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Dr. Sun Yat Sen Oration: Between Faith and Reason

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DR. SUN YAT SEN ORATION 1993. The Hong Kong College of General Practitioners Conferment Ceremony, 12th December 1993

Dr. Sun Yat Sen (1866-1925) was born in Kwangchow and went to school in Hawaii. He became a Christian. He dedicated himself to overthrowing the Manchu dynasty. After an unsuccessful uprising in 1885, he fled into exile with a price on his head. The rebellion succeeded in 1911 and Sun Yat Sen was proclaimed provisional President of the first Chinese Republic on 12 February 1912.. He was forced to flee to Japan because of his opposition to the return of monarchy. He had three children from his first arranged marriage and none from his second marriage to Soong Ching Ling who involved herself closely in his work and was a much loved figure. Sun died in Beijing on a visit for discussions with Chinese leaders. He is regarded by all sections of Chinese opinion as the Father of the Chinese Republic.

Preamble

The past few days in Hong Kong have been historic. I have witnessed the inauguration of an Academy of Medicine that includes General Practice amongst the specialties admitted to its ranks. Meeting with many old friends has brought back memories of my long association with your College. It was a very small College then, with a remarkably dedicated Council who made great personal sacrifices in terms of their personal lives and incomes to build this College. We

spent many hours discussing the nature of General Practice and its future, the role of the Colleges, and the importance of involving Ministries of Health. I worked very closely with your Founding President, Dr. Peter Lee.

At Peter's request, I lobbied both medical schools to establish departments of General Practice. I recall that one of those I spoke to is a previous Orator and now President of the Academy of Medicine, the very eminent Dr. David Todd, who was most supportive and encouraging. I also met the previous Director of Health to propose formal training in General Practice for doctors in government service. I helped to plan the first examination of the Hong Kong College and was external examiner. I was therefore in a position to certify to the Academy of Medicine that the examination conformed to the highest international standards. I urged you to move in the direction my own College had taken in having a conjoint examination with the Royal Australian College. That examination is now firmly established.

Subsequently I worked with Peter Lee to prepare a submission to a Hong Kong Government committee proposing a plan to introduce General Practice in the government medical services. On behalf of WONCA, Peter Lee and I with Dr. Syed Mahmood, then President of the Malaysian College, went to Beijing on a mission to introduce General Practice to China.

With no College have I had a closer association, and I have been friends with a succession of your Presidents. With your Past President Nat Yuen, I am contributing a chapter to a book on Family Practice that he is editing, the first international text from this region. I have always known Nat to sparkle with ideas and initiatives. With your current President Stephen Foo, I have had a very long friendship. He is a very special sort of person, and nowhere have I met a man with his combination of honesty, dedication and modesty. Your College is truly fortunate to have a man like him to lead you.

Coming back to Hong Kong, I find a strong and mature College. With your admission as a speciality into the Academy of Medicine, you are ahead of the rest of us. If I may offer a word of advice, it is that you face rapid change and great challenges and it is not sufficient to merely be more energetic with old approaches. There is a whole new world ahead of you that calls for new ways of thinking and working.

In accepting the invitation to be the Sun Yat Sen Orator, I noted that I was not restricted to a medical topic. A previous Orator, Dr. Wang Gang Wu, a Malaysian and a very old friend, is a renowned historian. I have taken the opportunity to organise my thoughts on certain philosophical issues that have preoccupied me in recent years, to speak to you on the place of faith and reason in the practice of medicine.

Between Faith and Reason: The Quest of The Physician

Each age has its challenges and great nations produce great men and women to take up these challenges. Such a man was Sun Yat Sen. He led a movement to free China from Manchu rule that was forerunner to the freedom movements that were to sweep over the globe to create the new States that now constitute the majority in the United Nations.

We have all benefited from the liberation of minds and the release of energies that resulted from the success of these movements for freedom. The world is a better place for that. The resurgence of Asia in the affairs of the world, both economically and culturally, after a lapse of a little over a century of Western dominance, is the outcome of a battle for national emancipation that was begun by the generation of Sun Yat Sen.

My own country, Malaysia, has a link to Sun Yat Sen. He is reputed to have travelled around the Peninsula, disguised as a peddler, meeting and talking to immigrant Chinese of all classes. He had many admirers amongst overseas Chinese, and to this day his name is a legend among the older generation of overseas Chinese. Sun Yat Sen was a hero figure of my youth.

Dr. Sun Yat Sen was a general practitioner who graduated in 1892 from a new school of medicine in Hong Kong. This was known as the College of Medicine for Chinese and had been established in 1882 by Dr. Ho Kai, a general practitioner and barrister who was a member of the Legislative Council. In 1907, the new medical school was renamed the Hong Kong College of Medicine and admitted all nationalities. In 1907 a Chinese benefactor donated \$50,000 for a College building on a site provided by Government, whilst a Parsee gentleman provided \$180,000 for building a university in Hong Kong. The College of Medicine was merged in 1912 with the newly founded Hong Kong University. Many young

men and women from this region came to Hong Kong University to study Medicine, including the Past President of my College, Dr. Syed Mahmood who is with us today. Some years ago, I urged your then President, Dr. Peter Lee, to direct his considerable influence and energies to establishing a Sun Yat Sen Chair in General Practice at the Alma Mater that they share. I still hope that the venerable Hong Kong University will come round some day to commemorating its most distinguished alumnus in this way.

Sun Yat Sen was a man driven by the vision of making China strong once again by modernising its institutions. No doubt he had a great many reasons for his actions but the driving force behind such men is faith, faith in the overwhelming importance of their cause and a profound faith in their ability to achieve their goal. On different scales, this is true of all human endeavours. We are all moved by a mixture of faith and reason. Life would be psychologically intolerable if we were not able to devise a basis for our actions in both faith and reason.

The physician in the practice of his profession faces daily the dilemma of reconciling faith and reason. Physicians are denied the expedience of formally combining faith and reason in medical treatment. By training and professional socialisation in modern medical practice, the physician is expected to ensure that every therapeutic intervention is rational and has a secure scientific basis. It is acknowledged that there are gaps in our knowledge; nevertheless the most rational choice should be made and defended in scientific terms. This obligation placed upon the physician is underpinned by law as well as the ethics of the medical profession.

The sick person in contrast reacts on the basis of faith in the complicated interactions that exist with their physician. After all information has been provided, after all questions have been answered and informed consent obtained, their relations with their doctor, their response to treatment and their acceptance of the outcomes of treatment still rest on a bedrock of faith. A sick person suffers simultaneously from organic and mental dysfunction. Often the psychological component of an illness is more severe and more demanding of skills in management. The state of mind that exists in illness favours despair and dependency. The truth of this can be seen in the physician too when fallen sick and it is a familiar observation that doctors make bad patients. In sickness we

behave in a primitive manner. Expectations of treatment are not rational but magical.

The practice of medicine has its source in a primitive human need for an altruistic hand put out to help, possessing expertise that is not just technical but actually magical. I shall not speculate on the evolutionary origins of this need for magical interventions but it must have emerged together with human intelligence. Only in recent decades have we had scientific explanations of disease and powerful technologies for cure. For ages before that, even the simplest of human societies had a special place for the Healer - as Medicine Man, Witch Doctor, Shaman or Faith Healer. Faith - the power of belief - then had uncontested space to demonstrate its power. Even now we can see the successes of magical systems of healing in achieving dramatic relief in those who believe.

As practitioners of scientific medicine, we are quite aware of the power of trust and confidence, of the power of faith over reasonable expectations. Hippocrates observed that sometimes the sick person got better, not because of medicines but because of faith in the goodness of the physician. Modern medicine in theory recognises the importance of this phenomenon but treats it as alien territory in which it is wary of involvement.

There is good reason for this attitude. Medical science lacks the instruments to measure the power of unstandardised faith. It can only disprove crude claims to measurable outcomes. It has no way to teach faith as a tool in medical care. Finally, there is no way to delimit the area of its appropriate use. The practice of medicine can be protected from quackery only by restricting it to its scientific basis. Yet the fact remains that we cannot meet the expectations of our patients and their families unless we learn to cope with the element of faith that is such a powerful factor in our relations with them and in their response to treatment. We know that healing and repair of the human body is linked to the psychological wellbeing of the individual but we make only perfunctory efforts to deal with the problem of morale.

Our failure as a profession to satisfy the emotional dimensions of our patients' dysfunctions has provided space for pretenders to the role of healer, ranging from outright quacks to purveyors of pseudoscientific systems of treatment. Sick

people seek the assurance of magic and modern medicine cannot offer this, so others meet this need.

The continuous interaction of faith and reason, I am arguing, is integral to the practice of Medicine. Let me explore a little further with you how I consider faith and reason to be the sources of human behaviour.

Mind introspecting on mind finds itself to be a marvellous end-product of evolution! The brain is truly a remarkable organ but it was not designed *ad novo* for its function. Rather it is the by-product of countless millions of modifications, adaptations, improvisations and extensions to an ancient design; it is a sort of brilliant outcome for a Rube Goldberg contraption. That means that a vast number of behavioural responses – to colours and patterns, to scents, shapes, sounds and tastes; and also to facial expressions, bodily movements and posture – are overlaid by layer upon layer of new patterns of behaviour that were selected by the environment over hundreds of millions of years of evolution. New behavioural responses emerging in evolution were not fresh replacements to the old but modifications of the old; the new carries within it traces of a succession of earlier adaptations. Much of it is a common inheritance with other life on Earth; less than two percent of genes separate us from the primates closest to us. There is a thread of continuity through the Universe. The laws governing the Universe and their contingent patterns are embedded in all phenomena, from the sub-atomic world to consciousness to the galaxies.

A trace of that continuity in evolution can be seen in the embryological development of organisms; you may remember the dictum that ontogeny recapitulates phylogeny. We recognise that evolution has favoured the greater advantage as a trade-off for a small loss. The long, vulnerable recurrent laryngeal nerve is a small hazard when compared to the considerable advantage of having a neck to move the head. In contrast, evolution has not caught up with that vestigial organ, the appendix, which carries a small risk to survival without a countervailing function in mankind's more recent environment.

There are equivalent adaptations - whether suited or not to life in contemporary society - that are incorporated in the genetic make-up of the human mind. They affect human behaviour and are not as readily apparent. With the emergence of consciousness, natural selection would operate to promote changes in human

behaviour that favoured the development of culture. Our understanding of the genes that determine human behaviour is growing very rapidly. It is only half in jest to say that we fall in love on phenylethylamine, stay married for oxytocin, work for endorphins, and enjoy life on dopamine. In order to selectively implant those values that sustain culture, a prolonged childhood and intense socialisation within the family and in school is required. In the long and hazardous journey of the human species from beast to barbarian to civilised human, the man faced the jungle and the woman faced the city. We are the inheritors of countless ancient patterns of behaviour that reside in inaccessible niches of our mind. Culture selectively consolidates them into masculine and feminine, and the dominance of the feminine element has made culture possible.

Human behaviour is the product of three sources of inputs - biological, cultural and ideological. Each of these sources dominates in certain behaviours and in certain situations. Biological evolution adapted the human phenotype to a particular niche of life in the wild. Culture emerged in response to the needs of life in an agricultural community. The human species has not evolved for life in large, crowded groups in urbanised, industrial society. Ideologies are our way of resolving the tensions and conflicts of these new ways of living that have emerged, beyond the capacities of biologic evolution to cope and swifter than our traditional cultures can accommodate.

Evolution has given us a set of behavioural responses that may loosely be referred to as instinctive. Culture emerged as an intuitive response to solving the problems of domesticated living in small communities. Ideology is the attempt to intellectually derive solutions to the vastly more complex tensions and conflicts of life in large groups with greatly different social dynamics. By ideology, I include economic doctrines such as capitalism, communism and socialism, political systems such as democracy or fascism, as well as movements for social justice such as feminism or for the environment or other forms of civic action. These movements are intellectually derived solutions to specifically analysed problems and they seek to win acceptance not by appealing to faith but to reason; at the least, they seek to rationalise their arguments.

Culture is essentially based on faith whilst ideologies rely on reasoning. Culture is value laden and gender specific whilst ideologies are value free and gender neutral. By faith, I mean the intuitive adoption of beliefs and behaviour on the

basis of custom, tradition or authority, not requiring reason as justification. By reason, I mean debate and discussion, relying on logical argument and objective observations as the basis of beliefs and behaviour. Not having been reasoned into a belief, we are not to be reasoned out of it; it is ours as a matter of faith. “The heart has its reasons”, said Pascal, “that reason knows not”. Faith in this sense covers a broad range of beliefs and behaviours, from love to the Faith (with a capital F) of religion. The most important things in our lives are matters of faith, although we may not think of them as matters of faith so much as belonging to the natural order of things. I refer to falling in love, marrying, caring for children, friendships, altruistic behaviour and belief in a divinity. Their roots in culture are deep, so deep as to find soil in our biological origins, so that we may be aware of it only as our conscience, or as an unarticulated consensus in acknowledging which we can only say, to borrow a phrase “That is so, is it not?”

The most powerful element in human culture that is based on faith is religion. The need to worship and the urge to seek divine intercession is so deep-rooted and universal that it must have a source in biological evolution. We readily admit that seeking food and the urge to mate are genetically driven. After Chomsky, we recognise that ability to master a common linguistic grammar is an intrinsic faculty of the human brain. Male-female bonding and nurturing the young is universal in the animal kingdom. Out of such ingredients, culture has generated universal human institutions such as courtship and marriage, the family, the prolonged socialisation of children as well as art and music, language and cuisine.

There is a similar shared need for the dimension of divinity in our lives but this is obscured by the distracting cultural differences in its manifestations: There is the austere monotheism of Islam, the personal god of the Jews, the Christian Trinity, the deities of the Hindus, the pious abstinence from God of the Buddha, and the prescription of conduct and ritual of Confucianism and in Shinto. The cultural characteristics of each religion on their own only make for strangeness to the outsider; what is so obviously sensible to the believer is just a little ridiculous to the unbeliever. It is the ideological superstructure of organised religion, expressed in its drive for conversion and supremacy that makes it alien and threatening to the outsider. Generic Faith, however, is inadequate to meet our personal spiritual needs. We need to believe in some One Faith, but there is nevertheless a care for humility in Belief. What religion we belong to is less a deliberate personal choice than the outcome of events beyond our control. It

depends on which country and ethnic group you were born into, what period in history, the religion of the conquering power, or the religion of the person who in that hour of need, puts out a hand to give food and shelter, provides education or just consoles. Even those whose ancestors were forcibly converted to a religion do continue to believe devoutly. It is likely that those who believe fervently in one religion have very similar personalities to those who believe equally fervently in another. Religious faith has deep and universal roots in the human mind that are the shared inheritance of the human race. It is the ideological overlay that separates us.

Whilst culture is rooted in biology, ideology grows away from our biological inheritance so that there is constant tension between ideology and culture. Modern society is too complex for the traditional solutions of culture. Each generation has to devise ideological solutions to the continual challenges of a changing social environment. Culture and ideology are continuations of evolution in an intelligent, conscious organism that is the human being, with a vastly expanded capacity to shape its environment. Biologic evolution operates over thousands of years and hundreds of generations. Cultural change occurs over hundreds of years and tens of generations. Ideological innovation can happen in tens of years or in a single generation. Ideological change is a swift, improvised response to technologically-determined societal change and is as transient as that technological era.

Whilst culture reflects a consensus, ideologies reflect the unreconciled responses of social groups under stress of technologically-generated societal change. New societies yet to emerge will generate new ideologies, and new tensions between culture and ideology will be generated unceasingly. As technology becomes more and more the principal determinant of human behaviour, these tensions will grow and place great stresses on the individual and on the institutions of traditional culture. Already in our time, you can see how ideologies, in the broad sense I am using the word, have undermined ancient human institutions which are central to our culture, such as marriage, the family, and the lifelong commitment to bring up children. The consequential uncertainties in personal relationships introduce tremendous emotional strains into modern life. Last year several nations moved to allow women in combat positions in their armed forces. This year saw a grandmother give birth to her own daughter's child through in-vitro fertilisation. This week saw a man and a woman work together in space to repair an orbiting

telescope. Next year we will know enough of genes to predict which among our children are likely to develop breast cancer or colon cancer. On the horizon lies the possibility of altering the human genome and of cloning a human being. This is only the beginning and we will need all the ingenuity which our highly evolved brains are capable of, if we are to preserve our sanity.

What has the physician to offer in the highly stressed life that is the inexorable destiny of the human species? Anxiety and depression are endemic in modern society and accompany every illness. Their management requires both counselling and chemical intervention. That is to say, we have to deal with emotions as well as with disturbed neurochemistry. Invariably our failure is in coping with emotions. The root cause of that failure is that physicians are relying on a one-dimensional view of the human situation.

The preoccupation of modern medicine with chemical interventions and technical procedures has overshadowed the essentially humane character of our discipline. The profession of medicine is being infiltrated by technology and by business; by mechanics and tradesman in white coats. Their impact is irresistible and Medicine will partition into functionally separate disciplines. The tradition of the physician qua physician will rest upon the physician as care-giver. That means a relatively smaller but more expert profession that is committed by vocation to always put first the interests of the men, women and children in its care, thereby earning their trust and confidence. This is no easy task but if they are to have faith in our reason, we must give them reason for their faith. We have to find a way between faith and reason that will enable us as physicians to regard each fellow human being in our care as a whole person and not as an assemblage of deranged organs.

That is the way to recovery of faith in the physician. The physician will need to acquire – by training, by learning and by experience – a very much deeper understanding of the complex roots of human behaviour, and indeed of his or her own reactions to events, situations and personalities. The profession of healing needs a special temperament and character. It requires men and of goodness, of culture and learning, who possess experience with the lives of real people in the real world.

Rapid technological advance makes for overconfidence. Generations of man that have forgotten the perils of hubris are inheriting the earth. We need reminders that just as there is in the certainties of faith, there are gaps in the certainties of reason. Life on earth occupies for a moment of universal time, a niche on the crust of a minuscule fragment of an anonymous universe governed by the indifferent forces of nature. Our free will is a precarious ledge on a treacherous cliff face. Speaking to an audience of physicians, I need not remind you how privileged we are to have intimate access to the human mind and body at birth, in life and at the leaving of it. This calls for humility. It calls for a realisation that we should bring to the practice of our profession not only expertise but also wisdom, not only knowledge and skills but also caring and compassion, not only being observant of signs and symptoms but also responsive to feelings and emotions, and manifesting not only love of reason but also sensitivity to faith.