

Dr. Osmond's Memos

HEART SEARCHING AMONG SUPERDOKS* AND OTHERS (MODELS) Humphry Osmond,

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Five hundred doctors, researchers, lawyers, ethicists, philosophers, and others gathered together at a National Academy of Sciences forum in Washington in February, 1975, to grapple with the problems of medical experimentation with humans [The New York Times, February 23, 1975]. Forum co-chairman was Dr. Frederick C. Robbins, who shared the Nobel Prize for developing techniques that led to production of polio and other vaccines.

Among those quoted were Dr. Lewis Thomas, President of Memorial-Sloan Kettering Cancer Center in New York, who said that although great gains were made since World War II, constituting nothing less than a "revolution in health care," "the distance we have come is relatively a very small fraction of the total run ahead." He stated that solutions to the many diseases which cannot be effectively treated at present "will not drop into our laps, nor will we arrive at them by guesswork of good luck," but can come only from more human experimentation.

Dr. Martin Kaplan of the World Health Organization in Geneva warned that Americans could not morally reap the benefits of research without accepting the risks of experimentation. He was quoted as saying that the United States cannot simply

* Superdok is a term coined by Miriam Siegler and me for the science doctor - devoted not so much to the immediate patient as to the truth embodied in particular patients.

impose these risks on people in other countries.

Dr. Renee Fox, head of the Department of Sociology, University of Pennsylvania, said "The preoccupation with human experimentation is part of a broader and deeper societal concern with ethical and existential issues related to biomedical progress and to the delivery of medical care."

Dr. Humphry Osmond comments on this meeting.

It seems that the general view here is that if two or three gathered together are likely to find truth, then 500, especially an interdisciplinary 500, are bound to do so.

Oddly enough the preoccupation with human experimentation appears to have been mainly primed by some doctors. Oddly, too, the 500 do not seem to have heard of Claude Bernard or for that matter of our models. I wonder what Dr. Thomas means by saying that "medicine is a very young science"? This seems to be a frequent error with doctors for in a recent article on psychiatry Dr. Milton Goldblatt emphasizes how young psychiatry is. Why on earth do they do it? Medicine is very young in comparison with what? That is the question which for some reason these fellows never bother to ask. If they did they would find an answer which is that compared with other sciences it is not very young at all. It is the mother of many, perhaps most,

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sciences.

There seems to be little sign that the 500 have grasped the significance of Bernard's great rules for human experimentation. Bernard's rules were perfectly suited for clinical experiment and as we have emphasized in **Models of Madness**, the problems which arise should only be occurring in science medicine. However, in recent years doctors have been inclined to the view that we are "all scientists now."

The greatest art should surely be to emulate William Beaumont's experiments with Alexis St. Martin and combine clinical and science models. It can and has been done, but it probably calls for more tact and ingenuity than most superdoks commonly show. In addition it calls for a quality of experimental design which has frequently been lacking. Much of this is due to a pious acceptance of a stereotyped allegedly "controlled" study, the double blind.

This blind acceptance of double-blind methodology has been a classic example of the blind leading the poorly sighted, the blind in this case being a smallish number of Superdoks and Megadoks, lab men, and bureaucrats who overawed clinicians and the public with their hi-falutin' chatter about scientific method, controlled studies, etc. This movement has become cemented within the structure of many universities, the FDA, and the drug houses. Nobody in their senses objects to comparison studies which are essential, but once you confuse these with the much more precise notion of controlled experiments, you lose all sense of proportion and may become much too elated by studies of "high significance" and too dejected because some studies are only marginal.

Dr. Lewis Thomas, the same man who delivered himself of that hoary chestnut about medicine being a "very young science," which for all his reputation makes me doubt the originality of his mind, also tells us just how the future will develop. Nobody was rude enough or brash enough to ask how he knows, but I suppose that being president

of the slightly smirched² Sloan-Kettering Institute gives him license to prophecy. He says that solutions to the many diseases which defy us "will not drop into our laps, nor will we arrive at them by guesswork of (? surely or) good luck," but "can come only from more experiments on humans."

This is a statement which is by inference suggesting that only induction will resolve these problems. If the history of science is anything to go by, intelligent guess work, good luck, and serendipity will play as large a part in discoveries in medicine in the future as they have in the past. In the past these three factors, unbeloved by many medical scientists, have been an important and enduring aspect of medical discovery and indeed of all other discovery. We should surely do our best to enhance and encourage them because by allowing us to ask new kinds of questions they frequently make it possible to find new kinds of answers. It was a pity Sir Peter Medawar was not present to remind the gathering that most scientific papers rely upon an essentially fraudulent convention, which is calculated to mislead reader and writer alike, for they describe what sounds to the unwary like an inductive procedure. Sir Peter, himself a Nobelist, caused some offence a few years ago by stating flatly that the format of many scientific papers prescribed by some journals gives a poor idea of the real nature of scientific discovery. He considered this convention misleading and unscientific.

I found Dr. Martin Kaplan's statement from WHO about Americans not being able to impose experimental risks on people overseas "for moral reasons" quaint. It looks as if before long the combination of philosophers, bureaucrats, lawyers, and do-gooders will have made it so difficult to undertake medical experiments in the U.S.A. that they will inevitably be done elsewhere. A

² This was written at a time when this famous cancer research hospital was being troubled by Dr. Summerlin's surprising attempt to represent a painted white mouse as being an example of successful skin grafting.

Machiavellian Maoist would naturally believe that conferences of this kind were being done to insure that experiments are done elsewhere. It is at least possible that for a fraction of the cost of doing experiments in the U.S.A. some countries might be delighted to have their treatment services improved and a valuable source of income provided for sick and poor people. William Beaumont showed over 130 years ago that taking part in scientific experimental medicine, if properly done, can be both profitable and good for one's health.

In most serious illnesses there is no lack of sufferers wanting to take part in any attempt to defeat their particular disease—but sometimes science doctors seem to have preferred to kidnap the unsuspecting rather than seek for volunteers. It may be that they find the responsible and knowledgeable patient an awesome laboratory animal, and such a laboratory animal is not necessarily suitable for the experimental designs which have done so well in plants, fruit flies, guinea pigs, etc.

Indeed at Marlboro State Hospital in New Jersey, a few years ago, the patients took such an active part in the experiment that the design was ruined. This problem was apparently resolved by omitting this information from the final report, which

some would consider scientifically unethical.

Part of the ethics of human experiments must be to recognize that human beings who are able and frequently willing to report upon their experiences become participant observers in these experiments. This makes such experiments rather more complex than most animal experiments for the role of participant observer is not a passive or undignified one. It is much closer to that which I discussed some time back which was filled by members of the Caterpillar Club in the Royal Air Force Burns unit in Sussex, England.

This brings us around again to the methetics of the experimenters and the experimentees. These latter do not seem to have been represented among the 500 doctors, researchers, lawyers, ethicists, philosophers, and others gathered together at the National Academy of Sciences forum. I wonder why they were not invited? If the relationship between the experimenter and experimentee is clearly defined and the rights and duties of both maintained at the optimum (swanelo) many of these problems will probably disappear. However, they have not disappeared yet. In *Patienthood* (the book which Miriam Siegler and I are currently writing) we must make the Superdok-experimentee relationship explicit, rather than implicit. It may then be possible to avoid many of the muddles which can arise so easily.