

# A return to humane medicine: Osler's legacy

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## SUMMARY

Sir William Osler is celebrated today not only for his contributions to the advancement of medical education, but also for the humanism he brought to the practice of medicine. He was a doctor whose bedside skills and manners were emulated, and can legitimately be called an infectious diseases specialist. Nonetheless, he was also a humanist in the broader sense of the term, a student of human affairs and human nature, who emphasised compassion for the individual. To what extent, if any, are today's challenges influenced by departures from the paradigms created by Osler? In this paper we sought to ascertain whether such a tradition is still relevant to current practice and may foster a new perspective. We analysed two features of Osler's legacy that may be useful

to clinicians: the first is his vision of the patient-physician relationship; the second is his approach to humanities. William Osler saw medicine in its wider scope, with the right and duty to be concerned with the human condition as a whole. Indeed, his rounded concept of the medical profession as being engaged in helping and caring for the whole human being could help physicians build a more humanised medicine. Adopted in the age of evidence-based medicine, the Oslerian approach can enhance the relationship with patients and give physicians a role based on trust and authoritativeness rather than on authority.

*Keywords:* Osler, humane medicine, humanities, patient-physician relationship, medical education.

## INTRODUCTION

Sir William Osler (1849-1919) occupies a unique position in the history of medicine [1-5]. He is widely regarded as the ideal medical practitioner and he is generally acknowledged as one of the most outstanding teachers of all time. He is celebrated today not only for his contributions to the advancement of medical education, but also for the humanism he brought to the practice of medicine: he was a humanist who emphasized compassion for the individual, a doctor whose bedside skills and manners were emulated by admirers and students and an educator whose concepts revolutionized clinical teaching, introducing the practice of bedside teaching. He was also one of the fathers of Inter-

nal Medicine and one of the first who formalized it as a discipline.

Osler has not been considered an infectious diseases specialist, although he made seminal contributions in this field, starting from clinical observation [6]. A fitting example is his clinical description of typhoid fever. Early in the history of medicine, physicians had a difficult time differentiating acute febrile illnesses without localizing signs. Typhoid fever and malaria share common features, which caused diagnostic problems during the 1800's. Physicians even introduced a new term, "typho-malaria", a testimony to their diagnostic confusion. Osler, consummate clinician and careful observer, had vast experience with typhoid fever and malaria. He was able to easily discern between the key features of both of these infections. He also relied on fever patterns to clearly differentiate typhoid fever from malaria. Osler is credited for debunking the term typho-malaria. His clinical description of typhoid fever remains unsurpassed.

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In 1896 he addressed the American Medical Association on "The Study of the Fevers of the South", a lecture in which he showed his keen appreciation for the history, pathology, epidemiology and management of infectious diseases. Osler should be considered an infectious diseases specialist not only because infections were the most common causes of death during his time, but also because his perspectives and personal qualities typify the discipline in its evolution during the twentieth century [7]. A century later Osler's conclusion still holds true: "Fever in its varied forms is still with us [...] but it is of almost equal importance to know that the way has been opened, and that the united efforts of many workers in many lands are day by day disarming this great enemy of the race."

Not only Osler cultivated a lifelong interest in the history of medicine and the humanities, but also his humanistic philosophy was reflected in all aspects of his life [8-10]. Osler blended the art and science of medicine perhaps better than anyone else and still remains a valuable role model for students and physicians [11].

To what extent, if any, are today's challenges influenced by the departure from the paradigms created by Osler and his contemporaries? How could we revitalize Oslerian tradition? As a first step, we will review the definitions of "Oslerian tradition", then we will consider whether such a tradition still holds value today, and whether it can foster a new perspective.

We can broadly identify two mutually not exclusive definitions of Oslerian tradition as applied to medicine.

The first definition takes shape from the hero myth, the epic story of the young Canadian who became the most famous and well-loved physician of American medicine's heroic age: an icon of professionalism. At its core, the main purpose of myth is creating icons that represent values. Heroes however are fragile in today's medicine: Evidence Based Medicine (EBM) and technological development may have blunted the potential for heroism in medicine. Do patients prefer a great physician or an unlimited access to high technology?

The second definition of Oslerian tradition originates from Osler's reinstatement of Hippocratic ideal of humanism in medicine: "The love of humanity associated with the love of his craft!" [12].

Osler was able to introduce humanistic ideals to soften the cutting edge of a new science, as medicine was at that time. This latter interpretation is the reason why discussants of Internal Medicine often invoke "Oslerian tradition" as a virtuous approach to medicine and to life; though how can Osler's legacy be not a fetish to invoke but a useful tool for a fresh new start in medicine? In this paper we examined two features of Osler's legacy that can be useful to all physicians and particularly to internists: his vision of the patient-physician relationship and his approach to humanities. We tried to understand how they can be used to give new strength to medicine and be a bridge across the growing gap with patients.

#### *Osler and the patient-physician relationship*

Some parts of clinical medicine, such as the patient-physician relationship, are fundamental and timeless. Medical practice however evolves, following advances of medicine as a science, and with that the paradigm of relationship between patient and physician.

From the patient's perspective, the foundation of this relationship is trust, generated by two fundamental components: empathy and perception of specific technical competence [13]. The first step to build trust with a patient is generating empathy. Empathy can be defined in several ways; the most exhaustive one is three-parted:

- understanding, which consists in recognizing the patient's situation, suffering and perspectives;
- feeling, which consists in sharing what the patient feels as a sick person;
- caring, which consists in the ability to convert understanding and emotional involvement into practical and clinical effective actions [16].

Paradoxically over the last fifty years an exponential growth of technical competence and of the ensuing effectiveness of care has been paralleled by a decrease of trust, due to the growing lack of empathy between physician and patient [14-15]. There are several causes for this lack of empathy. The first and most important one is that EBM, though invaluable for a balanced approach to care in an era of increasing complexity, has given more and more space to technology and produced a strongly biologized view of the sick person. It seems reasonable that in the past medicine empowered empathy and humanity to balance out its lack of effectiveness. As technical competence

and the ensuing effectiveness have increased, physicians have started to give less importance to empathy and have started to perceive the patient as an object, as a biomechanical riddle.

Clinical medicine is getting increasingly fast in formulating an appropriate diagnosis and putting state-of-art treatment in place, but it seemingly proceeds at a pace and with methods not entirely appropriate to create trust. EBM has brought physicians too far from the bed of the patient: a variety of forces have contributed to the erosion of the idea of bedside excellence as a primary tool, especially the application of available technologies in a manner that in effect circumvents anamnesis and physical examination, reducing the importance of the skillful competence of physicians. All of these things have changed the nature of clinical care. But once more Oslerian bedside medicine proves its usefulness, helping physicians to recover empathy with the patient, reminding that medicine is a science which has a peculiar status: its object is man.

The great lesson that Osler offers to us is that medicine is more than the sum of our knowledge about diseases; medicine concerns the experiences, feelings and interpretations of human beings in extraordinary moments of fear, anxiety and doubt. That's the reason why one of the keys to the effectiveness of care is caring for the patient (i.e. introducing the paradigm of care vs. cure).

As we've seen, the trust of the patient towards the physician can be increased by empathy; empathy though is subject to degrading into sensitivity: Osler introduced the concept of "Aequanimitas", defined as the presence of mind and an imperturbability (which doesn't turn into iciness), that will assure the confidence of the patient towards the physician. Osler understood people, listened well, spoke carefully and used good body language: all of these were the major features of his mythical clinicianship. He went on to say, "cultivate, then... such a judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and courage, without, at the same time, hardening the human heart by which we live" [17]. A more humanized approach to the patient can also yield better clinical effectiveness, letting the physician to go beyond a biologized approach to the patient and giving space to something that diagnostics will never be able to give us: the chance to retrace the social, psychological and behavior-

al dimensions of illness [18]. Diagnosis should in fact consider that each patient is a person, whose health depends on a twine of physical, psychological and social factors. One would be naive thinking that he could cure a system as complex as man valuing only the physical issues. Inattention to the patient as a person, to his characteristics and concerns, leads to inadequate data-gathering, non-adherence and poor outcomes. This consideration casts a new light on Osler's quote: "The good physician treats the disease; the great physician treats the patient who has the disease" [19]. Throughout his experience as a clinician and as a teacher Osler managed to keep the man at the center of medical practice and, while he promoted the institution of medicine as an experimental science, he also claimed that the ancient therapeutic art had to be integrated in the modern scientific practice. As Osler stated, "the old art cannot possibly be replaced by, but must be absorbed in, the new science" [20]: William Osler putted the art and science of medicine together as well as anyone ever has. We must remember that even in the era of EBM the art of Medicine must be kept alive: the ability to keep a binding relationship with patients is part of this art.

#### *Old humanities and new science*

The weakness of modern medicine has deep roots in an unbalanced development that favors biomedicine to the detriment of a humanized medicine [21]. The key misconception consists in considering medicine as a mere technique and not as an art and a profession with great responsibilities. We should always remember that, as stated by Jonathan Miller, "Medicine spans the two ends of the [art-science] spectrum: one foot is planted in the physical world, electronic impulses and the muck of the human body, the other is planted in the subjective, experiential world of consciousness and conduct" [22].

In this respect William Osler exemplifies how to live the profession of physician as a call, involving the entire life style. Osler thought that "the practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head" [19].

A breadth of humanism has underpinned Osler's medicine: even though he was aware of the importance of medicine as a science and a technique, he always kept a deep interest towards man as a

whole [23]. Being a good physician also means being aware that the peculiar object of medicine is not an object but the human being. That's the reason why, in order to be a good physician, a doctor must be interested in the object of his science. Osler stated that medicine arose out of the primal sympathy of man with man, out of the desire to help those in sorrow, need and sickness [8].

He saw medicine in its wider setting, entitled to be concerned with the human condition: as such he was a fine humanist. He had a very modern conception of the humanities as a tool to understand how people process and document the human experience. For this reason he recommended the cultivation of interests outside the medical practice. He appreciated history, fine arts, classical philosophy and the poetry of such contemporaries as Wordsworth, Keats, Byron, Shelley and Browning.

Osler noted that, in the golden age of Greece, medicine had a relationship with science, theology and gymnastics, which reflected a broad engagement with physical and spiritual health, in addition to disease. He believed that reading was a way of interacting with great minds, contributing to the development of virtues and to the "education of the heart" [24,25].

As Harvey Cushing stated in his introduction to Osler's Presidential Address delivered before the Classical Association at Oxford, William Osler was a humanist in the broad sense of the term, as a student of human affairs and human nature, rather than of Latin and Greek; at the same time he was a wide reader with a "relish for knowledge" [26].

Osler became an outstanding amateur medical historian; his 1913 *Silliman Lectures* at Yale University remain one of the best overviews of the subject [27]. He taught, "By the historical method alone can many problems in medicine be approached profitably. For example, the student who dates his knowledge of tuberculosis from Koch may have a very correct, but he has a very incomplete, appreciation of the subject" [28].

With respect to infectious diseases, Osler's interest in history showed in his study of human efforts to make sense of the various fevers. He credited Thomas Sydenham (1629-1689) for having first "clearly grasped the conception that the manifestations of a fever represented the efforts of nature to get rid of the injurious agents causing the

disease" [29]. However, the idea of specific infectious diseases was not readily accepted. Benjamin Rush, the most famous American physician at the turn of the nineteenth century, had proclaimed: "There is but one fever. Of course I do not admit of its artificial division into genera and species" [30]. Osler purposefully began his 1892 textbook, *The Principles and Practice of Medicine*, with a brief history of typhoid fever, since the issue of whether typhoid and typhus were separate entities had been one of the great stumbling blocks to the idea of specific infections [31].

Osler was an avid reader and bibliophile: he suggested not to read only medical books and he considered literature as an incentive to reflection and empathy, a tool to reflect on persons, on the essence of suffering and on the vocation of the medical profession as a way to help the others. This sort of "education of the heart" can be seen as the ability of humanities to enlighten the meaning of experience, whereas hard science's object is to explain the facts through the use of data. This is particularly important when it comes to medicine, as it has to understand the patient's experience of illness.

Osler wrote: "The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation" [32].

He pushed his students to read the classics of literature and philosophy:

*Before going to sleep read for half an hour and in the morning have a book open on your dressing table. You will be surprised to find how much can be accomplished in the course of a year. I have put down a list of ten books which you make close friends. There are many others; studied carefully in your student days these will help in the inner education of which I speak* [33].

Osler called this list of ten books "bedside library" for medical students. Osler pioneered humanistic studies in medical practice and emphasized the importance of the "education of the heart", as something having to do with education rather than with training [34]. He believed that the study of humanities could be a benefit for coping with the ethical problems that arise in medical practice [35]. Osler didn't consider literature and history as fetishes, shiny badges demonstrating the intellectual stature of the physician, but a complement

of his interest towards man and humanity as a whole. A chief reason for Osler's ongoing influence comes from his demonstrated embodiment of a tradition of humanism in medicine. Humanism was not something he practiced as an intellectual discipline, rather it was a part of his make-up. In the Presidential Address above mentioned, which was one of his most brilliant and what proved to be his last formal address, Osler talked about the interconnection of science and humanity. He said that he liked to think about the word "Humanism" as embracing all the knowledge of the ancient classical world — what man knew of nature as well as what he knew of himself; he suggested something that nowadays is extraordinarily modern:

*The so-called Humanists have not enough Science, and Science sadly lacks the Humanities. This unhappy divorce, which should never have taken place, has been officially recognized in the two reports edited by Sir Frederic Kenyon, which have stirred the pool, and cannot but be helpful.*

*Twin berries on one stem, grievous damage has been done to both in regarding the Humanities and Science in any other light than complementary.* [26]

Osler approach to humanities can be a good example of a conception of Medical Humanities that goes far beyond considering it as an ancillary discipline, and links it to a more comprehensive idea of the medical profession and of the approach to the patient as a human being.

We should be working toward abandoning the instrumental thinking that humanities are compensatory to the "biologism of the scientists". It may be more accurate to say that humanities can offer medical students additional intellectual tools to help contextualize their profession in a way that more fully honors its complexity, nuance, ambiguity, and possibility. In this respect, medical humanities have a more applied function than the humanities, as they are traditionally defined in the academy (literature, philosophy, history, art, music, cinema, theatre, anthropology) [36-38]. In a wider sense, we could say that essentially humanities focus on the study of those subjects that lead to a better understanding of the human condition. Humanities can be a tool to understand men and to obtain special skills such as listening, interpersonal competence, concern and compassion. These skills are fundamental in building a good patient-physician relationship but also to make a

correct diagnosis. Moreover they can be useful to soften iciness and to obtain critical thinking skills that can help practitioners to refine and complexify their judgments in clinical situations. As Edmund Pellegrino stated, "The liberal arts have a legitimate place in medicine, not as gentle accouterments and genteel embellishments of the medical 'art', or even to make the physician an educated man. Rather they are as essential to fulfilling the clinician's responsibility for prudent and right decisions as [are] the skills and knowledge of the sciences basic to medicine" [39].

The ancient ideal of the humane physician rooted in the humanities is probably as important as it has ever been. Certainly there are strong reasons for believing that humanism "is a necessary condition of a responsive and responsible profession that (seeks) an authentic social role" [40,41].

## ■ CONCLUSIONS

Nowadays the call for a return to the centrality of man and the thrust toward humanization of medicine are growing stronger: in this respect we think that William Osler's life can be considered as one of those exemplar lives that changed the course of medicine, as he was able to overcome the duality of science and humanity, focusing on the ethical values capable of bridging the past to the future of medicine.

Perhaps we should stop wondering whether teaching humanities to medical students will help us form better and more human physicians and we should start thinking again, as Osler taught to us, that medicine is not only a science but a therapeutic art which involves a deep interest and concern towards man in all his aspects. Humanities cannot be considered anymore an additional tool to induce humanism in medical students, but rather an integral part of the professional training of a physician.

In conclusion, not only is Osler's legacy as actual as ever, but it can also be useful to give new life and strength to medicine. The most important lesson that William Osler gave us is that medicine begins and ends with man, who is not an inert object of the therapeutic action, but an active protagonist in it. His rounded concept of medicine as a profession engaged in helping and caring of man as a whole can help physicians to build a more

humanized medicine and a better patient-physician relationship, and to enhance the value of the empathy with the patient (not with his/her disease) without a decline in diagnostic or therapeutic capacity.

### Conflict of interest

None

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