

# *Is Medicine Today Still An Art? Maritain and Managed Care*

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Is Medicine today still an Art? Within the tradition of Hippocrates, Medicine was clearly considered an Art. And, throughout its history, Medicine has been known primarily as the "healing Art." However, the rapid technological explosion in America which has been gaining force for the last several decades, has just as rapidly been changing our contemporary understanding of Medicine. This boom of technological development and scientific discovery has contributed to the notion, stemming from the dualism of Descartes, that Medicine is not an Art—but a pure Science.

I will grant that we still hear Medicine referred to as an Art. However, claims made today that Medicine is an Art seem to be taken less and less seriously. As Carleton Chapman noted in the 1980s in his book, *Physicians, Law and Ethics*, "[S]ome physicians view medicine solely as bioscience."<sup>1</sup> Chapman goes on to estimate that this "scientific" mentality has dominated the statements of the American Medical Association for at least the last one hundred years. Furthermore, there is little doubt that Medicine is practiced in an increasingly "scientific" manner. Blood tests, CAT-scans, and MRIs are the technological tools that give evidence to the Science of Medicine. When the "Art" of Medicine *is* discussed, it is largely limited to those specific areas within Medicine which remain inexact, such as fighting Cancer and HIV/AIDS. It would seem that only in the face of such difficult problems, where scientific technology is not yet able to make much progress nor offer much hope, can Medicine be spoken of as an Art.

My contention is that the continued erosion of our understanding of

<sup>1</sup> Carleton Chapman, *Physicians, Law and Ethics* (New York: New York University Press, 1984), p. 147.

Medicine as an Art is problematic, and indeed dangerous, for contemporary health care. Considering Medicine purely as a Science fails to capture the essence of Medicine, and as a result blurs the true goals of Medicine. I am concerned with the impact that such “blurring” will have on the future of Medicine and medical practice in America.

And so, my purpose in this paper is threefold. I will first explore some basic reasons why one might consider Medicine today exclusively as a Science. Second, I will explain why this purely “scientific” understanding of Medicine is inaccurate, using the work of Jacques Maritain, *Art and Scholasticism*. I find in Maritain a clear argument for maintaining that Medicine is indeed an Art—albeit, an Art that relies heavily upon Science. The argument rests upon the distinction within the scholastic understanding of Art between Making and Doing. Regardless of how much Science and technology it may employ, Medicine always involves a “making”—the making of health—and so, Medicine must be an Art. Finally, I will discuss the importance of maintaining the distinction between Art and Science by exploring the impact that the “scientific” understanding of Medicine is having upon the changing delivery of health care in America. Managed Care Health Plans, such as HMOs and PPOs, are quickly becoming the preferred method of delivering medical care in this country. However, part of the “management” of these plans involves the establishment of predetermined courses of treatment for specific diagnoses. Attempts by physicians and therapists on the plan to deviate from prescribed treatment options are discouraged by various methods—including the use of financial incentives to remain within plan guidelines. It is my contention that such practices in Managed Care are built upon a “scientific” understanding of Medicine, and that these practices threaten to completely erode the Art of Medicine. If this erosion occurs, we will no longer have true Medicine, but will be left only with a “healing” Science.

### MEDICINE, THE SCIENCE

It would be a surprising occurrence to find someone who would seriously question whether or not modern Medicine is “scientific.” But if such an individual were to come forth, it would apparently be a simple task to convince him otherwise. Even the simplest doctor’s office bears the mark of Science—from the traditional blood pressure cuff which reminds us of the science of blood circulation, to the bright red “bio-medical-hazardous-waste” containers mounted on the wall which testify to more recent discoveries in the cutting edge sciences of virology and bacteriology. A visit to

any specialist will usually provide us with the opportunity to view anything from charts of muscles and bones to enlarged images of the various viruses a person may have the misfortune of being infected with. Since there is usually ample time to study such charts in the examining room, a diligent patient can obtain a mini-medical education—especially if you have one of those diseases that we can describe and illustrate on a poster, but which unfortunately takes several trips to various practitioners to actually find and diagnose. These comments may sound flippant, but they are actually quite serious. Anyone facing a major health problem in America today will quickly be engulfed by Science—and the effect, for any who have been through it, can simply be overwhelming.

In recent years, medical practitioners have begun to realize that the presence of too many scientific tools can become unsettling to patients. And so, the more elegant doctor's offices and hospitals have learned to disguise and hide the "Science" in nice cupboards and behind curtains. In September of 1997, my wife and I were ushered into a beautifully decorated and quite comfortable hospital room—complete with cable-TV—in which our son Kevin was to be born. When the "time" had finally arrived, cupboards were opened, curtains pulled back, and monitors, surgical trays, and various other items were extracted. Within five minutes (I actually timed this because I was still timing my wife's contractions which at this point were only two minutes apart—so in less than three contractions), the hotel-like room had been converted into an operating room—complete with the traditional operating room, "overhead light" which was mechanically lowered from behind a panel in the ceiling with the touch of a button. Even when you cannot see it—the Science is there.

In addition to these common ways of understanding Medicine as "scientific," a proper philosophical understanding of the nature of Art provides evidence for why Medicine, and so many other Arts similar to it, are often considered to be Sciences. In *Art and Scholasticism*, Maritain explains that an essential property of Art is that it proceeds in certain and determined methods.<sup>2</sup> This can be illustrated most easily in the mechanical arts:

The art of the shipbuilder or of the clockmaker has for its proper end something invariable and universal, determined by reason: to permit man to travel on water or to tell time—the thing-to-be-made, ship or clock, being itself but a matter to be formed according to that end. And

<sup>2</sup> Jacques Maritain, *Art and Scholasticism and The Frontiers of Poetry*, trans. Joseph W. Evans (New York: Charles Scribner's Sons, 1962), p. 18.

for that there are fixed rules, likewise determined by reason, in keeping with the end and with a certain set of conditions.<sup>3</sup>

Maritain immediately adds that in certain cases, “where the matter of the art is particularly contingent and imperfect, as in Medicine . . . .”<sup>4</sup> contingent rules and a kind of prudence are needed for the Art to operate effectively. Nevertheless, Maritain emphasizes that Art, at all levels, derives its power and force most properly from its fixed and universal rules. Thus, Maritain offers this conclusion: “That is why the arts are at the same time practical sciences, such as Medicine and Surgery. . . .”<sup>5</sup> Any activity, then, that qualifies as an Art will have a certain method of being applied. In the case of Medicine, the application of the Art requires the use of various Sciences. Sciences such as anatomy, neurology, and pharmacology (to name but a few) establish the fixed rules of Medicine. And so, the fact that Medicine does have a specific method of being applied that is largely scientific further confuses the view of Medicine as an Art, since we commonly consider Art today to be the result of free expression, which runs in opposition to fixed rules of application.

There is also a powerful philosophical basis from which Medicine has been viewed as a Science—a basis that Pellegrino and Thomasma attribute to the thought of René Descartes.<sup>6</sup> Descartes argues that there is a “real distinction” between the mind and the body. The mind, for Descartes, is the realm of the “psyche” or “personality.” The body, in sharp contrast, is simply a machine—a machine which can be disassembled, repaired, and reassembled like any other machine.<sup>7</sup> By mechanizing the human body in this fashion, Cartesian dualism suggests that Medicine, if properly applied, should be able to attain mathematical certainty. This Cartesian mentality has had a lasting influence on the understanding of Medicine, an influence which O’Rourke and Brodeur point out has created an “aura of infallibility surrounding it.”<sup>8</sup>

To summarize, there are a number of important reasons why Medicine is

<sup>3</sup> Ibid., pp. 18–19.

<sup>4</sup> Ibid., p. 19.

<sup>5</sup> Ibid.

<sup>6</sup> Edmund Pellegrino and David Thomasma, *A Philosophical Basis of Medical Practice* (New York: Oxford University Press, 1981), p. 99.

<sup>7</sup> René Descartes, *The Passions of the Soul*, Articles V–XI, in *A Discourse on Method and Other Works*, trans. E. S. Haldane and G. R. T. Ross (New York: Washington Square Press, Inc., 1965), pp. 239–43.

<sup>8</sup> Kevin O’Rourke, O.P. and Dennis Brodeur, *Medical Ethics: Common Ground for Understanding* (St. Louis, Missouri: Catholic Health Association of the United States, 1989), p. 6.

considered a Science. First, Medicine is deeply embedded with the tools of Science and technology. Second, Medicine, as all Arts, proceeds according to fixed and universal rules derived from various Sciences. Finally, the powerful mechanistic view of the human body which has overtaken many aspects of Medicine due to the influence of Cartesian dualism, has helped solidify the modern understanding of Medicine as being purely a Science.

### MEDICINE, THE ART

The previous discussion suggests both common ideas and philosophical notions for recognizing Medicine as a Science. Is Medicine therefore a Science, and only an "Art" in some figurative or metaphorical sense? It is my contention that, whereas we can understand why Medicine may be considered purely "scientific," it is *not* in fact a Science. To demonstrate this conclusion, it will be instructive to examine more closely Maritain's *Art and Scholasticism*. In his brief first chapter, Maritain explains that while the Scholastics do not provide us with a specific treatment on the Philosophy of Art, we can "find in them a very profound theory of Art."<sup>9</sup>

The scholastic conception of Art is founded upon the distinction between the speculative intellect and the practical intellect.<sup>10</sup> Science, in its pure form, is the pursuit of knowledge for the sake of knowledge, and so it falls within the realm of the speculative intellect. This is as true of the Medical sciences as of any other, for the virologist and the bacteriologist are primarily pursuing knowledge for the sake of knowledge. Medicine, on the other hand, employs knowledge—scientific knowledge, as well as other types of knowledge—for the sake of action, and so it falls within the realm of the practical intellect.

Now, as Maritain explains, "[T]he practical order itself is divided into two entirely distinct spheres, which the ancients call the sphere of Doing . . . and the sphere of Making. . . ."<sup>11</sup> Doing, "consists in *the free use, precisely as free, of our faculties. . . .*"<sup>12</sup> Since Doing involves the exercise of our free will, it is also identified with the realm of Morality.<sup>13</sup> Making is defined as "*productive action, considered not with regard to the use which we therein make of our freedom, but merely with regard to the thing produced or with regard to the work taken in itself.*"<sup>14</sup> Since Making is not di-

<sup>9</sup> Maritain, *Art and Scholasticism*, p. 3.

<sup>10</sup> *Ibid.*, p. 7.

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*, p. 8.

<sup>14</sup> *Ibid.*

rected toward the end of human life, but rather to a work produced, it is identified with “the sphere of Art, in the most universal sense of this word.”<sup>15</sup>

Medicine, then, must be an Art, for the goal of Medicine—in its simplest expression—is the Making of health. The subject matter is a human being—ill, diseased, vulnerable, and sick—and the work produced is the restoration of wellness and wholeness. Science may require a certain amount of “creativity” in its investigation of problems, but no Science, purely on its own, is productive.

But the case is different for Art:

The work of art has been thought before being made, it has been kneaded and prepared, formed, brooded over, ripened in a mind before passing into matter. And in matter it will always retain the color and savor of the spirit. Its *formal* element, what constitutes it in its species and makes it what it is, is its being ruled by the intellect.<sup>16</sup>

Consider for a moment how well this description of Art applies to the field of Medicine. A student of surgery, family medicine, physical therapy, or psychiatry will “think” many years before touching “matter.” The student’s knowledge is “kneaded and prepared” through a long and rigorous course of academic study. Then, as the formal academic training draws to a close, the knowledge gained by the student is “formed” and “brooded over” through clinical experiences, until the “thought” finally “ripens” in the mind of each student. Only after this process of formation is a student of Medicine finally ready to pass the knowledge acquired into the matter of patients—real people like you and me.

Recognizing that Medicine is an Art can also help to correct the common misunderstanding that the medical practitioner with the most scientific knowledge, and subsequent technological skill that accompanies scientific study, also makes the best healer. In an early scene from the film, *The Doctor*, the lead character—a cardiac surgeon played by William Hurt—comes upon his group of residents engaged in a debate about the value of caring for patients. The Doctor’s advice: “If you have thirty seconds before some guy bleeds out, I’d hope that you cut straight and cared less.”<sup>17</sup> The Doctor here expresses a clear preference for technical skill over compassion and caring. The irony of the film is that when confronted with his own impor-

<sup>15</sup> *Ibid.*

<sup>16</sup> *Ibid.*, p. 9.

<sup>17</sup> From the feature film, “The Doctor,” produced by Touchstone Pictures, 1991, screenplay by Robert Caswell. Based on the book by Dr. Edward E. Rosenbaum originally titled, *A Taste of My Own Medicine* (New York: Ballantine Books, 1988).

tant surgery to remove a tumor from his vocal chords, the Doctor asks the more “caring” of two surgeons to perform the delicate operation. A proper conception of Art helps clarify the misunderstanding related to technical skill. Maritain explains what was recognized by the Scholastics:

Manual skill is no part of art; it is but a material and extrinsic condition of it. The labor through which the zither player acquires nimbleness of finger does not increase his art as such nor does it engender any special art; it simply removes a physical impediment to the exercise of the art . . . art stands entirely on the side of mind.<sup>18</sup>

Now we must be clear to point out that “technical skill” does not perfectly equate with “scientific” knowledge. Yet, the two are clearly associated with one another in the field of Medicine—the best technical experts receive the most research money, and in turn become the scientific experts in their discipline. But the Art of Medicine demands more than technical expertise. To think otherwise is to reduce Medicine to the purely mechanistic view of Descartes. The best technician may be the most efficient person to fix a machine—but how often does technical expertise fail the surgeon, the nurse, and the therapist? How often has a physician’s technical expertise failed you or a loved one?

Undoubtedly, few would want to dispense with those practitioners of Medicine who are recognized as the experts in their fields, nor does the scholastic understanding of Art suggest any such thing. Yet, this view of Art reminds us in a powerful manner that in the restoration of health, technical ability plays but a small role, and one that is largely limited to physiological needs—not psychological, social, or spiritual needs. In practicing the Art of Medicine, then, the doctor ought indeed to “cut straight”—but he ought also to “care *more*” for the patient—the subject upon which the work of health is being imprinted.

A final point regarding Art. Recognizing that Medicine is an Art, and not a Science, helps us remember that the Making of health results in *Beauty*. Have you ever considered the *beauty* that is revealed in the person who has been restored to health and wholeness? The successful transplantation of a kidney, or the removal of a tumor, is not simply a “scientific” achievement. In the deepest possible sense, these are works of *beauty*. Although Maritain focuses primarily on the fine arts in his discussion of *beauty*, he notes that *beauty* is not exclusive to the fine arts. In a footnote, Maritain explains:

To tell the truth the division of the arts into the arts of the beautiful (the fine arts) and the useful arts, however important it may be in other re-

<sup>18</sup> Maritain, *Art and Scholasticism*, p. 14.

spects, is not what the logicians call an “essential” division; it is taken from the end pursued, and the same art can very well pursue utility and beauty at one and the same time. Such is, above all, the case with architecture.<sup>19</sup>

I would maintain that Medicine is an even more appropriate example than architecture. Painting and sculpture, for all their *beauty*, can only capture in the barest sense the *beauty* of a living human person. Any claims that can be made regarding the *beauty* that human artists can effect in the fine arts can be applied more perfectly to the Making of health in the humblest human creature, and to the *beauty* that results from human wellness and wholeness.

To justify my claim regarding the *beauty* of health, consider the following passage from Maritain’s discussion of *beauty*:

Every sensible beauty implies, it is true, a certain delight of the eye itself or of the ear or the imagination: but there is beauty only if the intelligence also takes delight in some way. . . . Moreover, the higher the level of man’s culture, the more spiritual becomes the brilliance of the form that delights him.<sup>20</sup>

Maritain acknowledges that at the most basic level of our understanding of *beauty*, we focus upon what is pleasant to sense and imagination. This notion is what is usually referred to as “physical *beauty*.” In society today, the quest for, and admiration of, physical *beauty* is quite prevalent. We need only think of *People Magazine*’s yearly tribute to the “50 Most Beautiful People” to find evidence of this fascination within human culture for physical *beauty*. And yet, true *beauty* must also delight the intelligence, Maritain tells us. The implication is that what delights the eye may not, in fact, be *beautiful*. To emphasize this point, Maritain adds the reference to the deeper meanings of *beauty* that will be found the higher the level of culture we attain. To my knowledge, *People Magazine* has never named a dying person laying on a street in Calcutta to its list of “*beautiful*” people. Yet, Mother Teresa reminded us that even the least of our brothers and sisters are still *beautiful*. Whose opinion should we value more—*People Magazine* or Mother Teresa? In this same vein, a walk through any hospital’s Intensive Care Unit, or even just a regular floor, will more than likely not produce any candidates for *People Magazine* to select from for the year 2000. But I would contend that every living person restored to some level of health and wholeness possesses an immeasurable “spiritual brilliance” and *beauty*.

<sup>19</sup> *Ibid.*, p. 158, n. 40.

<sup>20</sup> *Ibid.*, p. 25.



And so, Maritain's explication of the scholastic conception of Art corrects the misconceptions that Medicine is purely "scientific," and enriches our understanding of Medicine by showing us that it is an Art. My discussion in this section has not attempted to explore the fine distinctions that arise in considering Medicine as "scientific" or simply as "technical." I have been considering all such views as being derivative, in some part, to the view that Medicine is purely a Science. Nor should this discussion be taken as anything akin to a full-fledged Philosophy of Medicine, such as can be found in the important works of Dr. Edmund Pellegrino. My purpose has been to draw upon the thought of Maritain, and his instructive discussion of the scholastic conception of Art, to argue that Medicine is, in fact, an Art. Calling Medicine an Art, then, is not simply a matter of semantics, or hair-splitting, or even a case of distaste for the use of the term Science. Philosophically speaking, Medicine is an Art.

#### ART VS. SCIENCE: DOES IT REALLY MATTER? THE PROBLEM OF MANAGED CARE

Even if one were to grant everything that has been suggested thus far, the question might still arise, does the distinction between Art and Science in respect to Medicine really matter? What harm can come from considering Medicine a Science? I made the claim at the outset that considering Medicine purely as a Science was problematic—even dangerous—for contemporary health care. In this section, I will offer justification for this claim.

In recent years, there has been a growing concern expressed within American health care that Medicine is not being practiced in a "scientific" enough manner, despite the continued improvement of the scientific tools of Medicine. In an article on Managed Care which appeared in a 1994 issue of *Bioethics Forum*, Judith Wilson Ross explains this concern:

It is seldom acknowledged that the vast amount of health care research in the United States has not led to improved medical outcomes for us as a society. . . . The U.S. wars on disease have been fought zealously, but with much less success than is generally acknowledged. The media do not tell us that only twenty percent of the medical treatment we use is supported by good scientific evidence of benefit, let alone more benefit than burden or risk. The wide practice variations that exist in the U.S. and other countries suggest a "system" of health care that is seriously lacking in science or rationality. . . .<sup>21</sup>

<sup>21</sup> Judith Wilson Ross, "Ethical Decision Making in Managed Care Environments," *Bioethics Forum* (Fall 1994), p. 25.

The cause, Ross goes on to suggest, of the wide variations in treatment across the country is the over-utilization of medical technology by physicians. The proposed solution is to move from the fee-for-service model of health care delivery (which has been particularly vulnerable to over-utilization) to Managed Care Health Plans.

A shared interest of all Managed Care Organizations is to standardize treatment protocols. This is evidenced in a special report produced in 1995 by the Midwest Bioethics Center of Kansas City, Missouri, which examined ethical issues related to Managed Care. The task force in charge of the project stated the following as one of their basic assumptions:

Managed care plans determine when care is medically necessary and, thus, will be covered. This process assumes agreed-upon standards of care by which to measure appropriateness of care. There is only minimal consensus about the standards used to make these determinations by managed care plans at this time.<sup>22</sup>

Later in its report, the task force recognized that one of the many responsibilities of Managed Care Plans was to:

Choose to cover or exclude treatments on the basis of appropriate clinical information, developed through objective measures of clinical research, where available, and cost effectiveness.<sup>23</sup>

The task force further charged Managed Care Plans to “engage in standardized data collection and reporting activities.”<sup>24</sup> The call for better data collection to help develop standards of care, which can be applied throughout our system of health care, is recognized as one of the potential advantages of Managed Care—it will be able to reduce medical costs in part by reducing variations (and therefore, wastefulness) in the practice of Medicine. And so, Managed Care appears to be good both for individual consumers and for our health care system. It is no wonder, then, that Managed Care is becoming the dominant model of health care delivery in this country. But what is most noteworthy for our purposes is that the goals of Managed Care are achieved through a process that ultimately attempts to make medical practice more “scientific.” Underlying this request for a more scientific ap-

<sup>22</sup> Joan D. Biblo, Myra J. Christopher, Linda Johnson, and Robert Lyman Potter, “Ethical Issues in Managed Care: Guidelines for Clinicians and Recommendations to Accrediting Organizations,” *Bioethics Forum*, Special Supplement (Spring 1995), p. MC 11.

<sup>23</sup> *Ibid.*, p. MC 16.

<sup>24</sup> *Ibid.*

plication of health care is the mistaken view that Medicine is purely a Science. Since Managed Care Plans represent the driving force behind the current pressure for more Science in Medicine, I will specifically address the practices of Managed Care in regard to standardizing health care and why they are problematic.

First, a key supposition behind the attempt to standardize treatment practices is that over-utilization is the result of *poor* Science. It is argued that standardizing treatment will decrease the wasteful application of scientific knowledge and medical technology, thereby improving the Science of Medicine. The problem with such a supposition is that it objectifies the patient, and distances the patient from the physician and other health care practitioners. In an insightful article published in the *Hastings Center Report* titled, "The Sorcerer's Broom: Medicine's Rampant Technology," Eric J. Cassell discusses this problem:

Technological methods move the evidence employed in diagnosis away from the patient and reduce the impact of the patient's particularity on the physician. In using them, physicians mistakenly believe they can reduce uncertainty by changing the patient's problem to one for which there is a technological answer. They then reduce the problem from that of the patient to that of an organ or body part for which a technology exists, and they distance themselves from the patient by employing that technology.<sup>25</sup>

The danger with this approach is that scientific knowledge and medical technology are allowed to assume a role that is more important than the patient who is sick. Cassell notes later in his article that what results is a situation in which a patient's claim of pain and suffering is not believed until there is some scientific evidence to support the claim.<sup>26</sup> This problem will only be worsened through the standardization of treatment practices, which would direct a physician to provide treatment *X* for disease *Y* based on national, "scientifically" collected data—regardless of the patient's individuality and particularity. The subjective experience of each patient will become less relevant in health care the more that diagnostic tests and treatments become standardized, which in turn will inhibit the Art of Medicine.

A second problem associated with the attempt by Managed Care Organizations to standardize treatment practices involves the manner in which such standardization is enforced. As already noted, a basic assumption of

<sup>25</sup> Eric J. Cassell, "The Sorcerer's Broom: Medicine's Rampant Technology," *Hastings Center Report* 23, no. 6 (November–December 1993), p. 36.

<sup>26</sup> *Ibid.*, p. 38.

Managed Care is that the plan—not the individual practitioners—sets the standards of care for the plan members. In fact, the key method for standardization of care, and thus for the more “scientific” approach to Medicine, is central control of medical treatment through pre-authorization requirements. It is well recognized that this is one of Managed Care’s most difficult challenges, as Judith Wilson Ross points out in her article, “Managed Care: How Did We Get Here?” She writes:

Managed Care’s task is to provide less that is better. The fact that so much unnecessary treatment is provided in our system makes that task somewhat easier. The fact that there are so many inefficiencies built into the system will make that task somewhat easier. What will be hard is getting professionals to accept outside authority (even if only in the form of other physicians in the form of guidelines or authorizations for referrals) when making treatment decisions; getting physicians to understand themselves as members of teams rather than as commanding individuals (captains of the ship, lone professionals with sole responsibility). . . .<sup>27</sup>

I find this attitude regarding physicians troubling. I suppose that if Medicine truly were a Science, there would be no cause for alarm in a physician consulting an outside authority—there is no harm in one mathematician consulting another; the data, the numbers, the formulae are all identical. But patients are not identical. Two kidneys, in two different people, are not completely alike. Nor does it seem possible for an attending physician to convey to an outside authority, on a phone in some office, all of the nuances drawn from the personal encounter between physician and patient. In short, these practices of Managed Care Organizations which demand an outside consultation to review physician decisions regarding a patient whom the “authority” has never examined or spoken with, do violence to the patient-practitioner relationship that lies at the very heart of Medicine. Such practices also seem to comprise an assault upon the personal integrity of medical practitioners—the very thought that an administrator examining data on paper should have the final say regarding an attending physician or therapist’s patient ought to be offensive and insulting to the medical profession. And so, these practices will further erode the Art of Medicine by often tying the hands of the practitioners involved in the actual healing process.

These are but two of the problems that have arisen from the mistaken view that Medicine is a Science. The practices of Managed Care provide an important illustration of the problems of “scientific” Medicine, and deserve

<sup>27</sup> Judith Wilson Ross, “Managed Care: How Did We Get Here?” *Ethical Currents* 346 (Summer 1996), p. 3.

careful attention since Managed Care is on the rise in this country. But the future of health care will be no better than its past if it rests upon mistaken notions of Medicine. To be fair, most supporters of Managed Care recognize that the movement towards more “scientific” standards of treatment needs to be balanced with caring and compassion at all levels of the Managed Care Organization. While this recommendation for balance is commendable, I contend that it is not enough. I do not mean to suggest that I think Medicine needs to be divorced from Science and technology—if that would even be possible. Nor do I intend to condemn the theory behind Managed Care and its effort to preserve our health care system. I would concur with the late Cardinal Bernardin that Managed Care can contribute significantly to the Common Good, provided we “manage” Managed Care itself.<sup>28</sup> My focus has been upon specific practices of Managed Care Organizations to control costs, which I contend are founded upon an understanding that Medicine is a Science. Establishing systems of Managed Care, or any model of health care delivery, that truly benefit the Common Good will require that we be clear about both what Medicine is, and what Medicine is not.

### CONCLUSION

What we need to be mindful of, then, is that Medicine is an Art. Furthermore, the Art of Medicine is applied to individual patients who cannot be objectified or reduced to a mechanistic entity. This point is well illustrated by O’Rourke and Brodeur in a chapter of their medical ethics text titled, “Medicine: Not An Exact Science”:

[I]ndividuals are different in their physiological makeup. Thus, medical diagnosis and prognosis are not precise and exact. . . . The response of each patient to therapy cannot be predicted scientifically. The “art of medicine” is operative when science is applied to the individual. Because the physician assumes the responsibility to help the patient strive for health, medicine is a unique form of art because its “work” is a better human being, not merely an improved inanimate object.<sup>29</sup>

What we risk losing by maintaining the view that Medicine is only a Science is this unique “work” of Medicine—a better human being. The art

<sup>28</sup> Joseph Cardinal Bernardin, “Managing Managed Care,” An Address to the International Association of Catholic Medical Schools, 13 May 1996 (St. Louis, Missouri: Catholic Health Association of the United States).

<sup>29</sup> Kevin O’Rourke, O.P. and Dennis Brodeur, *Medical Ethics: Common Ground for Understanding*, p. 4.

tempts to turn Medicine into more of a Science through the efforts to standardize treatment practices are problematic and dangerous, because they do violence to both patients and practitioners. To counteract these problems, and to avoid further dangers, we must reaffirm today that Medicine still is an Art.