## Introduction

## SOME THOUGHTS ON INTERNATIONAL MEDICAL COOPERATION \*

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International medical cooperation is an important component and an exemplary manifestation of good international human relationships. In the words of Pasteur, "Science and medicine belong to no country because knowledge is the heritage of humanity, the torch that enlightens the world."

Whatever of these we are now privileged to enjoy is due to the lofty ideals and successful achievements of hundreds and thousands of men and women of good will. Great leaders and distinguished teachers of religion, philosophy, science, politics, and diplomacy have forcefully pushed the world onward towards the high levels of their aspirations and many of their thoughts and words are reflected in the following pages. From their ranks through the ages have arisen outstanding personalities who could crystalize the deeds of their contemporaries into a stable structure, upon which future generations could continue to build human progress. Such prominent people have always been the rare geniuses of their times and their coming and going is the history of the evolution of the divine spirit in man.

We have in the last year lost two such magnificent leaders. Their loss is not limited to the confines of their countries. They will long be mourned universally. Their lives were designed for their dedication to the proposition that people live in one great world and that the ultimate fate of all people is the concern of every thinking human being.

The assassination of President John F. Kennedy removed the outstanding world figure in international cooperation and left a sad void in which now one can only see, in stark realism, a lonely rocking chair, a forlorn widow, two bereft children, a diminished nation, and a deprived world.

The passing of Premier Jawaharlal Nehru calls the attention of the world to the potential in all men to achieve freedom, self respect, and autonomy in a hostile world without deeds of violence, without shows of might and power, but instead a persistent will to prevail in humility and kindness, or as Wendell Willkie wrote in his book, ONE WORLD, people should have, "The chance to create a new society in which men and women the world around can live and grow invigorated by independence and freedom."

A decade ago Arnold Toynbee, the historian, wrote, "The twentieth century

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will be chiefly remembered... as an age in which human society dared to think of the welfare of the whole human race as a practical objective." Perhaps the most significant feature of social development which gives hope of Mr. Toynbee's objective becoming reality is the increasing recognition throughout the world that the security and welfare of the human race are interdependent within each geographic and nationalistic area and that the security and welfare of each such area is dependent on the security and health of the world as a whole. Some of this recognition has been forced upon us by the technologic advances of the twentieth century which have created a shrinking globe in terms of communication, transportation, trade, and the devastating effect of modern weapons of warfare, but an enlarging world in terms of individuals and their hopes.

Mankind throughout the ages has been forced for practical purposes to develop social concepts to fit the new realities of the changing environment. As society matures, it seems to me it develops the ability to give fuller expression to a feeling that is as old as mankind itself, which is, the desire to share with and help one's neighbor and friend.

This concept of giving and sharing generously has long been practiced not only by individuals, but also by religious and private organizations. But it has been only within recent years that government groups have conducted (technical) assistance programs in which one portion of the world aids another.

For hundreds of years, missionaries of many denominations bringing Christianity to Asia, Africa, South America, and to most of the rest of the world, found that their most powerful, effective weapon in their zealous efforts to make religious converts was the healing of the sick, the practice of the medical arts.

In our present world, medical men, not primarily church missionaries, offer and bring modern scientific information and methodology in a magnificent burst of international interest and good will. They will forge from an abundance of understanding friendship, confident cooperation and a high respect for good intentions, a noble force which will spread the gospels of religious virtues in a measure never before possible. To say it otherwise, the carriers of the word of their church succeeded chiefly in bringing medical assistance. It is more than conceivable that medicine can bring about a revival of spirituality.

There is, too, a growing recognition that medicine, with its resources and influence fully mobilized, can do more for world serenity than the billions of dollars being poured into armaments. There is a mounting conviction that the time has come when medical statesmanship should be used to augment the methods of political diplomacy. I believe that most considerate people in the medical professions in all countries share these impressions which attest to the principle that the health and welfare of people everywhere is a common goal and our reason for being.

Medicine is no longer insulated from world affairs. It has truly become one of the great functions of modern civilization and must fulfill this function to the maximum degree for the benefit not only of world health, but also for a major role in the ultimate accomplishment of world peace. Medical care and medical education must not become pawns in the game of power politics or

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in the battles between conflicting ideologies. Medicine and all the world's medical personnel speak a universal language of cooperation in behalf of scientific truth, humanitarian service, the freedom and dignity of the individual, and the cause of world justice.

Many countries have been conscious of these attitudes for a long time, but the first major global recognition of the multilateral responsibility of nations to each others' health and prosperity came with the establishment of the United Nations and its specialized welfare agencies and with the early launching of their remarkable farseeing programs.

The current programs of the World Health Organization and the United Nations International Children's Emergency Fund, supplemented by those conducted under the aegis of the Council for International Organizations of Medical Sciences of which the American Rhinologic Society is now a member, the research programs of the national institutes of health in the United States and the many others in all lands, have one key factor in common — their international reciprocal beneficial implications.

Several governments throughout the world have initiated bilateral activities for technical assistance outside the framework of the United Nations.

The greatly increased attention to such activities brought about by all of these programs has not been sufficient, however, to stimulate all the interest needed to produce the augmentation of international cooperative efforts which most who devote their lives to this work feel is required at this moment.

Health is fundamental to the prime democratic concept of equal opportunity for all. A world in which good health is enjoyed by only a few cannot be a politically stable world. Good health is fundamental to economic self-sufficiency. Charles W. Mayo summed up this relationship when he said simply, "Poverty makes people sick and sickness makes people poor."

Victories over disease and disability demand successful assaults on the vast accumulations of encyclopedic information in the medical sciences. A good way to start the salutary attacks is through the recruiting and encouraging of exceptionally gifted and inspired ones who can assume control of the enterprises. We must be sure that there is an environment and an atomsphere where such young and older scientists, clinicians, and researchers can develop. But we must find these potential talents and help them discover and become the future. Obviously the arena for such activities is the whole world and the candidates to fill the leading roles will be found amongst all who inhabit the earth.

All the hard won gains for general welfare derived from scientific research ultimately come from progress in pure science accomplished by workers in all parts of the world who pursue their own scientific aspirations quite oblivious of possible commercial applications. They work best against the widest of erudite backgrounds which they help create with the cooperation of their national and international colleagues and without which much of their accomplishments could never come to pass.

Before we can have widespread functioning of international relationships on any basis we must look to our own intranational problems, into our interpersonal relationships, into the balancing of structural stresses of the family, and finally into the homeostasis problems of the individual himself.

Dwelling on these thoughts, we have come to see that a fuller understanding of the engaging but baffling creatures that we are must include consideration of those aspects of behavior that derive from the fact that we are all members of social groups and the bearers, the creators, and in some sense the prisoners of this phenomenon called "culture". The development of "comprehensive medicine" that provides care for an entity named the "total patient in a total world" has focused increasing attention on the social and cultural dimensions of behavior. It is a truism that the providing of any sort of medical service or association, and especially on an international level, involves both the provider and the recipient in the making and maintaining of a set of well planned interpersonal and intergroup relations. Obviously these relations are influenced by the beliefs, knowledge, values and traditions of all involved. It is thus important for all who foster these contacts to know a great deal about individual personalities and how they behave as members of national and international groups, socially and culturally as well as scientifically.

Culture is a distinctively human characteristic. Its purpose is to enable us to find our way around in all environments with a minimum of trial and error fumbling, in order that we may survive and satisfy our biological, physiological and social needs. Culture encompasses every aspect of living from the form of government to the poetry of Shakespeare. It includes the gestures we make in conversation, the rules for calling people by first name or by title, the place of the individual in a family, the definition of what constitutes illness and need.

There are differences of culture to contemplate. The hard thing to accept about culture differences is the recognition that "difference" is a two way word. It is very easy to observe that other people are "different"; it is much harder and takes some imaginative effort and disciplined detachment to realize that we are different, too. Our own thinking, believing, perceiving, acting, are so much a part of us and are so reinforced through repetition, that it is most difficult to appreciate how any people following varying ways can still be reasonable or normal, or sometimes, we think, even human. And yet this effort must be made if we are to work, live, and collaborate successfully with each other in situations which are culturally, nationalistically different from our own. The acceptance of a newer cultural pattern involves for many people a sharp break with traditional roles and traditional conceptions of proper behavior that is not always easy to make.

In the United States, for example, we enjoy a big and wonderful country with two hunderd million people. It is, however, composed culturally and physically of subsocieties based on ethnic or religious identity, and thus kept in a status of multiple separations. We live as groups — Catholic, Protestant, Jew, European, Mexican, Oriental, White, Negro. These groups need an amalgamating, an intranationalizing. In the late nineteenth century, America was called the melting pot where immigrants from many lands were molded into a "new world" form. But there has been no widespread cultural melting pot, rather an assimilation towards a well defined but limited cultural pattern. The subsocieties have persisted, each with its own smaller network of insti-

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tutions and organizations within which individuals carry on their activities from the cradle to the grave.

Those belonging to unlike subcommunities have many contacts with each other, but they are in the main impersonal; the intimate relationships are reserved for members of their own group. The chief exceptions are the intellectuals who in turn constitute their own unique subsociety in which members of diverse racial and religious groups and occasionally professional groups may have intimate as well as impersonal relationships and are thereby setting the important example.

Quick easy union of groups that have always been apart before can be, to quote Cardinal Bea, "A rock of disaster upon which the brave ship of international and national unity could flounder even before its mission was hardly begun." A unity based on least common denominators, on superficial concepts, could be a curse and not a blessing.

Yet, we do strive hard in the United States to bring about integration at all levels and we have learned that legislating or wishing will not bring this desired status into being. Farsighted men of good will must work diligently and long for it. We have just now, after one hundred years, made a small but noble step forward, a true inspiration for millions in all parts of the globe.

In the foreseeable but very distant future, more and more people will grow in those ways that will lead towards social and individual maturity, and will learn to accept and foster the dignity and rights of each human being, all of which will bring about national security and eventually an universatized, an internationalized world of beauty and contentment.

Physicians of the world are concerned with service to the individual and the development of medicine. Freely they disseminate their knowledge and experience and in turn receive aid from many sources, all united in a cooperative effort to improve the health of everybody. Whether this is accomplished by publications in the medical journals of the world or by international conferences, they do meet in security and with mutual trust. Through these media they become friends working for common objectives.

This amity, this basic ingredient of interpersonal relationships is absent in many other aspects of international communication. The centralization of authority in constitutional governments takes initiative away from the individual and tempts him to shun responsibility, especially with respect to efforts beyond his own national frontiers. Restrictions against free assembly for people still raises its ugly head. Yet, the field of Medicine has by some tacit understanding remained an area where the individual can continue to move with relative freedom and to engage in affiliations regardless and irrespective of governments.

The doctor's opportunity at this time in the world's history is to continue his international relationships by means of conferences, courses, congresses, and in any other way he can. His person to person contact keeps the life lines between countries fresh, strong, and taut. He knows the fundamental premise that he must meet his colleagues as an equal — not as a giver or a receiver, not as a benefactor or a pauper, not as a superior or an inferior, not even as a professor or a student, but as a sharer and a partner in the great undertaking of carrying forward a part of human evolution and a hope of progress through the jungles of opposition and resistance for the good of all who are here today and for those who will follow in the future.

To be a doctor is a privileged experience. It is an experience in living and with dying. It is an experience with mankind. It is events and episodes and drama lived through — a unique opportunity that has profound overtones: scientific, pragmatic, moralistic, poetic, and spiritualistic.

Medicine has built up over the centuries two great categories of these experiences to which the medical profession feels strong attachment. The first, of course, consists of those regulations, values, judgments, and beliefs that well-trained, ethical, dedicated, yet practical physicians have fashioned as their guiding principles. The second category contains the whole complex of sentiments, affections, nostalgias, and tender feelings that people working together for the sick and the unfortunate are bound to accumulate.

From all of these are acquired convictions and ideals which collectively we call good medicine, but which are at the same time gracious yet effective ways for better human understanding and interpersonal — and hopefully, international — relations. Perhaps in three such beliefs or virtues may be found the strongest affirmation of medicine as a world for friendship and human tranquil harmony. We might also find them to be the highest achievement of civilization.

The first and perhaps best of these human attributes is compassion. Only when all men will feel a genuine compassion toward their fellow men will the restlessness of hostility and unkindness be abated and the torments of man's inhumanity pass from our fevered world. Only when men become merciful will destructive loose talk and irresponsible deeds diminish, only then will hatred between nations soften into fraternal comfort and wars disappear from the face of the earth. Compassion brings a man a sense of fulfillment, a joy in other people's achievements, and satisfaction and contentment from the mere existence of his neighbors and friends.

Medicine and compassion are in an important sense synonymous. They are universal in application. Their unparalleled public benefactions, their extraordinary quality of hospitable acceptance of other man's burdens have been a bulwark of strength and encouragement to mankind. They have been right and good and as a consequence have endured and prevailed.

The second belief is "not to hate". The seasoned doctor does not say that all hate must be banished for the best of us hate the killing diseases and the gross manifestations of ill will. We, therefore, focus our powers of hate on the elimination of misfortune and evil. Medical hostilities must not be, and in general are not, focused on someone because of his traditions or his race or the hue of his integument. Medicine has channeled its hostile energies to work against poverty and homelessness, against national and international starvation and disaster, and to ease the pains of people wherever they exist.

The third attribute concerns courage, of which there are several kinds. There is the blind courage of the unfeeling brute who picks a fight at the slightest provocation. There is the courageous brave heart who rises to the occasion in the face of crisis or disaster and acquits himself in a most gallant manner. But more important there is the courage of those who shoulder uncomplainingly the pains and problems of the torments of their so-called quiet days. This is the courage of the sensitive and the responsive, the lonely ones, the hopeless invalids who carry on in the face of dire adversity. Many of these courageous souls not only do their utmost in spite of their unfortunate exigencies, but often make supreme contributions to the goodness of life itself. They are courageous in the highest sense of the word.

We physicians know well this courage. It is the handmaiden of freewill and it fervently engenders the struggle to gain the freedom to think and to work productively in a truly humanitarian fashion. The great scientific geniuses in the field of medicine from Maimonides to Freud have always been brave in this sense, and have exercised fearlessly their free will in order to make the world a better, friendlier, and healthier place for living for all peoples the world over, and so often against almost insurmountable opposition.

The individual doctor who would like to dwell upon and assume his national and international responsibilities finds himself trapped in a routine of trivia imposed by competition and ambition. This routine becomes a rutted habit and a too easily remembered, almost automatic, reflex response mechanism. He hungers to break out of this confinement because he knows of the great and beautiful world outside of his accustomed paths and places with which he has lost too much contact. Perhaps the language of international medicine, the concept of dedication to all mankind, and familiarity with the insights of deeply perceptive people everywhere would help him recapture the dimension which gives meaning and perspective to life. He must travel into the world to find out.

In Medicine one can be frustrated and confused by all the new rapidly multiplying contributions in medicine and the allied sciences, as well as by the enormous number of unsolved problems which continue to confront us. Often we have the feeling that life has failed us or we have failed in our participation efforts. We see the dark cloud in front of the silver lining where once we saw the sun peering behind the clouds. A mood of defeatism and cynicism can pervade where one cannot see order, purpose, or goodness in the universe, nor the resources and strong will within the hearts and minds of good men that are ready to try to set the sorry scheme of the world's distortions aright.

Maybe because we have been privileged to study and learn together in the noble traditions of Medicine and through our cooperative, sympathetic, compassionate communication on national and international levels, deep understanding will flourish for us in abundance. We all may find new insight, a clearer sense of purpose and direction, that may free us from indifference and the weight of impotence and allow us to breathe a nobler air and to walk more firmly on a beautiful, well built highway toward truly humane goals which we can all proudly accept with our whole hearts and souls.

A man of our profession has a mission in this world. The work he does is the core of what needs to be done. By his very choice of a profession he is constituted an ambassador of good will who must work and cooperate with others to create a world state of abundant health — physical, mental and emotional — as will show all men the folly and futility of prejudice, hatred, and war. The doctor like everybody else does not relish facing inevitable failure yet that is what he must learn to endure early, for in the end, illness and

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death always prevail. Also, doctors retreat equally into the corner of their speciality losing sight of the whole person. As one cannot fulfill his medical destiny by focusing only on a detached organ or body part, so one cannot be an isolationist in the beautiful, big "doctor's world", but through free and wide communication he can achieve his greatest dimensions.

My friends in Holland have epigrammatically expressed the hard learned lesson, "That you must pay for every good deed you perform". This, in a sense, may be true; but after you have lived long enough and prevailed well enough you transcend materialistic relationships and inevitably receive the rewards in self esteem your deeds have earned in spite of the envy, antagonism, hostility, and destructive attacks of your enemies and even friends who are out to prove that selfishness, chauvinism, and isolation are the dominating requirements for survival.

It is impossible to know all the words of communication in the languages of all other men, but each of us can understand fully and quickly the language of brotherhood of human concern and reverence for others. This language is learned well in international medical cooperative relationships and perhaps we can by our words and deeds pass this knowledge on quickly to people everywhere.

The language of human relationships and cooperation consists of only three words and they mean the same on the tongues of everyone. They are compassion, concern, courage.

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