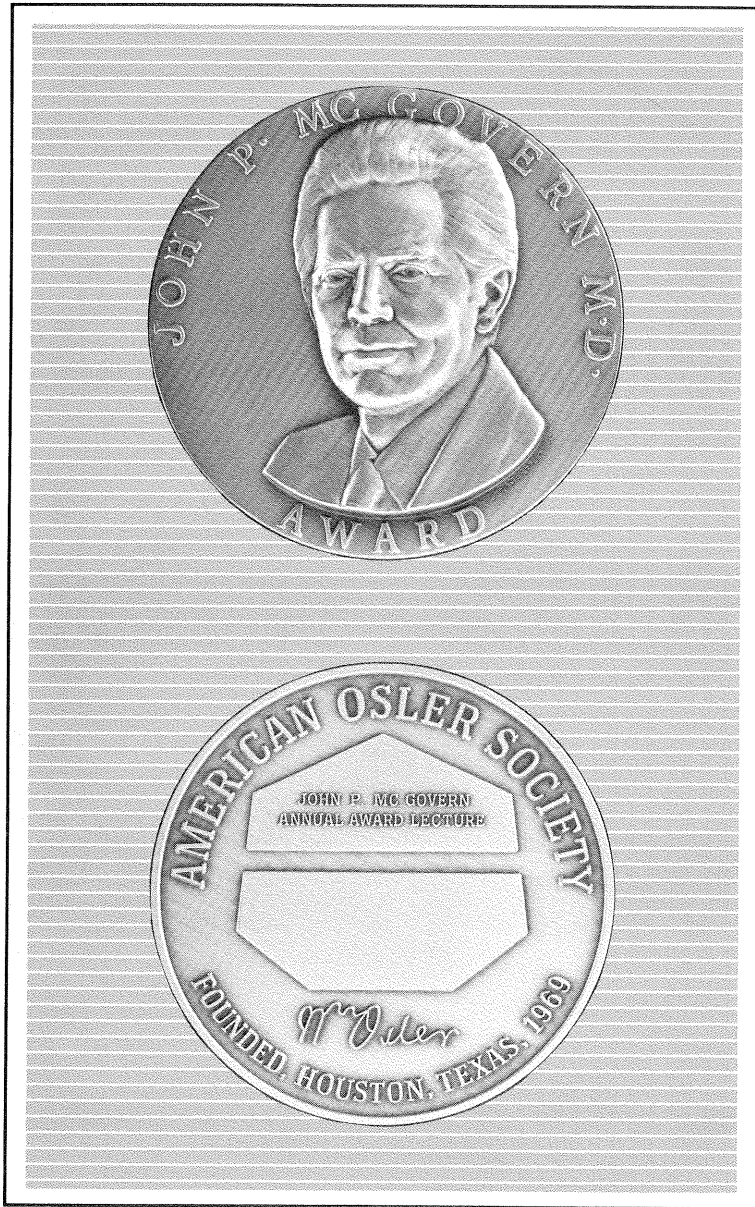


# “OUR LORDS, THE SICK”

ALBERT R. JONSEN, Ph.D.



American Osler Society, Inc.  
John P. McGovern Award Lectureship

**“OUR LORDS, THE SICK”**

ALBERT R. JONSEN, Ph.D.

Chief of the Division of Medical Ethics  
School of Medicine  
University of California, San Francisco

Delivered April 12, 1986  
Sixteenth Annual Meeting of the  
American Osler Society  
San Francisco, California

*osler  
1977505*

## AVANT-PROPOS

*Published contributions to knowledge constitute the solid basis of the permanent fame of physicians and men of science.\**

Through the generosity of the John P. McGovern Foundation to the American Osler Society, an annual John P. McGovern Award Lectureship has been established. This lectureship makes possible an annual presentation of a paper dedicated to the general areas of Sir William Osler's interests in the interface between the humanities and the sciences—in particular, medicine, literature, philosophy, and history. The lectureship is awarded to a leader of wide reputation who is selected by a special committee of the Society and is especially significant in that it also stands as a commemoration of Doctor McGovern's own longstanding interest in and contributions to Osleriana.

Doctor John McGovern earned his undergraduate and M.D. degrees from Duke University. He subsequently took postgraduate training there and at Yale University School of Medicine. His varied graduate medical education experiences also include training at Guy's Hospital in London; L'Hopital des Enfants Malades in Paris; Children's Hospital in the District of Columbia; and the Boston Children's Hospital. Early academic appointments were at George Washington University and as a John and Mary R. Markle Scholar in Medical Science at Tulane University. In 1956, Doctor McGovern moved to Houston, Texas where he founded the McGovern Allergy Clinic, which has grown to become the largest of its kind in the United States.

Rich in associations, accomplishments and friends, Doctor McGovern has earned a very remarkable vita. He remains founder/consultant of the clinic which bears his name. He is a member of numerous honorary and professional societies; is past president of many professional organizations including the American College of Allergists and the American Osler Society; has 22 honorary degrees; and is the author or coauthor of over 200 books and articles. Among many accolades, Doctor McGovern has been honored with the Clemens von Pirquet Lecture and Award; the William A. Howe Award; the Distinguished Service Award, American School Health Association; the Distinguished Achievement Award, Pi Kappa Alpha; and elected as an Honorary Fellow of The Royal College of Physicians, London, England. His record of service includes a Presidential appointment to the board of regents of the National Library of Medicine, which he chaired in 1973-74. Doctor McGovern is held in high regard by his associates, colleagues and friends.

---

\*Welch, W.H.: Forward. *In* Appreciations and Reminiscences of Sir William Osler, Bart., with a Classified Annotated Bibliography edited by Abbott, M.E. **International Association of Medical Museums and Journal of Technical Methods**. Bulletin No. IX, 1926, p. v.

The Award Lectureship serves as an appropriate vehicle for public acknowledgement of Doctor McGovern's American Osler Society related activities and generosity. In addition, it recognizes his commitment to perpetuating the counsels and ideals of Sir William Osler. Subscribing to these, Doctor McGovern has enthusiastically practiced the axiom and example of Osler "We are here to add what we can *to*, not get what we can *from*, life."  
J.D.K.



**JOHN P. MCGOVERN, M.D.**



**ALBERT R. JONSEN, Ph.D.**

Speaker for the first American Osler Society-John P. McGovern Award Lectureship was Albert R. Jonsen, Ph.D., Chief of the Division of Medical Ethics, School of Medicine, University of California, San Francisco. He is a well-known leader, practitioner, teacher and writer in the field of Medical Ethics. He is the author of nearly 100 articles and book chapters and of several books including **Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine**, 1982 and **Ethics of Newborn Intensive Care**, 1976.

A native of San Francisco, Doctor Jonsen received B.A. and M.A. degrees from Gonzaga University, Spokane, Washington, an S.T.M. degree (Theology) from Santa Clara University, and a Ph.D. degree from Yale University. He has held numerous academic teaching and administrative positions including the presidency of the University of San Francisco.

His professional associations include: Institute of Medicine/National Academy of Sciences (Council Member 1981-1984); Fellow of the Institute of Society, Ethics and Life Sciences, Hastings Center; Society for Health and Human Values; Association of Faculty in Medical Humanities; Society for Christian Ethics; and American Society of Law and Medicine. He has served on a great many specialty related commissions, advisory panels, committees, and boards. From among these are the following examples: President's Commission on the Study of Ethical Problems in Medicine and Biomedical

and Behavioral Research; National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research; National Board of Medical Examiners; Advisory Panel, Judicial Council, American Medical Association; Board of Directors, Ploughshare's Fund; Judicial Campaign Ethics Committee, San Francisco Bar Association; Advisory Board, National Implant Registry; Editorial Board, *Journal of Philosophy and Medicine*; Amnesty International Medical Committee; Advisory Committee, National Center for Health Education; Trustee, Institute for Educational Management, Harvard University; and Trustee/Chairman, Board of Directors, Georgetown University.

Doctor Jonsen has been a visiting professor and/or scholar to Baylor School of Medicine, Tulane University School of Medicine, Ochsner Clinic, Johns Hopkins University School of Medicine, and the National Library of Medicine. He has also been Paley Lecturer, Cornell School of Medicine; McCreary Lecturer, School of Health Sciences, University of British Columbia; Alpha Omega Alpha Professor, Johns Hopkins University School of Medicine; Rockefeller Scholar, Center for Cultural Studies, Bellagio, Italy; and Rockefeller Fellow, Aspen Institute for the Humanities. In 1976 he gave the Agaard Lecture at the University of Washington School of Medicine; and the Day Lecture at Columbia University.

# “Our Lords, The Sick”

by

Albert R. Jonsen

On Saturday, June 22, 1911, the morning post brought to 13 Norham Gardens a confidential letter from 10 Downing Street. The missive bore the news that William Osler, Regius Professor of Medicine, had been created baronet, on the occasion of the Coronation of King George V. Several days later, Dr. Osler wrote to a friend, “. . . they have put a baronetcy on me — much to the embarrassment of my democratic simplicity — but it does not seem to make any difference in my internal sensations.”<sup>1</sup> One month later, Sir William spoke in Reading, at the unveiling of memorials to the first and last abbotts of the great medieval monastery of that city — a most uncharacteristic appearance for the Regius Professor, but one to which he had been enticed by a physician whose hobby was the history of the abbey. In his address, the new peer said, “. . . you see here in stone symbolized the beginning and the end of a great epoch — of a vast movement to the strength of which our wonderful cathedrals and many other superb ruins bear enduring testimony. Marvellous, indeed, was the faith that found expression in such works! Small wonder that the thirteenth had been called the greatest of centuries.”<sup>2</sup>

Sir William, in accepting the baronetcy despite his “democratic simplicity,” stepped into a medieval tradition. He became a knight, a peer of the realm. He accepted a title and a few prerogatives — though only a few — that came to him from one of the most powerful social institutions of our culture, the knighted nobility, an institution that came into being throughout Europe as the Roman Empire fragmented into innumerable duchies and baronies and counties, served by men sworn to fealty to liege lords.

Certainly, Sir William did not identify himself with the customs, ideals, and concepts of the vanished class — indeed, by speaking of his democratic simplicity, he repudiated them. He graciously accepted the empty honor, long shorn of its political or military might. And despite his remark of the occasion of the Reading Abbey ceremony — he was quoting the title of a book by a friend, physician and historian James J. Walsh, *The Thirteenth, Greatest of Centuries*<sup>3,4</sup> — I assume that Osler, like many of his contemporaries, had little respect or love for that era, over which still hung the cloud of the Dark Ages. Sir William was, above all, a classicist both ancient and renaissance and, we can imagine, found something rather extreme, rather grotesque in the gothic.

But I take this entry into the titled nobility more as a symbol than as a significant fact about Osler's life and thought. Sir William was more a peer of medicine than a peer of the realm. He came to prominence at a time when a

number of medical men had attained notice among their colleagues and before the public — a notice that paid respect to scientific learning and healing skills but above all to their creation of a distinctive profession, in the modern sense. Educated in universities, authors of scholarly volumes, influential in public affairs, particularly in the relatively recent public health reforms, founders and promoters of the relatively recent public hospitals — these men formed a kind of nobility. They were, in skills and in science, persons of account, far more so than their somewhat frivolous and overbearing predecessors, the jealous and sometimes vicious members of the Royal College. Many of these peers of medicine had been knighted: Sir Arthur Keith, Sir Thomas Lewis, Sir James Mackenzie, Sir Ronald Ross, Sir Thomas Allbutt, whom Osler's close friend, medical historian Charles Singer, called, "the most learned physician of the last 100 years",<sup>5</sup> and above all, the great Lord Lister, Baron of Lyme Regis. In democratic America, Osler had left behind an untitled peerage of equal prestige: Oliver Wendell Holmes, William and Charles Mayo, Walter Reed, William Stewart Halsted, William Henry Welch and the young man who would become his biographer, Harvey Cushing. Sir William and his contemporaries brought to the medical profession a respect it had historically lacked. It still enjoys the trailing clouds of glory.

These peers of medicine also were nobles in their ethics toward their patients. While it is difficult to know with certainty, both because the record is not written and the motives of men cannot be easily read, I have the impression that their ethics were "noblesse oblige." Although we use this phrase with disdain today, it has a noble history. It recalls the moral obligation placed on lords to protect their vassals, or knights to protect the poor and the weak. Power, coming ultimately from God, was to be used for God's favored poor; fealty to a liege was reciprocated by the liege's duty to protect the vassal. An ethic perhaps more honored in the breach — I do not know — but certainly an ideal that made civilization out of chaos.

I estimate that the great physicians of the late 19th and 20th centuries maintained, even unknowingly, such ethics. The opening words of the paradigm book of medical ethics, penned by Thomas Percival in 1803, bear witness in elegant language to the ethic of noblesse oblige:

Physicians and surgeons should minister to the sick, reflecting that the ease, health and lives of those committed to their charge depend on their skills, attention and fidelity. They should study, in their deportment, so to unite tenderness with steadiness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence.<sup>6</sup>

Those words were incorporated into the Code of Ethics of the American Medical Association and stood unchanged from 1847 to 1912; their spirit lived long afterward. I am puzzled somewhat by the rarity of Sir William's



allusions to the duty owed towards patients. What we call “ethical problems” are almost unseen in his voluminous writing, as best I know, nothing, for example, like the reflections on truth-telling by his distinguished younger contemporary, Richard Cabot of Harvard. Yet everywhere there is a sense of the Hippocratic obligation “to benefit and, at least, to do no harm.” There is a sense, and occasional words, that reflects an attitude of courtesy, respect, kindness. Certainly, there is the sense of dedication to the cure and comfort of the sick, even when it entailed, as it often did in those days, some personal risk.

The ethic of noblesse oblige, despite its somewhat antique formulation and dated sentiments, is, indeed, a noble one. It is rigorous in its demands and gracious in its effects. Those who lived by it did much good. What can be said in criticism of this ethic? It is difficult to criticize it without seeming either a cynic or so morally fastidious as to be foolish. Yet, I dare to do so in the name of an important principle, one which, if adopted, leads to a number of implications quite different than the principle of noblesse oblige.

As I noted Sir William’s acceptance of a medieval honor, taken as a symbol, my criticism also turns on a medieval fact, taken as a symbol. Sir William most probably knew of the Knights Hospitallers of St. John of Jerusalem — indeed, he may have been inducted as an honorary member of the English Priory, although I can find no evidence of this. However, he probably paid little attention to the history of that religious-military order and knew little of its practices.

Founded in Jerusalem at the end of the 11th century, its original purpose was to provide hostels for pilgrims to the Holy Land and to care for the sick among them. It established at Jerusalem, Acre, and other places on the route from Eastern Europe to Palestine, institutions that were the precursors of the modern hospital. The famous *Hotels-Dieu*, which were the more immediate modern predecessors of our modern hospitals, were modelled on the Hospitals of the Knights of St. John.<sup>7</sup>

Within one hundred years of the founding, the order had assumed military duties as well, for it became obvious that the routes of pilgrimage needed to be protected against Moslem incursions. Many local Christian rulers deeded to them frontier castles and, not a century old, the Hospital became a mighty military force. They never abandoned their care of the sick, but this work of mercy became subordinate to the vast military and naval apparatus. The Knights themselves, who were vowed religious, with obligations to celebrate the Divine Office in choir and to live in celibacy and poverty, became soldiers and, in the course of time, it appears that the virtues of religion were overwhelmed by the power and glory of military life.

Still, to the end of the reign of the Knights, which came at the fall of Malta to the Turks in the mid-sixteenth century, the brothers maintained their dedication to hospital work: it remained the soul of their community. Every brother, at his induction into the Knights, recited the vow found in the earliest rule of the Order.

The brethren of the Hospital should serve our Lords, the sick, with zeal and devotion, as if they were serfs to their Lords. [Rule of 1181]

The Rule again says,

How should Our Lords, the sick, be received and served? When the sick man shall come to the hospital, let him be received thus: let the Holy Sacrament be given him and afterwards let him be carried to bed and served there as if he were a lord. [Rule of Blessed Raymond, c.1150]

Centuries later, the leaders of the Hospital continue to proclaim,

We make a promise which no other people make, promising to be the serf and slave of our lords, the sick. [Chapter of 1301]

The rule bears witness to this dedication in many ways: the sick were to be served food before the brothers, were to eat off silver plates, were to be given white bread, were to have first call on bedding. "Our Lords, the sick, shall each have their own sheets and coverlet, broad and long, as well as a gown and slippers to go to the latrine." "Our Lords the Sick who die in the hospital, if they have shirts and breeches, shall be buried in the same." [Chapter of 1301] The revenues that supported the hospitals were not to be diverted to other purposes. In 1296, the officers of the Hospitals complained that the Masters had been spending improperly the resources "that should have been spent for the benefit of our Lords the Sick, to sustain them and the poor."<sup>8</sup>

I am sure many of the brothers left the chapel and rode off to war where they killed and maimed, as did all other knights. I am sure that, corrupted by money and power, they, like many other churchmen, made a mockery of their vows of celibacy and poverty. Yet, in those words, "My Lords, the Sick," they left to all subsequent medicine a precious heritage. They introduced, in antique language, the obligation to serve the sick regardless of risk or cost, a duty unknown to Hippocratic medicine.<sup>9</sup> They placed themselves at the command of those whom they treated; they subordinated, in principle, their ease and their convenience, to the patients whom they received into the Great Hospitals at Jerusalem, Acre, Cyprus and elsewhere.

It is important to realize the meaning, to a medieval man, of an oath, "to be the serf and slave of our Lords the Sick." The Knights of the Hospital, who were often born and bred of the nobility, knew clearly the social position of the serf. The serf simply had no rights and certainly had many and onerous duties. Will Durant lists seventeen obligations of the serf to the lord, ranging from taxes in money to days of labor in corvee and even including the infamous "jus primae noctis," in which the serf's right to sleep with his bride had to be redeemed by money. While in fact, as Durant says, the actual life of the serf may not have been as terrible as we imagine it, it was one defined in terms of obligations and not in terms of rights or privileges.<sup>10</sup>

What, then, is the difference between an ethic of "noblesse oblige" and

the ethic of dedication as a serf to the sick? What relevance does it have to modern medicine and contemporary practitioners? I suggest that modern medicine must ask itself whether its practitioners are a peerage in the fashion of Sir William and his colleagues, or a nobility like the Knights of the Hospital? But isn't this a foolish suggestion? Why should modern physicians think of themselves as a peerage or a nobility at all? Is not such a metaphor outmoded, indeed even outrageous?

I would not dismiss it too quickly. First, the profession is still held in high honor, even though its prestige has slipped somewhat. Second, it is still a profession held by an obligation to compliance and to service — it alone among the professions still honors an Oath. In these features, it is somewhat like a nobility. But even more, it is held to act in concert as a barrier, a wall of protection, against the ravage of illness in individuals and in society. In this, it acts as did the medieval nobility, protectors of the realm. Sir William recognized these duties, saying, “the physicians’ challenge is the curing of disease, educating the people in the laws of health and preventing the spread of plagues and pestilence.”<sup>11</sup>

However, the knights of the realm and the knights of the Hospital differ. The former hold power and bend to protect the poor; the latter, in principle, hold no power and vow to serve the poor. In this is the modern lesson. The nobility of medicine has, in the last century, attained great power: the profession’s monopoly has created great institutions and controls a vast economy. Their control lies, not in the sword but in the prescription and in admitting privileges. However, in recent years, that power is being eroded. The government, the insurance companies, the courts and legislators have whittled away at that power.

Now, as medicine begins to feel embattled, will it fight, as did the nobility of the *ancien regime* during the age of revolution, to preserve power and privilege? Will it turn, as did those same nobles, from protecting the poor, to protecting themselves and their status? The ethic of “noblesse oblige” falters when the power of the noble is attacked. It is a powerful ethic only when its adherents are safe. Recall that the Declaration of the Rights of Man declared that the Revolution had abolished the feudal state, and with it not only its dominance, but its ethic of noblesse oblige.

The dedication of the Knights of the Hospital to “Our Lords, the Sick” is quite different. It sees the relationship not as a spill-over of power, a “trickle down” ethic, a condescending compassion, flowing from power, but as a commitment of all one’s energy to those who have no energy. Institutions are constructed to empower the powerless, and those who build and guard them are vigilant lest the institution serve their ends rather than the goal of healing and helping. They are even willing to make personal sacrifice so that this work goes on. When the institution is threatened they rally around their sick rather than around their treasury.

These are, I admit, exaggerated images, yet behind the rhetoric lies a real

challenge: at a time when the genuine nobility of medicine, a nobility that arises from the science and compassion of men like Sir William, is compromised and threatened from within and without, at a time when many of medicine's younger practitioners either have forgotten, or have never learned, the ethic of noblesse oblige, the choice of an ethic is crucial. Beyond choice lies the continued commitment to an ethic. The Knights of the Hospital gradually fell away from their primordial ethic. They became the builders of fortresses and navies; they amassed a wealth that made them objects of envy to kings and popes. They ended their long history (though they still exist as an honorary and charitable society) as men of power and military might, who eventually fell before the onslaught of mightier power. The parallel to modern medicine is not, I think, too far-fetched. If it is to survive as a service, inspired by humane concern, it must choose its ethic and remain faithful to it. I am suggesting that the ethic of Our Lords the Sick is worthy of remembrance in these latter days. I hope Sir William, peer of medicine, would agree with me.

### Footnotes

1. Harvey Cushing, *The Life of Sir William Osler* (Oxford: The Clarendon Press, 1925), Vol. II, p. 275.
2. *Ibid.*, p. 281.
3. *Ibid.*, pp. 391, 522.
4. James Walsh, *The Thirteenth, Greatest of Centuries* (New York: Catholic Summer School Press, 1907).
5. Charles Singer, *A Short History of Medicine* (Oxford: Oxford University Press, 1962), p. 626.
6. *Percival's Medical Ethics*, Chauncey Leake (ed.) (Huntington, New York: Krieger, 1976), p. 71.
7. Edgar Hume, *The Medical Work of the Knights Hospitallers of St. John of Jerusalem* (Baltimore: The Johns Hopkins Press, 1940).
8. Jonathan Riley-Smith, *The Knights of St. John in Jerusalem and Cyprus* (New York: Macmillan, 1976), p. 331.
9. Ludwig Edelstein, *Ancient Medicine* (Baltimore: The Johns Hopkins Press, 1967), pp. 319-348.
10. Will Durant, *The Age of Faith* (New York: Simon and Schuster, 1950), pp. 555-558.
11. Robert Bennett Bean & William Bennett Bean (ed.), *Sir William Osler's Aphorisms, From His Bedside Teachings and Writings* (Springfield, Illinois: Charles C. Thomas, 1968), #90, p. 63.