*Journal of the Young Oslerians, 2025,26(2),Supplement 1:15-18*
https://doi.org/10.64496/
Publication date: 1 August 2025

**Original article**

# The Moral Responsibility of the Medical Professional: Religious Lessons from Thomas Browne's *Religio Medici*

Claramence Dokyi

The University of Texas Medical Branch, Galveston, Texas

As Sir William Osler (1849-1919) laid in his coffin in 1919, atop of him was a copy of Sir Thomas Browne's (1605-1682) *Religio Medici ("The Religion of a Doctor")*– a beloved piece of literature (1). Today, Osler is regarded as an astute clinician. He not only relied on history gathering and physical exams to diagnose his patients, but Osler also emphasized the importance of patient-centered care– one that considered the well-being of an entire person beyond their physical ailments. Despite being regarded as a religious skeptic by the end of life, Osler's ethical view can be traced back to Browne's deeply reflective writings. *Religio Medici* blends science, spirituality, and ethical inquiry in a way that continues to resonate today.

This article explores the historical development of public health in the United States and examines how Thomas Browne's medical ethics, filtered through the life and legacy of William Osler, laid the groundwork for a moral approach to medicine that includes—but also transcends—clinical care. It argues that today's physicians, inspired by Browne's call to moral responsibility, have a vital role to play not only at the bedside but also in the broader public health arena.

Sir Thomas Browne was a physician, writer and philosopher. His first love, medicine, prompted him to study at Oxford and the Universities of Padua, Montpellier and Leiden and eventually practice medicine for 40 years (2). Fascinated by science as well as theology, Browne sought out to investigate the question of morality, religion and the human condition as it pertained to suffering. *Religio Medici* became a literary escape for Browne and a way to express his thoughts as well as explore the interplay between his Christian faith and his professional identity as a physician(1). What started out as an introspective essay that Browne never intended to publish, went on to become a paper with profound literary and philosophical influence. *Religio* was published in 1643 and was seen as a bit heretical for Browne's time. His reflections on death, human suffering, the soul, and the physician's moral obligations would go on to influence generations of medical thinkers—including Sir William Osler, who considered it one of the most spiritually rich works ever written by a doctor.

During the 17th century, medicine was evolving but it was also tethered to the mainstay theological and classical philosophies of the time. Physicians had to find a way to intertwine their faith, as most were Christians, with sound empirical judgement. However, given the tragedies of the time such as the Great Plague of the 1660s, Browne as well as other physicians were burdened with understanding morality and human vulnerability. Though *Religio Medici* was written at a time marred by grave human suffering, it was not a grim text but rather one that is contemplative, hopeful, and infused with a sense of reverence for both divine creation and human dignity.

Many times throughout *Religio Medici,* Browne asserts that physicians bear a spiritual responsibility to not only heal but also advocate, serve, and elevate the human condition. He wrote, "I have resolved to pray more and to do more good," a sentiment that reflects a calling beyond diagnostics. Browne recognized that health is not solely a bodily state, but a condition that "runs through all degrees and estates of men," one that medicine alone cannot fully reach.

This began to set the stage for the public health school of thought that health is not solely dependent on physical wellbeing or merely the absence of disease in an individual but rather, it must be viewed as a collective, societal pursuit. Browne's writings, though far preceding the official birth of the public health discipline, illuminated the core values of the field: prevention, equity, and service to the under-

served. His religious convictions led him to see each patient as a reflection of the divine, thus rejecting any form of social or moral neglect. This shift was most evident in Sir William Osler and his legacy as a great clinician and compassionate physician. In his youth, Osler was committed to the Christian faith with hopes of even entering Christian ministry. Although Osler ultimately chose medicine, he applied lessons from his faith and Browne's teaching to his practice. His life's work represented a secularization of Browne's religious vision, preserving the essence of moral responsibility while adapting it to a pluralistic and increasingly scientific world.

The fundamental principles of Oslerian medicine include providing compassionate, personalized medical care that emphasizes the patient-physician relationship; a sound scientific basis for care; and professionalism. Osler summarized this with the statement, "The good physician treats the disease; the great physician treats the patient who has the disease (4)." Like Browne, Osler emphasized that the physician's duty extended beyond the clinic—into the community, into public service, and into advocacy for the vulnerable. Yet, Osler did so through a lens of secular humanism rather than religious doctrine. In his article *The Faith that Heals,* Osler states, "Never before in a history… has so monstrously puerile a belief [Christian Science] been exploited. To deny the existence of disease, to deny the reality of pain, to disregard all physical measures of relief… in a return to Oriental mysticism– these indeed, expressed a revolt from the materialism of the latter half of the nineteenth century at once weird, perhaps not unexpected, and, to a student of human nature, just a bit comic"(5). This quote clearly exemplifies Osler's declaration that ignoring sound scientific discovery for a purely religious understanding of medicine is strange and quite comical. However, the moral core remained. This interplay between medicine and religion defined by Osler helped embed moral duty into a physician's identity.

To fully understand the physician's role within public health, the history and relevant context of the field must be examined. Public health, at its core, is focused on preserving the health of populations and communities rather than the sole individual. It emphasizes the importance of collective responsibility to promote better physiological, psychological, emotional and social health. This is in direct contrast to traditional medicine that focuses on the individual and restoring health in that one person. This moral and civic vision of health has deep historical roots in the United States, emerging long before public health became a formal profession and was surprisingly – begun by physicians.

In colonial America, infectious diseases ran rampant. Outbreaks of smallpox, yellow fever, and the plague riddled cities like Boston and Philadelphia showing people that there was a need to not just protect individuals but the larger community. By the 19th century, America had ushered in the Sanitary Movement. As the country grew, overcrowding and lack of disease control perpetuated a continuous state of sickness in America. In response, reformers like Lemuel Shattuck called for a more structured approach. His 1850 *Report of the Sanitary Commission of Massachusetts* advocated for comprehensive public health systems: clean water, waste disposal, vaccination programs, and systematic data collection through vital statistics. Though largely ignored at the time, the report became a foundational document, shaping the development of state and local health departments as well as laying the groundwork for population-level prevention (6).

By the late 1800s, public health had begun to institutionalize. The Marine Hospital Service, established in 1798 to care for sick seamen, gradually evolved into the U.S. Public Health Service (USPHS), taking on responsibilities like quarantine enforcement and disease surveillance. Breakthroughs in bacteriology and germ theory transformed sanitation from a purely moral imperative into a scientifically grounded public health strategy. The long-held belief that "cleanliness is next to Godliness" shifted from a focus on individual hygiene to a community-wide initiative, catalyzing the growth of health departments and expanding immunization efforts nationwide.

During the Progressive Era (1900–1930s), public health expanded to address the social determinants of disease. Reformers, mostly physicians, focused on improving maternal and child health, workplace safety, and housing conditions. This era focused on the country's most vulnerable– the poor and immigrant communities– and developed programming and organizations that were rooted in social equity and ethical concern, echoing Browne's insistence that health and dignity are inseparable. By the mid 20th century, the advent of the Centers for Disease Control and Prevention (CDC) in 1946 marked the federal government's commitment to disease surveillance, outbreak response, and immunization on a national scale. Out of this came victories such as the polio vaccine and widespread dissemination of penicillin championed by individual physicians who saw the importance of public health. Throughout its evolving history, public health has maintained a clear ethical through-line: a commitment to justice, prevention, and the dignity of all people. These principles are not new. Long before public health became a codified field,

Thomas Browne's writings reflected this same ethos. In this light, Browne stands as an early moral architect of public health thought, his legacy continuing in the hands of physicians who see beyond the clinic to the wider world in need of healing.

Fortunately, there are many physicians heeding to the call of Sirs Browne and Osler to cater to the "collective well-being." During the COVID-19 pandemic, for example, doctors served not only as frontline caregivers but as scientific communicators, advocates for vaccine equity, and leaders in policy reform. Many used their platform and position in society to speak out publicly against misinformation. In the world of social media, physicians have used this unconventional, yet profoundly influential, mode of communication to spread awareness about different policies that affect patients, different advancements in healthcare, and to inform the general public with sound medical advice.

Internationally, physicians are also harking to the call from Thomas Browne to put the patient's needs above their own. Specifically, the Yemen Famine crisis demonstrates how extreme famine, breakdown of systemic protections, and warfare can quickly become a public health emergency, necessitating the moral vision of a physician. In Yemen, more than 24 million people, including 13 million children, remain in need of humanitarian assistance. Physicians have dedicated themselves to not just treating the disease, but treating the patient. In addition to addressing infectious diseases like cholera, physicians have, through organizations like Doctors Without Borders and the International Medical Corps, formed the backbone of the country's emergency health response. They have helped reestablish basic vaccination services, and conduct nutritional surveillance for at-risk populations all contributing to preventing disease rather than just reacting to it. These physicians champion public health by addressing water contamination, coordinating contact tracing and advocating for food, water, and medical assistance from world superpowers. The commitment of these physicians and other healthcare professionals in these settings clearly represents an extension of Thomas Browne's belief that a physician's duty is not limited to physical healing but includes moral and social stewardship. In Yemen, health is not only about restoring function to the individual body but restoring justice, infrastructure, and dignity to entire communities.

The love story of public health and the physician does not have to end there. The current healthcare landscape has become increasingly more complex. Populations are growing and living longer resulting in more individuals with chronic diseases. Thanks to technological advancement and discovery, diagnosing and treating a plethora of conditions has become more sophisticated and attainable. Despite physicians' capabilities to treat patients when they present in hospitals and clinics, the growing burden of preventable disease, structural inequities, and global health crises has made it increasingly clear that modern physicians must also be public health advocates. Physicians trained exclusively in hospital-based or outpatient care may not always be prepared to tackle the broader determinants of health: food insecurity, housing instability, racism, pollution, or legislative neglect. A 2019 survey of Chicago physicians—serving a population heavily impacted by social determinants of health—found that only 45% had interacted with public health in the past two years, and just 46% were aware of local public health organizations (7). This may be partly attributed to medical curricula that often lack sufficient emphasis on public health. While recent advancements—such as dual MD/MPH programs—reflect growing efforts to integrate public health into medical education, a significant gap remains. In practice, many physicians face the difficult choice between focusing solely on traditional clinical care or incorporating broader public health approaches into their work—often without clear guidance on how to effectively bridge the two. Additional solutions may include administration buy-in to encourage a multidisciplinary approach to healthcare that optimizes care for all aspects of a person's life.

The physician's duty has always extended beyond the body and the four walls of the patient room. From Thomas Browne's spiritually grounded vision of care to William Osler's humanistic ethics, medicine has been understood not simply as a science, but as a moral calling. In today's current healthcare climate where misinformation runs rampant, preventable chronic diseases have plagued millions, and there is an ever-growing divide between physicians and public health officials– there needs to be an evolution in the boundaries of medicine. The modern physician cannot be content with a reactive approach to illness. Rather it is imperative physicians incorporate a public health centered approach to medicine. The writings of Thomas Browne, particularly *Religio Medici*, offers hope and guidance as to how physicians can heed to the call to preserve life as opposed to just preserving health. Similar to public health, Browne underscores the ethical duty of doctors to "place the patient's interests above his or her own self-interest."(1) Osler's reinterpretation of Browne's ethos into a secular, professional identity demonstrates how such moral commitments can flourish even outside of religious contexts.

To address this challenge, seamless and significant inclusion of public health curricula into medi-

cal education can serve as a stepping stool to prepare future physicians to bridge this divide. Public health courses should not just be optional add-ons, but rather a core of one's education. Institutions must support and reward physician engagement in advocacy, policy, and community outreach. Similarly, for practicing physicians, they must push and advocate for public health initiatives to be heavily integrated into healthcare systems. These initiatives must then be celebrated and rewarded by administration to encourage even more physicians to continue to serve their patient populations.

Ultimately, the health of a community is the true measure of medicine's success. If we are to live up to the highest ideals of our profession, we must embrace the truth that healing is not only an act of care—but of courage, conscience, and collective responsibility. In the spirit of Browne and Osler, modern physicians are called not just to treat the sick, but to shape a world in which fewer people become sick to begin with, because as Sir William Osler put it, "to serve the art of healing, one must love mankind (8)."

**References**


1. LaCombe, M. A., & Elpern, D. J. (2010). *Osler's bedside library: Great writers who inspired a great physician*. ACP Press.
2. Lund, M. A. (2008). The Christian Physician: Thomas Browne And The Role Of Religion In Medical Practice. In *"A man very well studyed": New Contexts for Thomas Browne* (Vol. 10, pp. 227–246). https://doi.org/10.1163/ej.9789004171732.i-314.72
3. Browne, T. (1878). *Religio medici*. Roberts Brothers.
4. Centor RM. To be a great physician, you must understand the whole story. MedGenMed. 2007 Mar 26;9(1):59. PMID: 17435659; PMCID: PMC1924990.Osler, W. (2008). *The Quotable Osler*. ACP Press.
5. Osler, William. "The Faith That Heals." *The British Medical Journal*, vol. 1, no. 2581, 1910, pp. 1470–72. *JSTOR*, http://www.jstor.org/stable/25291056. Accessed 30 July 2025.

6 Report of the Sanitary Commission of Massachusetts 1850. JAMA. 1949;140(6):576. doi:10.1001/jama.1949.02900410072033.

7 Bornstein S, Markos JR, Murad MH, Mauck K, Molella R. Improving Collaboration Between Public Health and Medicine: A Timely Survey of Clinician Public Health Knowledge, Training, and Engagement. Mayo Clin Proc Innov Qual Outcomes. 2021 Feb;5(1):11-22. doi: 10.1016/j.mayocpiqo.2020.08.011. Epub 2020 Nov 19.

8 Osler, W. (2008). *The Quotable Osler*. ACP Press.


**Acknowledgements:**
The presentation of this topic at the 2025 American Osler Symposium in Pasadena, California was generously supported by the John P. McGovern Academy of Oslerian Medicine. I do not have any conflicts of interest.

**Biography:**
Clara is a third-year medical student at the University of Texas Medical Branch in Galveston, Texas. She attended Vanderbilt University in Nashville, Tennessee, majoring in Medicine, Health, and Society with minors in Business and Psychology on the Pre-med track. She was originally born in Ghana, West Africa but relocated to the United States at the age of 1. In medical school, Clara has served as the 2024-2025 UTMB Student National Medical Association (SNMA) Chapter president, the Pan African Student Society (PASS) co-president, a Vesalius Osler Student Society Coordinator, an intern on the St. Vincent's Student Clinic Admin Committee, a Student Ambassador for the Office of Admissions, a peer tutor, and the Treasurer of the Emergency Medicine Interest Group. Clara is very passionate about medicine, community, and addressing disparities that exist within various communities. She hopes to pursue a career in Emergency Medicine or General Surgery, joining the U.S. healthcare industry's first line of healthcare providers. ***Cldokyi@utmb.edu***