Preventive Medicine And The Principle Of Integrity
Physicians Must Learn to Preach What They Practice

The Principle of Integrity might be described briefly as referring to the challenge, faced by all human individuals, to maintain the qualities of heart, soul, mind and body as one harmonious whole. In the words of Vatican II's *Pastoral Constitution On the Church in the Modern World* (n. 61), "... it remains each man's duty to preserve a view of the whole human person, a view in which the values of intellect, will, conscience, and fraternity are pre-eminent. These values are all rooted in God the Creator and have been wonderfully restored and elevated in Christ" (Emphasis added).

Basic to the challenge of maintaining this "integrity of personhood," is the importance of a relatively healthy body. There is the axiom ("mens sana in corpore sano") which suggests the need for one to maintain a harmonious integration of human components—a healthy and wholesome intellectual, emotional, social and spiritual life united to a healthy body.

The Urgency of a Program of Preventive Medicine
Maintaining one's health is much preferable to treating its loss. Hence, the urgency of a more organized and pervasive health education program is being advocated more and more as a national priority. The following description of "health education" sketches that urgency:

"The ultimate goal of health education is the improvement of the nation's health, and the reduction of preventable illness, disability, and death... Health education is that dimension of health care that is concerned with influencing behavioral factors and is therefore complementary to those components of health care that are concerned more with the organic factors of health and disease. As such, health education is a vital and indispensable component of health care delivery in which virtually all health care professions must be involved" (Promoting Health, Anne R. Somers, editor, Germantown, MD.: Aspens Systems Corp., 1976, p. 105).

The one-to-one relationship between physician and patient is the only health education source available to millions of Americans, and that usually starts only when symptoms of illness appear and the individual is persuaded to "go to the doctor." The situation could be compared to the wisdom of self-help vs. stop-gap help in charity endeavors. As the saying goes, "it is better to teach a poor man how to fish, than to simply give him a fish." Similarly, it is far better to teach individuals how to safeguard the precious gift of good health, than to come to their aid when illness has threatened their ability to enjoy life.

Prime responsibility for initiating and promoting health education must be assigned to men and women of the medical profession. It is sometimes said that physicians do not preach what they practice. The June 17, 1983, issue of the *Journal of the American Medical Association* carried an article, written by two physicians, which revealed that 70% of heavy smokers stated that they would stop smoking if urged to do so by their physicians. The same article told of a survey of American physicians which indicated that 64% of the physicians who formerly smoked had quit the habit. Other sources revealed that the majority of physicians have reduced saturated fat in their diets, exercise regularly, wear seat belts, and if they indulge in alcohol, take no more than one or two drinks per day (p. 3181).

Medical schools have been neglectful in training future physicians for leadership in health education. On the undergraduate level, the requirements for entry into the 126 medical schools in America (1982-1983 figures) give scant attention to a background in the humanities and in the social and behavioral sciences. Only 11% required courses in the humanities, only 9% required courses in behavioral science, and only 8% required courses in social science (President's Commission, *Making Health Care Decisions*, Vol. I, report, p. 131, note 6): In the curriculum directory of medical schools (1981-1982 figures), courses are offered in subjects in the general areas of behavioral and social sciences (community medicine, death and dying, ethical problems, health care delivery, patient education) but only on an elective basis. Physicians admit this deficiency in medical training: "Medical schools generally do not teach the skills necessary for the practice of health promotion. Concepts of risk assessment, behavior change, exercise physiology, and nutrition are visibly absent from medical school curricula" (*Journal of the American Medical Assoc.*, June 17, 1983, p. 3182).

The Rich Potential of an Effective Preventive Medicine Program
The basic task is not only information but motivation — motivating the citizens of America to assume responsibility for their own health and promoting the desire to change to a more healthful life style. Other nations with a far more formidable problem of health education (China, for example) have trained and dispatched a veritable army of nurses and medical technicians to visit hundreds of towns and hamlets to attend to common illnesses and diseases and to preach the message of
preventive medicine. Progress in our own U.S.A. in this regard over the past 50 to 60 years has been moderate at best.

As an illustration of the rich dividends of preventive medicine, the January 23, 1984, issue of *Time* reported on an intensive study (at a cost of $155 million) of the connection between America's No. 1 killer (heart disease) and high cholesterol levels. This study tracked the incidence of heart disease in 3,806 men (ages 35 - 59) over a period of from 7 to 10 years. None of these men had overt heart disease when recruited for the study. All had abnormally high cholesterol levels. As a result of being put on a low cholesterol diet (limiting the intake of fatty meat, eggs, dairy products) they realized a reduction of 4% in their cholesterol level. More significant results emerged from another part of the study, however, in which half of the men were treated with cholestyramine (a drug that lowers cholesterol) and the other half received a placebo (an inactive substance - NOT a medication). Those who had received the drug experienced a drop of from 18% to 25% in their cholesterol levels. They had 20% fewer episodes of angina (heart spasms), and 21% fewer coronary by-pass operations (p. 30). This is but one illustration of the extent to which preventive medicine can contribute effectively to the pursuit of human integrity.

Wonderful news for the millions of victims of kidney disease throughout the world was announced in the March 17, 1985, issue of the *St. Louis Post-Dispatch* (Parade Magazine): "(a special diet treatment) when eaten with certain low-protein foods . . . may be used in place of kidney dialysis in patients whose kidneys have not yet failed. The diet may even prevent the need for dialysis in such patients." What a break-through for the 72,000 Americans who depend on painful and depressing kidney dialysis for their lives at a cost to the U.S. government of $2 billion a year!

The subject of the connection between preventive medicine and diet control is too vast to be treated at length. In relation to health, there is much truth in the statement: "you are what you eat and drink." Not only heart disease and cancer, but also a long list of major illnesses and diseases can be traced to improper diet — heart attacks, hypertension, ulcers, diabetes, colitis, anemia, arthritis, etc. In February, 1985, a panel of 14 doctors and nutritionists were assembled by the National Institutes of Health to review "mountains of research" on the subject of overweight or obesity. Calling this condition "a very pervasive health hazard in many systems of the body," these professional panelists concluded that the hazards become significant at 20% or more above the "desirable weight" as determined by "averaging the values shown on the 1983 Metropolitan Life Insurance tables." By these standards, some 34 million American adults are obese.

The report continues: "Studies have shown that obese people have three times the normal incidence of high blood pressure and diabetes, an increased risk of heart disease, a shorter life span, and an unusually high risk of developing respiratory disorders, arthritis and certain types of cancer" (p. 72).

In speaking to the *Fourth International Congress of Catholic Doctors* on September 29, 1949, (cf. *The Human Body*, p. 117), Pope Pius XII said:

"What does the doctor do who is worthy of his vocation? He takes command of these forces (he mentions the ability to cure with radioactivity, to turn poisons into healing agents, to use deadly germs to prepare serums), these natural qualities, to employ them for the purpose of healing, to give health and strength, and what is still more worthwhile, to preserve men from sickness and contagion and epidemics."

One may conclude, with all due fervor and sincerity: "Doctors, please assume responsibility for leadership in effective health education — please preach what you practice!"

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