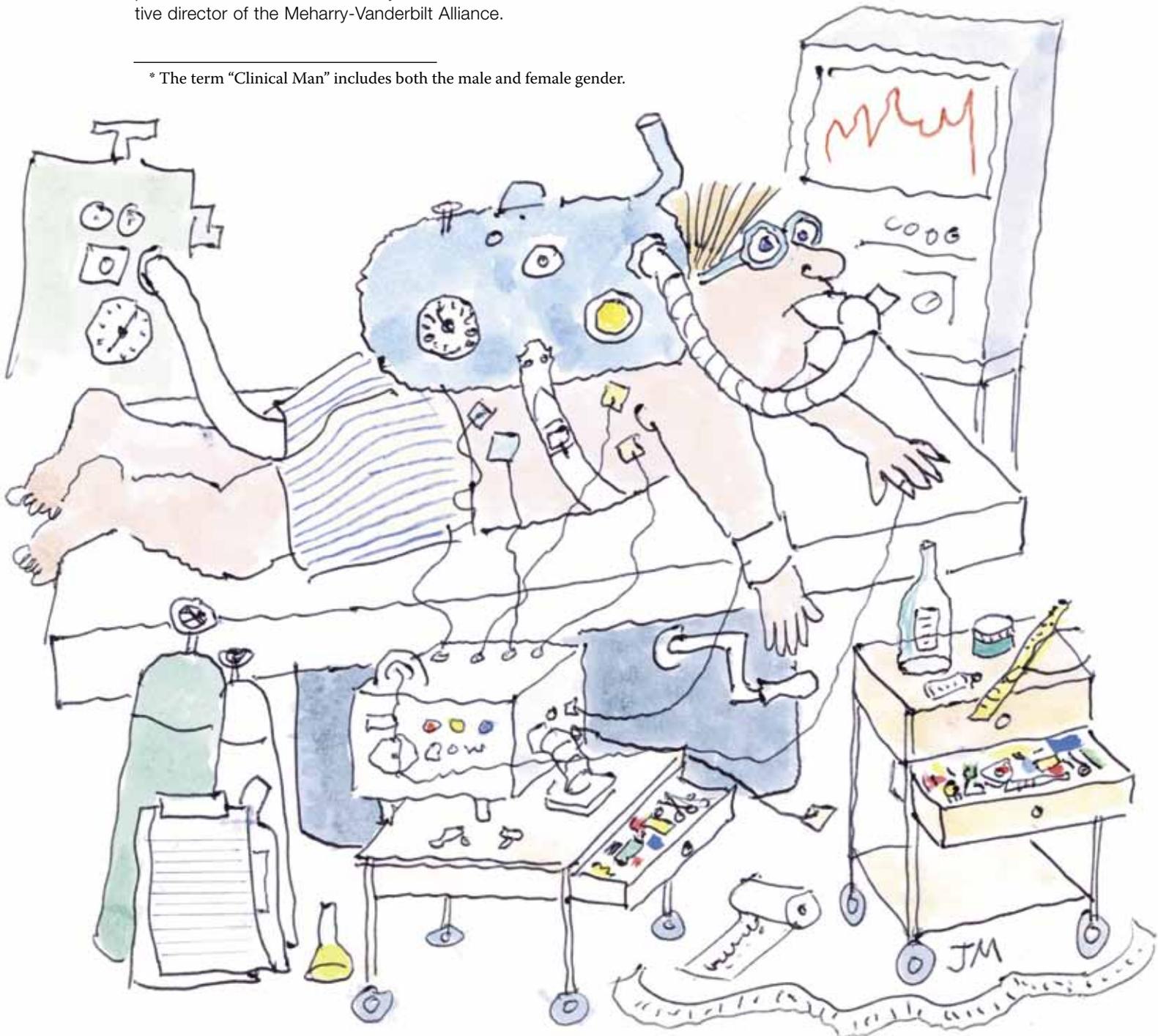
# Clinical man (Homo clinicus)\*

## A satire

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\* The term "Clinical Man" includes both the male and female gender.



In 1994, I recorded a fictitious interview with the person whom I imagined to be the last well person on earth.<sup>1</sup> I mistakenly thought well people were disappearing and I wanted to call attention to their disappearance. I missed the big picture and now want to correct my misconceptions. Well people are not disappearing; instead, a new species of man is emerging: *Homo clinicus*.

An evolution of the symbiotic relationship between man and medicine has been going on for some time. Lewis Thomas deserves the credit for an early spotting of the new species, first observed in America. He called our attention to this phenomenon in the 1970s.

Nothing has changed so much in the health-care system over the past twenty-five years as the public's perception of its own health. The change amounts to a loss of confidence in the human form. The general belief these days seems to be that the body is fundamentally flawed, subject to disintegration at any moment, always on the verge of mortal disease, always in need of continual monitoring and support by health-care professionals. This is a new phenomenon in our society.<sup>2p43</sup>

There has been a progression of terms for this new species. First, there was the "early sick" then "the worried well." That was followed by "the worried sick." We now have arrived at a definable new species that differs from pre-clinical man.

Preclinical man lived largely with medicine out of his consciousness. In fact he lived to avoid medicine. Those of us who are still preclinical will recall the earlier saying, "An apple a day keeps the doctor away." That is almost pure preclinical thinking. Preclinical man only went to the doctor when he was sick or injured. It was up to preclinical man to decide if he was sick or well. It did not take a physician to make that decision. If he felt all right he was well; if he felt sick he was sick. Not so with clinical man. Feelings are no longer a reliable guide to health. Feeling good is not enough. There must be objective data that nothing is wrong. That's the problem. Something is always wrong if you look long and hard enough at or inside any human. As a medical resident told a colleague, "A well person is someone who has not been worked up. We can always find something wrong, if we look hard enough."<sup>1</sup>

Clinical man is neither sick nor well. He is simply in clinical limbo. As you will see in the definitions of this new species below, he is always under medical surveillance. Clinical man requires it. More importantly, medicine requires it. Clinical man either has something that is not quite right or something that needs to be rechecked.

Medicine and man have evolved in a symbiotic manner—like the whale with those little fish that swim in and out of the whale's mouth. The fish need the whale for food particles and the whale needs the fish for dental hygiene—something

like that. There is nothing strange about this symbiosis of medicine and man. Big medicine needs clinical man and clinical man needs big medicine. That's just the way it is. Where would all the endoscopists be without clinical man? And what about all those proceduralists who do interventions and biopsies? What would we do with all the CAT scans and MRIs and PET scans without clinical man? How would all the surgicenters and imaging centers and standalone diagnostic centers survive without a long line of clinical men? Don't forget the insatiable needs of big pharma and the relentless mongering of created, pseudodiseases on television.

Clinical man goes to the doctor when not sick. That's part of the definition of the new species. No longer able to decide by themselves, they come in increasing numbers to find out if they are sick or well. Some even demand to know what disease might loom in the future for them.

Here are a few of the characteristics of clinical man:

1. Knows his cholesterol level within 10 milligrams percent
2. Has been biopsied in at least one nonpalpable organ by age fifty
3. Has been biopsied in a palpable organ by age forty
4. Has had at least one major orifice endoscoped within the past twelve months
5. Is always waiting on a biopsy report or a repeat of a borderline or false positive lab result
6. Never goes more than twelve months without medical contact

How did this evolution from an avoidance of medicine to medicine becoming a necessity occur? It is actually quite simple: medicine has been assigned successes by television and the public that are not attributable to medical care. Nearly all of the increases in health and life expectancy from birth are traceable to public health measures, clean water and milk, vaccinations, and a myriad of positive effects of the age of modernization.

It is a strange irony that at a time of maximum health, more people than ever are coming to see doctors. Preclinical man will soon be extinct.

#### References

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2. Thomas L. On the Science and Technology of Medicine. In: Knowles J, editor. *Doing Better and Feeling Worse: Health in the United States*. New York: W. W. Norton; 1977: 35–46.

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