

Being Alienated Can Be A Catalyst for Improvement

Category: Being in the Minority

written by Joseph Fennelly | May 21, 2021

Starting pre-med in 1948, my intention in becoming a physician was to learn how to be a healer. To learn how to relieve pain and suffering.

At that time, medical education viewed the physician's role as a mechanic. Physicians were mechanics who fixed a malfunctioning machine: the human body.

My medical school professors "trained" us to be objective, to view patients through their separate parts, and never to view patients as persons. With the benefit of hindsight and the autopsy table to uncover the pathology, they viewed the "local medical doctor" and "the local hospital" as second-rate.

My medical school professors marginalized the art and humanity of medicine. They did not treat their students as persons. They did not address the cultural aspects of health, such as racism, sexism and homophobia. They marginalized the palliative needs of dying patients. They failed to address the spiritual dimensions of sickness and suffering.

As a medical student, I felt like a stranger in my own land. I felt isolated.

After completing my training, I joined one of those "local hospitals" my medical school professors had disparaged. And it was at Morristown Medical Center that I discovered that I was not alone in wanting to make medicine more holistic.

With the support of the hospital, the interdisciplinary staff and the community, we developed such patient-care innovations as cardiac and pulmonary rehabilitation, comprehensive and alternative medicine, a hospice unit, and a bioethics committee. We also built a fitness center for hospital staff.

Together with six other physicians, I cared for the US's first right-to-die patient, Karen Ann Quinlan, a case that prompted worldwide attention. From this experience I was able to help other hospitals and nursing homes develop bioethics committees for the first time. I created a course in bioethics at a medical school.

When we designed our first ICU in 1975, we sought the recommendation of a person with both a PhD in biomedical engineering and an MD degree, thus assuring a balance between human need and high technology medicine.

I retired in 2018, seventy years after beginning this privileged career. I was fortunate to work with a remarkable team of health professionals, including nurse leaders and community activists.

Despite the progress made since 1948, medicine still faces many profound

challenges: health care disparities; excessive cost; racism; the lack of universal health care; and, excessive profit from the compartmentalization and "medical-industrial complex." I believe we can solve these problems, but to do so we physicians must be willing to take the lead in initiating change and work cooperatively with our communities.

Joseph Fennelly
Madison, New Jersey