

Medical students and society's health: Guardianship, speaking truth to power, reflective thinking, and effective politics

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ABSTRACT

Medical students, as nascent physicians, must learn to advocate for social, economic, educational, and political positions that lend an advantage to their patients and the practice of medicine. To do so necessitates a keen awareness among medical students as to the discourses circulating in a society, the stakeholders who create and perpetuate these discourses, the evidence that supports or refutes the "truths" created by these discourses, and an understanding of what form the "good", in regard to healthcare, takes in a society. Here we present an argument based on the works of Plato, Foucault, and Dewey, regarding certain necessary requirements regarding the Guardianship of society's future health care. To be effective Guardians, medical students will need teachers and mentors who will teach, foster, and tolerate fearless speech and reflective thinking that result in effective politics.

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BACKGROUND

During a recent academic year a New York Times article addressed the Harvard Medical School (HMS) ethics quandary regarding student freedom of speech.¹ The policy stated, in part:

All interactions between students and the media should be coordinated with the Office of the Dean of Students and the Office of Public Affairs. This applies to situations in which students are contacted by the media as well as instances in which students may be seeking publicity about a student-related project or program.¹

This policy, put forth by HMS in response to medical student individuality and outspokenness regarding the pharmaceutical and device industry's influence in the medical school, raised several important issues. While industry support for faculty endeavors may be important economically, any muzzle placed on the voice of a medical student body will hurt the future practice of medicine, especially in regard to Hannah Arendt's profound concepts of action and speech in the space of appearance (the public realm).²

Students need to learn to speak out on issues of concern to them, their patients, and society. The American Medical Association's "Declaration of Professional Responsibility" states that physicians, and by extension, student physicians, have an obligation to "advocate for social, economic, educational, and political changes".³ The students' rhetorical ability and maturation, while aggravating to academic institutions and faculty members on occasion, will form a solid basis for protecting the position of medicine on the social and political front in the long term.

Here we emphasize that these skills will be enhanced by an understanding of Socrates' concept of the form of the good (through the writings of Plato), which underlies the quality of character required to be a Guardian of society. To be such a Guardian, medical students, as nascent physicians, must comprehend the concept of the form of the good, must have the ability to fearlessly speak truth to power and understand other stakeholders' use/manipulation of public discourses to influence knowledge and create truth, as explained by Michel Foucault, and must possess a talent for "able inquiry" through reflective thinking, as defined by John Dewey.

The practice of medicine is changing rapidly. It rarely consists of solitary practitioners who provide care to patients and families that are well known to them.^{4,5} There is now an information explosion that makes it difficult for a physician to keep abreast of technology. Physicians are becoming highly specialized, making their focus deep, but narrow, and medical students are choosing specialties that enhance their time with family and friends while maximizing their income and limiting their interface with the sickest and poorest of society.^{6,7} Physicians are more often working in teams with other physicians and physician extenders, thereby giving up a measure of autonomy.⁸⁻¹⁰ Insurers are decreasing reimbursement and demanding performance indicators, the government is regulating more, "big pharma" is advertising more, especially directly to consumers, and medical malpractice is still a problem.¹¹⁻¹⁹ The advancement of the standard of care, and its uniformity of delivery, has developed many stakeholders. Stakeholders have their own agendas, which are perpetuated through public discourses that they direct, that are framing the construction of knowledge, and probably to some extent, the truth (or some truths). Physicians are not Nietzschean supermen.^{20,21}

Therefore, to navigate the maze of 21st century medical practice, for the benefit of their patients and themselves, future physicians will have to have incredible political savvy, understand public conflict in all its forms, ask all the hard questions, and give all the hard answers. In short, today's medical students will need to become effective Guardians of society's health.

A legitimate question to ask may be: why should medical students be targeted as Guardians? Several logical points must be emphasized here. Their youth makes them energetic, enthusiastic, and less jaded than older practitioners. In other words, they would be fresher and be more likely to present themselves as a “clean slate” on which to write the responsibilities to society. Also, as the most junior partners in the health care enterprise, they will be accountable and responsible for more future years of practice. Furthermore, they will be saddled with the laws and debt with which “older” society encumbers them that forces them to become politically and economically savvy. In effect, their youth and inheritance place them in this role, although their wisdom is yet to be acquired. While the resiliency of some of them may be questioned^{22,23}, without firm evidence to the contrary, it must be assumed that they will be as resilient as their predecessors.

DISCUSSION

The form of the good and the guardianship of society's health.

In his work, *The Republic*, Plato proposes that it may be to society's advantage to be ruled by philosopher-kings and guardians. In this time of economic downturn and impending healthcare reform physicians must successfully become Guardians, a term that Socrates used in regard to wise leaders. Here the term is used in regard to the position of physicians as the Guardians of society's health, as physicians must fulfill their social contract to be “wise” leaders in crafting healthcare delivery. Wise in this sense, does not mean paternalistic, but rather emphasizes a social understanding of the relevant societal discourses, the positions of the stakeholders, the possible solutions that can be garnered from pragmatism and tested hypotheses (see Dewey below).

Socrates insists the Guardians of a society must have the qualities of philosophers in that they need to have facile minds that have a readiness to learn and remember, be quick and keen, along with enterprise and breadth of vision.²⁴ Such qualities must be based on knowledge, and ultimately on knowledge of the good, which to Socrates meant, the “form of the good.” To Socrates this was the highest form of knowledge, and such knowledge was regarded as peculiar to each individual. All physicians are different and each will attain the knowledge of the good in his or her own time and to a lesser or greater degree. While Socrates declines to tell his audience what “the good” is, he invokes examples of the “child of the good”, i.e., the form of the good. So what is the form of the good in healthcare? Can we really know what it is?

Socrates stated that the form of the good could be described, and only from such a description, or example, could one begin to ponder what “good” actually was. According to Socrates the “good” nearly defies description or explanation, and can only be intellectually approached in the form of the “child of the good.” A Guardian of society must recognize the form of the good because it “gives the objects of knowledge their truth and the knower's mind the power of knowing the form of the good”²⁴ Furthermore,

*The good therefore may be said to be the source not only of the intelligibility of the objects of knowledge, but also of their being and reality; yet it is not itself that reality, but is beyond it, and superior to it in dignity and power.*²⁴

Socrates goes on to use the similes of the sun and the divided line (which is left to the audience's discretion to read in Plato's *The Republic*) to establish that there are two powers to consider in understanding the form of the good. Socrates points out that one of these powers is supreme over the intelligible order and the other over the visible region.²⁴ In other words, there are two orders of things, the intelligible and the visible and that these orders lead to four states of mind, tiered from top to bottom; intelligence, reason, belief, and illusion. Herein lies the rub for those who practice medicine in these changing times of the early 21st century: physicians have to confront the public, the government (elected and appointed officials), the insurance establishment, and the judiciary in trying to explain the importance of what the medical community provides and how it can be provided most effectively in a way that uses intelligence and reason to combat belief and illusion, which will result in a form of the good. It is the difference between intelligence and reason versus belief and illusion that defines current trends towards Evidence Based Medicine.

So now consider Socrates' thoughts regarding “good” in the current healthcare reform debate. The millions of uninsured citizens are objects of the visible order, while the intelligible order needs to regard questions of how to pay for more healthcare, by whom and for whom should such a benefit be bestowed. The “sight” of medical students needing to take out huge loans to complete their training (\$145,000 for students at public medical schools and \$180,000 for those at private medical schools) and then being criticized for making the appropriate economic survival judgment to enter the more lucrative specialties is distressing to society, but what to do about it is a problem of the intelligible order.²⁵ We “see” health insurance companies and pharmaceutical companies making large profits and tort reform being neglected: the answers to these problems are in Socrates' intelligible realm. The form of the good would be to come to a satisfactory resolution of these visible problems with intelligible options. Physicians, present and future, must make sure that the intelligible answers to the visible interrogatives posed are fair to all, but not at the expense of the practice or quality of medicine. Again, intelligence and reason must be used to combat belief and illusion. Plato's Allegory of the Cave provides an applicable modern day metaphor for today's medical students.²⁴

In the Allegory of the Cave “the conviction that philosophical reflection is needed in order to see through the frequent illusions of common sense is forcefully dramatized”²⁶ Here a group of prisoners are held in a cave, chained and facing a blank wall their entire lives. Behind them there is a fire and a road, with the road between the fire and the prisoners. As people walk on the road carrying various objects, the prisoners can only see shadows and hear echoes of the voices on the wall in front of them. They make assumptions about reality based on what is visible and audible to them. Their beliefs are based on illusions/shadows. If one of the prisoners was to escape and suddenly turn to run he would see the fire and people on the road and be forced to envision a new reality that was quite different than what he “knew” to be true moments before. Then if he was to run out of the cave entirely and out into the bright glare of the sun, another and newer reality would confront him. He would see things, eventually, as they really are. Thus, he would come to understand that there are degrees of reality, knowledge, and truth.

It is the responsibility of physicians to take their reality back into society and explain the problems and pitfalls of modern day medicine to a society that only sees shadows and hears echoes of the Form of medicine. This point of view makes several assumptions. The first is that physicians have lived in the cave (normal society) and understand the mindset and the conditions of others (sometimes not an easy task). The second assumption is that the medical community is willing to sit down with their societal peers and explain in an easily understood and thoughtful fashion why things should or should not be done a certain way, and accept criticism in return. The third assumption is that the medical community closes ranks, for the most part, on the topics of common interest and importance. The fourth assumption, and the most crucial one, is that the medical community understands the discourses that are taking place in a society, who the stakeholders are, the difference between shadow and true Forms, and that they as physicians must be prepared to use *Fearless Speech* (see below).

The actions of the Harvard medical students are a form of the good in that they were not satisfied to be inactive onlookers in the face of a policy that seemed to be against the interests of society at large. They had seen the “shadows”, turned away, and with their knowledge of a newer reality found upon careful examination a policy they regarded as distasteful. They realized that there were differing degrees of reality, truth and knowledge that applied to their views versus those of the administration. They functioned as Guardians.

Any hint of applying a platonic Guardian ideal to physicians in their relationship to society in general may smack of liberal paternalism to some readers. Platonic Guardians may be thought of in a negative sense as an “elite equipped with confidence, arrogance, authority, credibility, and committed to producing and deploying expert knowledge in a bid to handle the ...question.”²⁷ However, from the perspective of this commentary such is not the intent. The intent it is to make sure that physicians are aware of the shadows and the light that will illuminate, color, and affect their practice of medicine. Those shadows and light do not only include poverty, illness, economic loss, family interactions, race, and gender, but also political interactions and instability, societal interactions, international repercussions, and environmental problems; and not just from the physician’s viewpoint, but from the position of another stakeholder. Platonic Guardianship, in its traditional sense, may have been better fitted to “a world where people evinced trust and deference towards social authority and had more patient expectations of government; a world marked by greater equality and solidarity and less ambient precariousness and insecurity.”²⁷ Ian Loader in his paper, *The Fall of the Platonic Guardians*, which addresses the approach to crime in England and Wales, presents aspects/positions that may be applied to the healthcare debate in the USA. He makes the point that the lost art of “taking the heat” (an attribute of Platonic Guardianship) needs to be reinvented to help temper the impatient political climate of today,

The lost world of Platonic Guardianship offers, in this regard, a highly pertinent and potentially critical resource for diagnosing the pathologies of a public culture in which actors tend routinely and unquestioningly to respond to demands for order in the terms in which they are presented. To act thus, the Platonic Guardian reminds us, is to play with passions

*that cannot easily be regulated, to foster expectations that are not easily sated and to create spirals of outrage, desire and disappointment that have the potential to overwhelm and undermine the institutional architecture of liberally democracy. These, we are wisely instructed, are the all too probable and perilous consequences of political actors choosing to ride a tiger they can neither tame, nor easily dismount.*²⁷

This view of Platonic Guardianship may assist in producing effective politics which may, in turn, produce a “form of the good” acceptable to all.

Of being a Guardian and the importance of speaking truth to power. Truth is one of Foucault’s major themes. He was concerned with truth’s relation to power, knowledge, and the subject (a self-aware being that had free will in relation to his or her actions). To Foucault, truth is an event along a timeline and it is produced, rather than being something that exists. Power, on the other hand, according to Foucault, is not wielded like an axe, but is a relation, it can be repressive and/or productive, it is not only exercised by governments, but occurs throughout society at every level, and most importantly, the exercise of power is strategic and war-like.²⁸

Medical student Guardians have to become master politicians because when dealing with truth, they must realize that truth is never outside of power. Truth has power and it is always in demand. Foucault tells us that the truth has both of its feet planted on ground. The truth is in the here and now, and was not discovered in some other epoch or location,

*Every society has what Foucault calls a regime of truth. These regimes determine which discourses are allowed and which are not. One of the restrictions on truth is who gets to own it and produce it. In our society, Foucault argues, it is mostly produced and determined by universities, armies, media, and writing.*²⁹

What is a discourse you may ask? A discourse is a set of maxims that enhance a position, or interest, in a power struggle (or struggle of ideas); it is a way of speaking. Discourses produce truth, but it is a truth produced in the interest of the most powerful. Multiple discourses can go on in a society; they may overlap like Venn diagrams, or some can just remain independent. Discourses are directed and perpetuated by stakeholders. There are many stakeholders in the healthcare reform arena. Many are more powerful than any particular physician group, such as the insurance industry and the federal government. Therefore, it is of paramount importance that medical students be well versed in *parrhesia*, which in ancient Greek means, “to say everything” (known as *Fearless Speech*).³⁰ A *parrhesiastes* is someone:

*Who says everything he has in mind: he does not hide anything, but opens his heart and mind completely to other people through his discourse. In parrhesia, the speaker is supposed to give a complete and exact account of what he has in mind to the audience is able to comprehend exactly what the speaker thinks.*³⁰

In other words, the speaker must be frank. For example, the Surgeon General of the United States Dr. Regina M. Benjamin has taken a position about childhood obesity and the long-term health consequences of continuing to ignore this problem.³¹ The American Medical Association has spoken out against the use of torture in a letter to President Barack Obama.³² When Lucas County (Ohio) Health Commissioner Dr. David Grossman pointed out the impact of individual decisions in the overall health status of county citizens, he was speaking truth to power by frankly disagreeing with the perspective of victimization so often used to explain undesired outcomes.³³ President Obama's push to have health care reform is itself an example of speaking truth to power. His efforts, whether one agrees with the outcome or not, brought to light issues that must be dealt with (such as the uninsured) and have forced an examination of our health care systems that was being politically ignored for years. There are many examples of national and international parrhesiastic initiatives such as healthcare reform (PPACA), animal testing, vaccines, right to die legislation, tort reform, the environment, and disaster support that muster support and opposition. There are also local initiatives that are worthy, such as the aforementioned Harvard medical students' initiative, curriculum changes, teaching methods, local housing projects, and supporting victims of crime, etc.

However, a physician would only be considered *aparrhesiastes* if there was a risk of danger in him/her telling the truth (as in the case of the Harvard medical students). A *parrhesiastes* speaks truth to power; the speaker's position is always in jeopardy. The *parrhesiastes* is always someone who takes a risk; this risk is not always a risk of life. The act of *parrhesia* is not to demonstrate the truth to another audience or individual, "but has a function of criticism: criticism of the interlocutor or of the speaker himself".³⁰ So *parrhesia* is a form of criticism where the speaker is always in an inferior position to the one being addressed. *Vis à vis* the government, insurers, large consumer organizations, academia, hospital organizations, and the military, physicians are in the position of *parrhesiastes* when it comes to criticizing any changes that are not good for society or physicians (or other healthcare providers) themselves. If physicians do not perceive that particular healthcare reform changes are in the interest of society or the practice of medicine (their own interests included) they have a duty to tell the truth from their perspective. This duty is the last characteristic of *parrhesia*.²⁶ Physicians, as *parrhesiastes*, must be frank, truthful, place themselves at risk (politically and socially), criticize, and dutifully disagree with any proposals of healthcare reform that put the public in danger, at a disadvantage, or put the medical community/practice of medicine at risk. Physicians must not be concerned about anything but the right thing (from their vantage point as a stakeholder and Guardian).

Physicians should be intellectually armed, mentally resilient, socially engaged, and never fearful in presenting an opinion or position. The argument here is not that physicians have no power, but that it needs to be wielded effectively, and as frequently as necessary, while understanding the discourses and relations that encompass the truths produced along the timeline of events. It must be understood that *parrhesia* does not involve an assumption of a lack of power, but it is an act of criticism from a position of less power.

And what about those Harvard medical students? They were *parrhesiastes* extraordinaire. They are the walking, talking definition of *parrhesia*. They confronted authority with a truth and were willing to risk much to address what they saw as a wrong. Thus, rather than limit students' access to media, an essential part of medical student education should be *inparrhesia*, and universities should encourage the well-conceived participation of students in discourses regarding healthcare. The discourses in American society regarding physicians and their place in healthcare debates and discourses (and there are many), manufactured by other stakeholders, for the production of a truth to promote a particular interest, must be met on the part of physicians with Fearless Speech (*parrhesia*). This too may be considered effective politics.

Reflective thinking enables Guardianship. John Dewey was one of America's greatest philosophers and educators. He was a pragmatist, and a leader in this American school of thought. He taught that knowledge arose from "an active adaptation of the human organism to its environment."³⁴ He believed learning was not from passive observation, but from manipulation of conditions and environments that answers a hypothesis that then allows humankind to move forward with re-observation, re-testing, and more answers. It is Dewey's considerations regarding reflective thought that lead him to his considerations regarding systemic inference, judgment, and empirical and scientific thinking that future physicians need to bring to the table of stakeholders in the discourses on health care reform. So, not only should students be educated in *parrhesia*, they should be educated in reflective thinking.

In the ongoing healthcare reform debate, logical considerations must be applied to the solutions under consideration for the problems at hand, such as healthcare and/or insurance reform, the medically uninsured, the cost of end-of-life care, cost of healthcare, etc. Logical considerations must be presented by all stakeholders, but especially by the medical community because public discourses may favor physicians. In essence, reflective thought must be applied:

*Active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the ground that support it, and the future conclusions to which it tends, constitutes reflective thought.*³⁵

Beliefs and illusions in the Socratic/Platonic sense, that lead to "feel-good" solutions that are of a high economic and social cost are risky to a society when they are not well thought out. The Patient Protection and Affordable Care Act (PPACA) stimulates discourse because it has an element of illusion (it does not really extend health insurance to the 45 million currently uninsured Americans) at a high economic cost. Medical students who will enter the workforce as PPACA becomes fully implemented, have more at stake than those physicians in their twilight years of practice and thus need to be able to speak truth to power and establish a form of the good regarding the implementation of healthcare reform. Such Guardianship requires reflection, both philosophically and scientifically. What the medical community needs to apply to healthcare problems, and supply to those who offer hastily conceived healthcare reform solutions, is basic "Deweyism".

First, all stakeholders must understand systematic inference in regard to induction and deduction, i.e., the double movement of reflection. When considering a healthcare problem there is, initially, disturbing and confusing data that may suggest an idea for a solution. There must then be a testing of the idea: “the movement towards building up the idea is known as *inductive discovery* (induction); the movement towards developing, applying, and testing, as *deductive proof* (deduction)”.³⁶ Are stakeholders actually making inductive movements toward binding principles and performing deductive testing thereby “confirming, refuting, modifying it on the basis of its capacity to interpret isolated details into a unified experience”?³⁶ According to Dewey if each of these movements is performed in light of the other, verified critical thinking and valid discovery occur.³⁶ The medical community, as Guardians who are reflective thinkers, should insist that this double movement of reflection be applied to problems in healthcare reform before solutions are incorporated.

Next, Dewey enlightened educators on how to use judgment in the interpretation of facts that have been collected. He instructs the readers that, “The aim of inference is to terminate itself in an adequate judgment of a situation”.³⁶ In other words, interpretation of the facts should be handled just as a judge would during a trial: (a) define the controversy, which will have opposite claims regarding the set of facts; (b) “define and elaborate the claims” and consider which facts can be submitted as evidence; and (c) make a decision and close the controversy; the closure of the dispute will serve as precedent for deciding the disposition of future cases.³⁷ While the use of judgment in this fashion outside the court of law, in the political realm, will be difficult, it does serve as a basis with which to start an interpretation of the pertinent healthcare facts related to improving care.

Finally, Dewey explained the differences between empirical and scientific thinking. Empirical thinking is a process that “depends on past habits” that have been accumulated “under the influence of a number of particular experiences not themselves arranged for logical purposes”.³⁸ Although empirical thinking is adequate in some situations, it can lead to false beliefs, make new conditions or situations difficult to deal with, and lead to “laziness, presumption, and dogmatism;” whereas scientific thinking breaks up “the coarse or gross facts of observation into a number of minute processes not directly accessible to perception” [39]. Therefore, the chance of error is lessened, and as humans it allows us to handle novel situations in a better, or more comfortable fashion. Thus empirical thinking encompasses the idea of treating patients a certain way “because that’s the way we’ve always done it” rather than using scientific thinking to develop evidence based medical practice.

It is our opinion that the Harvard medical students participated in the double movement of reflection (induction and deduction). The inductive identification of the “problem” led to the administration’s response that, in truth, provided a deductive proof. These students performed each of these movements in light of the other because, according to Dewey (and the authors of this commentary), verified critical thinking and valid discovery occurred on the students’ part, i.e., reflective thinking.

Therefore, responsible Guardianship of the public’s health by the medical community, using Dewey’s logical consideration as to systematic inference, judgment, and empirical and scientific thinking, will allow physicians to present to other stakeholders,

in the healthcare reform arena, arguments and interpretation of disputes in a manner that can verified and validated. This is not only effective politics, but it should be mandatory in any undertaking of a systematic overhaul of health care.

CONCLUSIONS

In this commentary we have emphasized the need for medical students, as future Guardians of society’s health, to approach the healthcare debate from three perspectives. These perspectives are neither whimsical, nor theoretical. They are grounded in a history of arguments regarding societal good, political information/disinformation, and the scientific basis for any debate or finding.

In the first instance, future physicians will need to determine, from their viewpoint, what “good” society needs in regard to health, and what they can actually provide to ease any difficulties to the consumers (who are patients when they interact with the healthcare system). In turn, they must listen to the “good” that consumers and/or their representatives espouse as important to themselves. This melded concept of the “good” should be the goal of physicians’ and medical students’ fearless speech after reflective thinking.

Next, teachers and mentors should encourage medical students to be acutely aware of the ideas and conversations, i.e. discourses, occurring around them that may hurt them or their patients economically and/or infringe on their scope of practice and the health of their patients. Physicians must be ready to fervently defend their position while at the same time taking a stand on what would also be in the best interests of society’s citizens. Industry, the government, and even academia, are not always looking out for the consumer’s best interests (and, it seems at times, not that of the physicians either).

Finally, medical students should be taught to present sound arguments, understandable to consumer-patients and their representatives, which indicate not only what may be best for consumers-patients, but also what services physicians can actually provide under the circumstances and parameters (laws, policies, and resources) that may confine, restrain or alter medical practice.

Here we presented how the thoughts of Plato, Michel Foucault, and John Dewey can be applicable as part of a framework for an effective political effort/undertaking by future physicians in the provision healthcare in today’s challenging economic healthcare environment. It is our hope that our future colleagues will endeavor to always provide for the “good” of all their patients, while at the same time understanding that being effective clinically means that they must effect change based on the best science, in a political arena influenced by the discourses of the powerful and the influential, in an environment in which the definition of the “good” may vary on the perspective of the beholder. The Harvard medical students that inspired this paper practiced Guardianship, parrhesia, and reflective thinking. Their politics were very effective. They were stakeholders that controlled the discourse and effected their intended result.

As we indicated at the outset of this commentary, medical students are healthcare’s Guardians of the future. They must be able to speak out effectively and fearlessly for the good of all. Mentors must encourage them, not discourage them, no matter how painful it becomes, just as Athena, in the guise of a mentor, encouraged Telemachus. Mentors need to role model this behavior in their institutions and practices. Albert Einstein

reminds us that, "Intellectual growth should commence at birth and only cease at death".⁴⁰ Such intercourse is all part of an intellectual growth that the medical profession needs and requires.

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