

Values of physicians' different roles: can they be combined? [book review of Arrowsmith by Sinclair Lewis]

Saleh Fadel (BSc, MD)

Department of Medicine, University of Ottawa, Roger Guindon Hall, 451 Smyth Road, Ottawa, Ontario, K1H 8M5

Abstract

What is the most important value to a doctor? In the CanMEDS Physician Competency Framework, The Royal College of Physicians and Surgeons of Canada outlines 7 roles that all physicians need to be better doctors. As medical students, we learn about these roles and the importance of adopting all of them to become good doctors. However, each role prioritizes a certain set of values from the others. Each role comes with its own challenges and requires the dedication of a physician's resources in a certain way. As the priorities are different and resources are limited, the roles can come in conflict. In the book *Arrowsmith* by Sinclair Lewis, we follow the journey of a medical student, Martin, who adopts various roles at different stages of his life. As his roles change, so do his ideals and idols. We experience the internal tension created in Martin's mind as he reflects on areas where the different physician roles come into conflict. This brings up the question: Can we truly adopt all the ideal physician's roles simultaneously?

“No discussion at the Digamma Pi supper table was more violent than the incessant debate over the value to a doctor.”¹ What is the most important value to a doctor? Is it the scholar's value of searching for exact scientific truths that would benefit humanity? Is it the clinician's value of delivering care to individual patients? Or is it the advocate's value of enforcing the adoption of wide-scale public health measures? CanMEDS Physician Competency Framework outlines seven roles that “all physicians need to have, to be better doctors: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.”² It is expected that to be a medical expert, we need to fulfill all the roles. However, each role has its struggles and requires a significant amount of a physician's resources. Some roles prioritize certain values differently, in a way that justifies the expenditure of resources in a certain way.

Reading *Arrowsmith*, by Sinclair Lewis, as a first-year medical student ignited within me an appreciation of the significance of these roles and the satisfaction and challenges that come with them. However, it made me reflect on whether it is possible to fulfill these roles simultaneously. As Martin Arrowsmith, the main character, goes through medical school and practices as a physician, he adopts various careers that exemplify 3 roles, and we follow his shifting ideals and changing idols with each role he fulfills. By following Martin's journey, we explore the seemingly challenging aspect of integrating the CanMEDS physician roles. One specific reason behind this challenge is that certain roles prioritize certain values that justify the expenditure of one's resources in a way that is not in full agreement with the values of other roles.

As a scholar, a “seeker of truth,” Martin idolizes Max Gottlieb. Gottlieb is a distinguished researcher whose most important value is the search for truth for “the fundamental laws of the universe” that govern biological phenomena.¹ He does not justify an attempt at healing humanity if it is not by a method that is experimented with, studied and analyzed in details. He criticizes the medical school system as it focuses more on the practical aspects of knowledge and neglects the intrinsic value of knowledge itself. Gottlieb's experience shows that there are unique struggles for the scholar, including competitions for study grants and the little appreciation a scientist gets after hundreds of failed experiments and a few successful ones. B. Alberts et al. discuss how, after The Great Depression, the rapid growth in biomedical science has created an “unsustainable hypercompetitive system that is discouraging even the most outstanding prospective students from entering.”³ This is to say that it requires the dedication of much of one's resources to successfully follow this career. However, this struggle is justified in Gottlieb's eyes as he says “to be a scientist – it is not just a different job” and explains that “... [a scientist] is so religious that he will not accept quarter-truths, because they are an insult to his faith... He speaks no meaner of the ridiculous faith-healers and chiropractors than he does of the doctors that want to snatch our science before it is tested and rush around hoping they heal people, and spoiling all the clues with their footsteps.”¹ With this mentality, Martin finds it hard to incorporate himself in the world of medicine. He finds it hard in medical school to agree with his classmates and professors on preferring patients' happiness and well-being over the truth of whether the medications work.¹ He is irritated by the emphasis medicine places on commercialism, and how his friends are merely “learning a trade” rather than pursuing knowledge.¹ There is always a tension in Martin's mind about spending his time to pursue knowledge against delivering care. With such values in

Corresponding Author:
Saleh Fadel
sfade059@uottawa.ca

mind, Martin finds it satisfactory to hold a position as a researcher alongside Gottlieb, stopping to deliver care to the people who needed it. In other words, with all the difficulties truth-seekers face, Martin, the scholar, justifies spending his resources and skills pursuing intellectual curiosity, even if they turn out to be false or impractical, over practical results.

Just as Gottlieb finds it hard to find a job that can sustain his family, when Martin starts to think practically about pursuing a noble career that will allow him to support himself and his wife, he turns away from research and builds a practice in a rural community. As a clinician, Martin idealizes Dean Silva. Silva is a practising clinician, and the dean of medical school. His most important value is delivering good care of patients. To him, the patient comes first, and the physician's job is to impress the patients and make them happy. He does not approve of spending too much time on research, and calls Gottlieb a "picker of trifles."¹ Martin initially thinks that Dean Silva "only serves to commercialize medicine and remove the science from it." However, in time of need and confusion, he turns to Dean Silva for support, and he "went away Silva's disciple; he went away to study furiously; and the brilliant insanity of Max Gottlieb's genius vanished from his faith."¹ In his experience as a rural clinician, "when it came to saving patients, Silva the healer bulked in the room, crowding out Gottlieb the inhuman perfectionist."¹ With no time for research, Martin's values change as he admits that those who call themselves truth-seekers "did not so much desire to find truth as to cure their mental itch."¹ Though he admits that he finds it hard to continue being a scholar in his rural practice, to him, medicine has become a practical way of caring for patients rather than a search for the exact nature of medical phenomena. This highlights the internal tension that could arise when we try to balance the roles of a scholar and a medical expert.

Struggling to keep his rural practice, Martin then turns to public and global health. As a public health officer, Martin idealizes Sondelius. Sondelius is a famous health-care advocate. He is "the soldier of science," who "neither toiled in laboratories, nor had a decent office..."¹ His most important value is advocating for the adoption of health measures to the masses and eradicating epidemics. He prioritizes this over seeking truths by conducting scientific experiments, as Gottlieb does, and over caring for individual patients, as Dean Silva does. Holding the position of public health officer, Martin's experience shows the unique struggles that come with this role as he finds himself in situations where he has to confront opposition, lose friends over the healthcare-related changes he undertakes, and face conspiracy against him.¹ This is a demanding position, and as Martin tries to conduct research on the side, he does not fulfill this role. His duty entails enforcing certain public health measures, even though they were not studied well enough to be verified as appropriate "truths". He feels uneasy about this, and so he questions his values, thinking "does it really matter? Does truth matter..."¹ He finds it unjustifiable to waste tax-payers' money by conducting research and believes that "it is true that a busy health-department bacteriologist has no right to waste the public time in being curious."¹ As a global health physician, Martin travels with Sondelius to an island that was taken over by the plague. He had promised Gottlieb to conduct a research experiment to see whether the drug he discovered

was effective against the plague by giving the drug to only half the patients on the island. However, after seeing the deaths and suffering caused by this epidemic, and after losing his wife to it, he could not justify carrying that experiment and starts giving the medication to everyone who asked for it, nullifying his effort at answering whether it was truly effective.¹ This exemplifies a struggle between the opposing values of a health advocate, who tries to help large populations to the best of his knowledge, and a professional scholar, who seeks to establish the truth of a principle before applying it.

I can relate to Martin because I come from a background in cell and molecular biology, basic science research, and philosophy. Like Martin, I was trained to "seek truths" on the molecular level. The breadth of knowledge that is required in medical school, however, does not leave much room for learning the molecular details of everything. After all, the value of learning such details to satisfy curiosity is not as important to the well-being of a patient as are the general concepts of pathophysiology of diseases and their treatment. The book left me with the feeling that, after all his struggles, Martin has to leave everything behind if he wants to be a true scholar. It may seem that it is hard to incorporate all the ideal physician roles, as Martin cannot. Each role has its values, struggles, and demands, and there are only enough resources that a person has to dedicate to the values of a few roles. However, the importance of all the roles and their appropriate assessment is becoming more recognized and studied.^{4,5}

In Ontario, the tension between the public and medical profession was evident in the 1970s and 1980s and peaked with the 1986 physician strike over the ban on extra-billing.⁶ As a consequence, Educating Future Physicians for Ontario (EFPO) emerged as a collaborative project to change medical education in a way that is more aligned with societal needs.⁷ It was this project that led to the formulation of physician's roles which was adopted by the Royal College of Physicians and Surgeons of Canada and formulated into the CanMEDS roles.⁶ As a result of such historic events, our health-care curriculum and standards are much different today than they were in the 1920s when the book was written. One important example is the development of rigorous research ethics standards that maintains a fair and ethical treatment for patients while allowing new developments to be tested without withholding appropriate care. We also have a more expanded curriculum that attempts to unite the healthcare-related values of physicians and addresses them early. More projects are being formulated and studied to emphasize the non-medical roles of physicians.⁸ Our medical curriculum has improved in a way to facilitate the integration of all the roles of an ideal physician.

It is important that we recognize the challenge of adopting the various CanMEDS roles early on. Tension and internal conflict will inevitably arise as we try to do and be the best we can for patients. However, this book describes extreme characters that dedicated their lives to excel at one specific role. As medical students come from a variety of backgrounds, we have to explore how to combine the roles and values of an ideal physician in a manner that aligns with our personal values and leads to meaningful lives. I have had the chance to meet great physicians able to adopt multiple roles. They taught me that even though we may focus on one role over another in certain situations, we can assume these roles in a way

that best suits our individual practices. Taking the historical context into consideration, the CanMEDS framework direct our attention to aspects of medicine missed in the past. Being conscious of their significance and reflecting on their potentially conflicting demands are the first steps we can take to combine the roles of an ideal physician.

References

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