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# A Prescription for Democracy: Physician Activism and Canada

by

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## Abstract

In 1848, the famed German physician, Rudolf Virchow, argued that the best solution to combat squalor and disease was the widespread introduction of political “democracy.” That same year he joined the revolutionary upheavals in the German Lands and took to the barricades in Berlin in protest.

Physicians have always been in a unique position to serve as activists. Seen as experts in the public eye and situated at the forefront of health care, physicians have the expertise and social clout to champion myriad topics. One of the most famous Canadian physicians, Dr. Norman Bethune, can be viewed in the same spirit as Virchow as he was an incredibly prolific activist in his time. Using Dr. Bethune as a central starting point, we will first review several areas in which Canadian physicians have fought passionately for causes they believed in – the development of *Mobile Army Surgical Hospitals* (MASH), the push for socialized health care, the advent of *Médecins Sans Frontières*, *Physicians for Global Survival* and *International Physicians for Prevention of Nuclear War* – and then ask the question, where does the concept of activism stand with the physicians of today?

## Introduction

In 1848, the famed German pathologist Rudolf Virchow (1821-1902) was dispatched by the Prussian government to the Silesia region to investigate an outbreak of typhus. Upon his arrival, he quickly noticed the appalling environment in which the people were living. When he returned to Berlin, he reported to his superiors that this was an “artificial” disease, for which the only cure was “democracy” (Strathern, 2005).

Such a statement was scandalous for a physician in the 19<sup>th</sup> century, but seemed to be par for the course for Virchow. Because of his support for the revolutionary movement, Virchow became subsequently released from his academic position and chose to apply for a professorship in pathology at the provincial University of Wuerzburg. But his story illustrates a trend that has grown over time – the physician serving as activist. Instead of limiting themselves to straightforward diagnoses and treatments, some physicians have used their position to question and probe our social fabric. From armed revolution to issues of gender inequality, physicians have been involved with myriad social movements.

In the search for a Canadian model for the physician-activist, one quickly stumbles upon the legend of Dr. Norman Bethune (1890-1939). Surgeon, activist, artist, and avowed Communist, Bethune was a controversial figure in his time but later found fame for his

renowned exploits as a surgeon during the Spanish Civil War and Second Sino-Japanese War. Though he is most famous for his overseas adventures, Bethune fought strongly for social change in his home country of Canada. As a thoracic surgeon during the Great Depression, Bethune operated on many people suffering from tuberculosis and often noted that the majority of his patients came from low income environments. Speaking about the disease, he once stated that “[...] any scheme to cure this disease which does not consider man as a whole, as the resultant of environmental strain and stress, is bound to fail” (Allan and Gordon, p. 63).

We can see in this statement an echo of Virchow – the recognition of medicine’s shortcomings, and its inextricable link with the society that it works within. Throughout history many physicians have acknowledged this link, and have worked outside the confines of traditional medicine as activists in order to affect social change. This paper focuses on several examples of Canadian physicians playing the role of the activist, and does so through some of the writings and ideas of Norman Bethune.

### **Norman Bethune – The Archetype**

Dr. Norman Bethune was born in Gravenhurst Ontario in 1890, the son of a Presbyterian minister. He trained at the University of Toronto, with a brief stint as in the ambulance corps in France during the Second World War. After practicing in Michigan for several years and contracting tuberculosis, he trained again as a thoracic surgeon in Montreal, gaining acclaim for his surgical technique. It was during his years in Montreal that he became infamous for his social views and activism. He travelled to the Soviet Union to examine the nature of communism, and aligned himself with the worker’s unions of Montreal. He created the *Montreal Group for the Security of People’s Health* as a public health program for the poor, and often provided free health care for indigent populations in the city. He was an incredibly vocal supporter of a nationally provided health care system, and espoused nothing but disdain for his medical colleagues who were “[...] carrying on a cash-and-carry trade” (Allan and Gordon, p.75). His allegiances to socialist ideals led him to the Spanish Civil war in 1936, and the Second Sino-Japanese War (where he met and befriended the revolutionary leader Mao Zedong, 1893-1976) in 1938 (Allan and Gordon, 1952).

Bethune died in 1939 in China of septicemia, the result of an infected finger sustained during surgery. His work as a battlefield surgeon gained him incredible fame amongst the Chinese, but his politics made him a much more controversial (if not generally ignored) figure in his native Canada until the 1970s, when Canada’s social climate became more in line with Bethune’s ideals. Since then, much of his writing and work has been scrutinized in detail, revealing a prescience of mind with regards to medicine’s interaction with society. Through his words, one can examine a few of the many ways in which physicians have tried to influence society.

## Physicians for Medicare

*There is no such thing as private health – all health is public.*  
- Dr. Norman Bethune (Allan and Gordon, p. 95)

Bethune developed an interest in publicly funded health care early in his career. His socialist leanings may have partially informed his opinions, but much of his writings indicate his disgust with the imbalances in the health care system. Many of his surgeries were provided pro bono for patients with tuberculosis who could not afford to pay for their care. He chastised many of his colleagues, saying “I’d weed out half of them to begin with and put them to work behind a counter. And I’d see to it that the remainder understood that they were doctors, not men of commerce” (Allan and Gordon, p. 25). Bethune believed that access to health care was a fundamental right for all, which could only be achieved through a universally available, centrally funded insurance program. This would ensure that the most vulnerable populations would receive adequate and timely care, regardless of their ability to pay.

The common perception is that most doctors of this era were vehemently opposed to a publicly funded system. When Prime Minister Tommy Douglas (1904-1986) attempted to institute a provincial health insurance plan in Saskatchewan in 1962, the province’s doctors promptly went on strike. The concept of a single payer system, with decreased autonomy for the individual physician, was incredibly controversial, but there were actually a number of physicians who supported it during Bethune’s time.

A variety of reports, commissions and editorials abounded in the 1930s on the subject of state sponsored health care, each suffused with the tone of The Great Depression. These commissions offered variations on the same theme, with none specifically laying out the template for our health care system as we have it now, but they were laden with bits and pieces of policy that would shape future discussions. Toronto physician, Dr. George Wilson, would state in 1929 that “[...] state medicine is coming and we need not fight against it. It behoves [sic] this Association to get behind it and direct it” (Shortt, p.481). In 1934, the *Canadian Medical Association Committee on Economics* presented a “Plan for Health Insurance in Canada”, which bluntly recommended state health insurance (Shortt, 1992).

But for all the recommendations from physicians, little action was taken. Ideas were bandied about, but the realities of The Great Depression and the onset of the Second World War pushed the issue of public health insurance onto the back-burner for many years. In our own decade, we are seeing a return to the fight for public health care. A group of physicians have formed *Canadian Doctors for Medicare*, an organization that “advocate[s] for the preservation of publicly funded health care in Canada”. This group was led by Dr. Tom Noseworthy (b. 1950) of Alberta, and in recognition for their important work to facilitate public health care programmes. Noseworthy’s work was highly recognized through his election as a member of the Order of Canada in 2008. Canadian Doctors for Medicare has increased in profile in recent years amidst fierce public debate about the role for private health insurance in Canada. This has proven to be one of the defining political battles of the generation (Canadian Doctors for Medicare, 2008).

## Women in Medicine

*Women have been slaves too long. I am tired of the idiots who try to keep 'explaining' the female mind. The female mind is a human mind. Under inhuman conditions it will suffer. The myths created about the so-called female mind are kept alive by men who would like to keep women in bondage.*

- Dr. Norman Bethune

(Allan and Gordon, p. 70)

Bethune wasn't renowned for his feminist politics, but his quote elucidates a long held paradigm in medicine – the exclusion of women just as many physicians in the 1930s feared that the government would intrude upon their sacred profession, many others resisted the inclusion of women into the “old boy's club.”

Dr. Emily Howard Stowe (1831-1903) of Ontario would be the first Canadian woman to practice in this country. She applied to the University of Toronto's medical school in 1865, and received a reply that stated that “[...] the doors of the university are not open to women and I trust they never will be” (Library and Archives Canada, 2008). Undeterred, she enrolled in a homeopathic medical school in New York, obtaining her degree in 1867. She returned to Canada and set up a practice in Toronto.

Upon her return, the College of Physicians and Surgeons refused to grant her a license to practice, but Stowe ignored their invectives and practiced without a license for her entire career. Her daughter, Augusta, would be the first woman to graduate from a Canadian medical school in 1883.

When Emily Stowe received her rejection letter from the University of Toronto, she responded to the school by saying that “the day will come when these doors will swing wide open to every female who chooses to apply” (Hacker, p. 21). Her comment would prove to show great foresight, as 1997 would mark the year when women would become the predominant gender graduating from Canada medical schools, a trend that has continued over the past decade (Sibbald, 1998).

Stowe was also an avowed suffragette. She founded the *Toronto Women's Literary Club*, which would eventually mutate into the *Toronto Women's Suffrage Club*, a group dedicated to fighting for women's rights and improved working conditions. The Club's activities ranged from letter writing campaigns to create separate washroom facilities for female workers, to the infamous Mock Parliament. This parliament, which took place in Toronto in 1896, drew attention to the absurdity of denying women the right to vote. Attendees pretended that women were the ruling sex, and mocked the downtrodden men who begged to be given the vote (Hacker, 2001). By 1918, the Club had become the *Canadian Suffrage Association*, and when women were give the right to the federal vote, Dr. Stowe (who had died in 1903) was recognized as one of the founders of the movement.

## International Aid

*The slaughter has begun to appal me. I've begun to question whether it is worth it. Attached to the medical services, I see little of war's glory, and most of war's waste.*

- Dr. Norman Bethune

(Allan & Gordon, p. 15)

Bethune spent a significant portion of his career in war zones. France, Spain, and China – these experiences shaped him. Physicians have always involved themselves in the fallout surrounding armed conflicts – though a physician may not be a fantastic orator, or an effective policy maker, he or she can certainly provide clinical care with confidence. It is in this arena that we have historically seen the most activism from physicians, speaking out about their experiences working with vulnerable populations in poverty stricken or war torn regions.

There are a variety of Canadian and international organizations in which physicians have figured prominently. *Medecins sans Frontières (MSF)*, *War Child*, and *Canadian Physicians for Aid and Relief* are but a few. Physician involvement has historically been confined to direct medical care, but several organizations have broken with this tradition and delved into the more complex world of activism.

*Physicians for Global Survival (PGS)* are the Canadian chapter of an organization known as International Physicians for the Prevention of Nuclear War. From their title, it is not surprising to note that the organization was originally formed in the 1980's, a reflection of the nuclear tensions of the time. Instead of advocating for medical care alone, PGS espouses the need for justice and sustainability, along with the abolition of nuclear weapons. More recent efforts have focused on the impact of small arms sales in volatile regions, noting the impact of war on health and the environment (*Physicians for Global Survival, 2008*).

Perhaps the most well known Canadian physician-activist is Dr. James Orbinski (b. 1960). Canadian born and trained, he was a founding member of MSF's Canadian chapter and spent years working in Zaire, Rwanda, and Somalia. He also co-founded Dignitas International, an organization striving to provide access to essential treatments, and founded McMaster University's Health Reach Program, which promotes the health of children in war zones (*Wikipedia, 2008*). During his 1999 acceptance speech for the Nobel Peace Prize (awarded to MSF), he stated that "our action is to help people in situations of crisis. And ours is not a contented action" (*Bortolotti, p. 276*). Instead of launching into meaningless platitudes, Orbinski went on to discuss the plight of the Chechnyan people, and delivered a somewhat scathing and controversial oration about the failure of political systems in dealing with humanitarian crises.

## The Future of Physician-Activism

*Talk is no substitute for action. Words were invented by man to describe action. Use them for their original purpose.*

- Dr. Norman Bethune

(Allan & Gordon, p. 222)

Activism, almost by its very definition, is a product of its time. The push for national health insurance came out of the financial realities of The Great Depression. The

formation of International Physicians for the Prevention of Nuclear War was borne of political tensions in the 1980's. And the resurgence in Dr. Norman Bethune's popularity was in step with changing social ideals of the 60s and 70s. So we ask ourselves, what brand of activism will be championed by physicians of the new millennium?

We see environmental groups popping up in medical schools across the country. In August of 2007 the *Canadian Medical Association* passed a motion (with 95% approval) that asked physicians to include environmental issues in their patient interviews and to create environmentally friendly practices. At the same meeting, there were calls for access to safe drinking water, opposition to the use of pesticides, and acknowledgment of the health impact of climate change (Jones, 2007).

The *Canadian Association of Physicians for the Environment* (CAPE), an affiliate of the International Society of Doctors for the Environment, was created in 1994 but has proven to be an organization very relevant to today's social climate. CAPE recognizes that ecological well-being can be viewed in the same sphere as physical and mental well-being. Their major priorities include environmental impact on children, environmental toxins, the effect of climate change on human health, and regulatory reform (Canadian Association of Physicians for the Environment, 2008).

### **A Daily Dose of Activism**

*We need fewer leading physicians and famous surgeons in modern medicine and more farsighted, socially imaginative statesmen.*

- Dr. Norman Bethune

(Allan & Gordon, p. 96)

The Medical Council of Canada states that "[...] physicians will be expected to advocate for community wide interventions and to address issues that occur to many patients across their practice" (Objectives for the Qualifying Examination, 2007). Underlying this statement is an expectation for physicians to move beyond the traditional healer routine of diagnosis and treatment, and to instead "treat" the symptoms of intrinsic dysfunction in our society. New physicians should treat activism as an essential part of practice. Though they need not be expected to take part in violent revolution, they should be expected to take an active role in policy changes, national advocacy, and education.

Physicians are in a unique position to see our society's most vulnerable populations. Medical schools have adapted to our changing notions of disease by incorporating more training in epidemiology, community health, and humanities. Physicians in training should look to the past to see how health care can be practiced outside of the traditional boundaries of medicine. There is a precedent for physicians to engage with social issues, and work to make a difference.

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