

By Dr Habeebul Rahman

## The Medical Student and the Philosopher's Stone



*'I think therefore I am'*

This popular maxim that is often used to illustrate the essence of Western Philosophy, in my opinion, is wrong.

Well not really, but at least, not entirely right. I think it should read, 'I think that I think, and therefore, I am'. Before I proceed, allow me to take refuge in the declaration that I am not as much a schooled philosopher as someone who spends too much time thinking about things. And so if my views irk, irritate or impose on anyone, I do apologise; to do so is not my intention. With that out of the way, allow me to welcome you to the fascinating world of metaphysics, and why we need to seriously consider exposing medical students and trainees to the wonderfully weird world of philosophy.

But first; my contention with the maxim.

Descartes' famous phrase 'cogito ergo sum' was set out in his Discourse on Method when he attempted to discern what he could be certain of, from what he could not (not unlike what we have to do on a daily basis, with regards to diagnosis and treatment for our patients). By starting at the point when nothing could be believed, he came to logically demonstrate that the very thought of thinking this made the thinker become aware of himself as something real, thus dispelling the notion that nothing was real. You can see now how the first thought was not the proof, but rather thinking about the process of thought was. Thus,

'I think that I think, and therefore I am'. Now if only someone could translate that into Latin...

But before I come across as a pseudo-philosophising, bandanna-wearing hippie who has just broken into the ward CD cupboard, allow me to explain why I think (that word again!) the above is important.

The first practical thing any medical student or clinician is taught is to take the history and then examine the signs. The word 'symptom' is given to denote what the patient tells us, and to use that information to help us arrive at a diagnosis. To us as medical students, everything seemed important in the history; the discerning value of individual symptoms seemed less differentiated. But as we grew older in the profession, each 'symptom' held a key to a different road, some in need of urgent repair, and some able to wait. An esteemed teacher of mine once asked 'Sure, the patient told you something, but whose mind was the symptom really in anyway... is what he told you what you understood it to be?' On the flip side of the coin, what is the patient telling us, and why does he do so in the way that he does? What is truly being communicated at the precise moment when the patient tells us what he is experiencing, and what does he expect us to make of it?

Indeed, whose mind is the symptom really in, anyway? Spurred on by readily available evidence, most doctors do not hesitate to prescribe the latest medication, trying to make the most of the limited time they have with



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the patient, aspiring to give as much as they can within the briefest of encounters. What we do not often keep in mind is that beyond the 10 minutes we have with the patient is the rest of the day, week or months the patient has with himself. How much are we agents of change, therefore, depends on how much we can convince the patient that he should believe in the treatment, as much as we believe in it ourselves. And perhaps with this comes the realisation that we may truly be forces of change, not just for our patients, but also for our individual disciplines, our scientific community and even our society at large. Too many times, trudging the hospital's walkways in the middle of the night, with a full day's work done, and another full day's work to begin, the young doctor often wonders 'is this all worth it?' (The older doctor, of course, knows he cannot spare excess energy on such thoughts, such is the debilitating effect of age on night calls).

But seriously, how does one justify putting oneself at great discomfort from the ever-increasing physical and emotional demands of the job, so that another person may be more comfortable? To risk passing on any number of transmissible illnesses to our own families each time we attend to an ill patient? To have expectations that because medicine is a calling, it is sometimes to be considered a charity rather than a career? How many of us have written out medical certificates to patients who come to us, far less sick than we ourselves were, but unable to not come in for work? Not acknowledging the import of the toll of practising medicine reinforces a sense of false reality, surely.

So what does philosophy really have to do with the medical student and trainee, you might ask? Plenty. In an age where the practice of medicine is governed by evidence, the trainee needs to make up his mind quickly, if he is to believe or refute the latest published article on the effectiveness of any form of treatment. How does he do this? Surely critical appraisal courses abound enable him to read a paper, but does he really do this critically as an established clinician would? Descartes (yes, him again) attempted to prove the mechanistic model for scientific explanation, which indeed seems to be the way in which most research is conducted, in how numbers matter and geometry indubitable. The question that the medic needs to ask however, is does it matter for that patient sitting in front of me?

Like the polarity of Taoist philosophy and Heraclitus' assertions, for every Plato, there has to be an Aristotle who would urge that if something

cannot be experienced, it cannot exist.

If that one patient in front of you does not benefit from the treatment the doctor has provided, to him, it is no treatment at all. How does one explain why two doctors, prescribing the same drug, can draw very different responses from patients? Could it be that one knows, or does something the other does not? Do not get me wrong, I believe in the sound scientific underpinnings of medicine, but believing that our patients are merely synapses and laboratory results surely must be a failure to understand the range of human experience, the 'Leibniz' gap. More experienced clinicians often state that Medicine is an art, which has its roots in science and perhaps there is much truth to that. The one thing I can think of that marries the two beautifully is once again, philosophy, the subject that owes much to thinking and critically analysing the human state.

But all this is not new, one might say. The astute reader might point out that already, medico-legal issues, ethics, critical appraisal, communication skills and snippets of medical history are already woven into our curriculum, so why burden the medical student with yet another subject? My reply would be that for philosophy to work, it cannot be yet another subject; it would need to be the teaching of the skill of arriving at your own end point, no matter what you are taught. Philosophy needs to be about stimulating thinking, and the only way to do that is by thinking about it.

Many have gone before us, and their insights are immense. Indeed, we stand on the shoulders of giants (the original quote actually refers to dwarves standing on the shoulders of giants), but how many of us are willing to accept this? That much of what we do owes so much to the tireless efforts and sacrifices of physicians who have gone before; most of what we achieve would have been impossible if not for the work of our immediate and past seniors, although we desperately would like to think we have come up with something truly original. (I have always wondered how many people must have died eating various mushrooms before truffles were discovered). But this lesson is not for the new medic alone: I believe that at all levels; from trainees to those selecting and training the trainees, we all have much to learn from the art of philosophy. Many medical students enter the first day of university in a haze of glory with tremendous expectations. Not much would prepare them for their first day of work, when the haze quickly dissipates in the light of manual evacuations, catheterisations and desloughing.

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Do not get me wrong, I have a healthy respect for enthusiasm and passion, but I do worry when unbridled enthusiasm and misplaced passion gives way to disillusionment.

How does the medical fraternity then help our younglings, having come to terms ourselves with the work and its intrinsic rewards? Or to take the process one step further back, how do we go about selecting someone for the profession? The Darwinist may argue that self-selection eventually sorts things out, but do we have room for the evolutionary misfits to fall off the chain without compromising our craft? Should we allow as many trainees to enter the fold, and allow the examination process to whittle them down, or do we make it harder to enter, but once in, taken into a sheltered nurturing environment? Which is fairer – for both the trainee and for the patients that he or she may encounter? (Whether or not life is meant to be fair from a philosophical perspective, is a debate for another day). We all take the Hippocratic Oath, but how many of us are aware of the

actual ramifications of the oath or even strive to go beyond it, in the interest of greater good. Reading Confucius' description of the 'moral man', one cannot help but believe that all doctors should aspire to be this, but how many of us remain in the 'inferior' stage, and should our profession accept any less? How do we develop this 'theory of mind', a concept which I believe underpins the expectation of doing to someone as we would have him do to us? A chorus of 'does it really matter?' is probably being shouted out at this point, but I am hopeful that a murmur of 'maybe it should' is whispered in its wake.

I realise that there are perhaps more question marks than full stops in my ramblings thus far, and here is a good place as any to... well... stop. But I am hopeful that the answers you may come up with will be yours, and not mine to impose upon you. So that the next time a young student or trainee comes up to you with an axe to grind, or asking to sharpen his mind, you just might wish to toss him or her the 'philosopher's stone'.

The rest are merely details. ■