

Science: Good Servant, Poor Master

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Major Premise: Sixty men can do a piece of work sixty times as quickly as one man.

Minor Premise: One man can dig a post-hole in sixty seconds; therefore

Conclusion: Sixty men can dig a post-hole in one second.

- Ambrose Bierce, *The Devil's Dictionary*, 1911

One of the dilemmas we face as practitioners in the West is the urgent and pervasive pressure to scientifically validate a system of medicine that is, by its nature, unscientific.

Science is exclusive: It seeks to eliminate variables in order to ascertain the nature of reality. In science, the more variables you eliminate, the closer you get to the "truth." This is the great strength, and the great weakness, of scientific medicine.

Chinese medicine, as it arises from Chinese culture, is *inclusive*. It seeks to assimilate variables in order to ascertain the nature of reality. In Chinese medicine, the more variables you assimilate, the closer you get to the "truth." This is its great strength and great weakness.

The tendency of scientific medicine is to refine its focus on smaller and smaller units, to eventually find that "one-damned-molecule" that's screwing up the works. Chinese medicine is not as concerned with that molecule as it is with the tissue and organ system, and not just the organ system, nor even the person, but also the family, the climate, the earth and the heavens.

Western medicine has a difficult time seeing the forest for the trees. Chinese medicine has a difficult time seeing the trees for the forest. But here is the rub: We are not "scientific" creatures - we are mammals; some say we are just smart monkeys. We have 500,000 years of nonlogical, tribal behavior in our *genes* and less than 500 years of science in our *jeans*. (Yes, that's spelled correctly.) We are tribal creatures, first and foremost.

All tribes have remarkably similar structures. Within those structures, each member fulfills a certain role. These roles have evolved as survival mechanisms over hundreds of thousands of years. For us as practitioners, our role is that of the "shaman." In a significant, primal and *irrational* way, a medical practitioner is a modern-day shaman. On an unconscious level, that stethoscope or moxa stick is a rattle. Diagnosis is divination. This is why we expect our physicians to be emotionally invested in our lives, but we don't expect the same from our auto mechanics or plumbers. These are tribal relationships.

Because of the nature of reductionist thinking, scientific medicine fares poorly in the "shaman" arena. Science deals with the quantification and elimination of variables. A huge portion of the information a patient gives to a practitioner cannot be quantified. Without quantification, science cannot eliminate variables. If one is truly practicing "scientific" medicine, then anything not quantifiable is irrelevant. This is the problem with eliminating variables in medicine: When we're done, we may have factored our own patients right out of the process.

According to an August 2003 Johns Hopkins press release, physicians are now using robots to interact with their patients. In many ways, this is the logical next step of scientific medicine: eliminate those messy humans from the process entirely.

Some of you are undoubtedly thinking: " Can you prove this? Can you prove that we function as shamans? Can you prove we are "smart monkeys?"

No.

"Then how do you know this is so?"

Because we can see it.

Many practitioners look to research journals to see how their patients are doing. This is a mistake. Of course research is important, even vital. But we are not researchers: We are *clinicians*. We don't need statistics or the approval of our peers to determine how we are doing as practitioners; we can ask our patients!

"As clinicians, can we prove that it was our treatment that resolved this or that condition?"

No.

"Then, how do we know?"

Because we can see it. We look to our patients for those answers.

While writing this article, the author searched for "scientific" evidence that could be cited showing that patients do not feel heard by many physicians. A number of studies were found (such as Marvel 1999¹ and others) and then laughed at. Of course we know that patients don't feel heard by physicians. We've been patients and know what it feels like. The underlying assumptions of a "scientific" society are so powerful and pervasive that we rarely question them.

Believe it or not, up until the late 1980s, scientific medicine was still uncertain as to whether or not newborn infants feel pain. We are not joking about this. Ever vigilant in pursuit of truth, scientists conducted studies and double-blind clinical trials to prove what any mother knows. We quote here from a few of many studies.

"Using routine, anaesthetized circumcision as a model of stress, we were able to examine the relation between cry acoustics and vagal tone in normal, healthy newborns undergoing an acutely stressful event."²

"The results showed that although most anaesthetists in the survey believe that even neonates feel

pain, they are reluctant to prescribe analgesia."³

"The most invasive procedures elicited significantly longer crying bouts; shorter quiet intervals; shorter, more frequent vocalizations; higher peak fundamental frequencies; fewer harmonics; and greater variability of the fundamental. Cries elicited by the most intrusive procedures were judged by adult listeners to be the most urgent...."⁴

Any medicine that is capable of overlooking the pain of a newborn child is missing something vital about our humanness. Let's face it; we don't need double-blind placebo-controlled crossover- studies to tell us that we should love our children or that we should be kind to our patients. That a forest has beauty beyond its "resources" and should not be clear-cut does not require proof.

Have you ever been in a hospital? There is a kind of madness there. That love, fresh food, and a beautiful environment will help us heal, is obvious to anyone whose world is not fractured into pieces.

This depersonalized nature of scientific medicine is a direct result of putting humanity at the service of science, rather than putting science at the service of our humanity. To put science before our humanness, I feel, would be *unscientific*.

References

1. Marvel MK, Epstein RM, Flowers K, et al. Soliciting the patient's agenda: Have we improved? *JAMA* 1999;281:283-87.
2. Porter, et al. Newborn pain cries and vagal tone: parallel changes in response to circumcision. *Child Dev.* April 1988;59(2):495-505.
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4. Porter FL, et al. Neonatal pain cries: effect of circumcision on acoustic features and perceived urgency. *Child Dev* 57(3):790-802.

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