

## PEDIATRIC THEME

## Medicine and society

Juan Ramón de la Fuente

On this occasion, the *Boletín Médico del Hospital Infantil de México* presents, under the Pediatric Theme section, the speech delivered by Dr. Juan Ramon de la Fuente in April 2013 to commemorate the 70<sup>th</sup> anniversary of the Hospital Infantil de México.

On May 31, 1943, President Manuel Ávila Camacho legally established the *Hospital Infantil de México*, attributing the characteristics of a public agency with a legal personality and patrimony.

The history of this laudable institution can be traced to 1930 when Dr. Isidro Espinosa de los Reyes founded the Sociedad de Puericultura (Society of Childcare), which soon became the Mexican Society of Pediatrics. From this Society arose various projects to care for children (including the construction of a hospital). A commission was established and was composed of the following members: Manuel Cárdenas de la Vega, Mario Torroella, Rigoberto Aguilar and Federico Gómez.

In 1933, President Abelardo Rodríguez was informed of the project and issued instructions to begin construction of a pediatric hospital. Unfortunately, the project came to a halt a few months later due to lack of financial resources. The idea reappeared in 1932 after the Departamento de Asistencia Infantil (Department of Child Welfare) was created. Dr. Salvador Zubirán was responsible for this department and one of his top aides was Dr. Federico Gómez. President Lázaro Cárdenas is-

sued instructions to reinstate the desired project, this time under the supervision of the distinguished architect Jose Villagrán García. However, once again the work was suspended.

During the administration of Dr. Gustavo Baz as Secretary of Health, construction of the building resumed, finally being inaugurated on April 30, 1943, 70 years ago.

Without a doubt, this unique group of teachers of Mexican medicine established this important project. They were not only the creators of the hospital infrastructure, but also the strong promoters of academic values in medical care who so radically influenced the development of medicine in Mexico, as well as the social evolution of our country.

Therefore, the theme I have chosen for this conference is "Medicine and Society," honoring those who made this work possible and those who have managed its continuity for 70 years.

The creation of an important project requires maintenance, growth, expansion, enrichment, correction, perfection, projection and consecration, especially in a country like ours, with its contradictions, inequalities and enormous social debt.

There were undoubtedly many who were the builders of 20<sup>th</sup> century Mexican medicine. It was an "army" of physicians who were committed to a national project that seemed to have found in its path of development the institutionalized revolution. Unique institutions such as the Hospital Infantil de México Federico Gómez and the Institutes of Cardiology and Nutrition, along with the Instituto Mexicano del Seguro Social (IMSS) and the entire national hospital network represented just that: a "giant" step towards development along with the arrival of social justice through the creation of institutions with a strong commitment to service.

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Institutions have to their credit, in their history, in their tradition, in their aspirations and in their daily work, names. When referring to this point, the risk of being unfair is present. Names are omitted inadvertently or deliberately, names that are present in classrooms, operating rooms, laboratories, hallways, clinics, libraries and administrative offices within the Board of Trustees and among the many benefactors who have given life and sustainability to this utopia, who once foresaw Dr. Federico Gómez. This became a reality largely due to the fact that he surrounded himself with loyal and effective employees and his success in building a school: some say a family and a veritable institution in every sense of the term as expressed by others.

Thus, the hospital developed its own micro-history: the creation of the various departments and services, the first full-time physicians, the publication of a very important issue of the *Boletín Médico del Hospital Infantil de México* dating from 1944, the development of the nursing department without which the hospital would not exist, undergraduate and graduate courses, residencies, subspecialties, medical society and its teachings, conferences, ceremonies, expansions and renovations due to mishaps caused by natural disasters like the earthquake in 1957 and the “invasion” (peaceful, of course) that prompted the adjoining building, Mundet Maternity. Its growth was always difficult, always extraordinarily meritorious, always with the tenacity that characterized those great leaders of past century Mexican medicine (strictly in alphabetical order): Gustavo Baz, Ignacio Chavez, Federico Gómez and Salvador Zubirán.

Social change is the most marked characteristic of our time. In the course of only several decades, Mexico has undergone profound changes that result from the interchange of the industrial culture and its social revolution. There are notable changes in families: the role of women at home, the exercise of authority, the education of children, exacerbations of generational conflicts and the dilution of outside societies that provide cohesion and security for its members.

Those words that have a great effect are not mine. They were said on an occasion similar to this one but in 1975 by my father who was invited by the Doctors Hospital Association to present the “keynote speech”, which was named after Federico Gómez. He himself was a physician at Hospital Infantil de México. Upon his return to

México, my father, who had just completed his training as a psychiatrist at Columbia University in New York, founded the Childrens’ Mental Health Service of this Hospital at the invitation of Dr. Federico Gómez, 25 years earlier in 1950.

I do not know if the Director General was aware of these facts when a few months ago he kindly visited me at Ciudad Universitaria (National Autonomous University of Mexico) to invite me to deliver this lecture. In any case, my gratitude for such a distinction acquires an extra emotional dimension because it was through my father that I was able to meet Dr. Federico Gómez and a number of physicians from the “first wave” who so carefully and generously helped to form and project, with a unique and highly accurate vision, the specialty of pediatrics and its various branches in subsequent years. As a note, my father always retained fond memories of those years and continued his friendship with his pediatrician friends throughout his lifetime.

Some elements of these events bring us together today, reminding us that ours is a profession that is inserted, perhaps like no other, into the social dynamics of our country, exerting a decisive influence on this profession. Let us use, as an example, the strongest indicator: life expectancy at birth. In 1943 it was just over 54 years and now it is more than 75 years. It is no exaggeration to say that social justice begins with protecting the individual’s physical and mental health.

It has been said that medicine in recent years has experienced more extensive and profound changes than any other time in history. In health care, the pendulum has swung from the individual to the social, from the emphasis on healing to the emphasis on prevention, from the citizen and the community as passive subjects to active participants, increasingly more informed and demanding. Childhood and old age as initial and terminal stages of life have also become more relevant, with additional rights, new commitments and the demand for better services.

We may say that the exercise of the profession has indeed dramatically changed. Advances in technology and science, of course, have substantially increased the power of physicians on the lives and welfare of the population as never before.

However, it is concerning that the patient/physician relationship according to the many different scenarios of

current clinical practice has simultaneously experienced a serious decline in regard to the many values that are the very essence of our profession. That encounter, which is above all confidence facing conscience, seems not to find its natural place and its historic alliance between physician and patient, which has been the oldest and one of the most powerful ingredients of medical practice and has experienced a serious decline.

It is then appropriate to consider the matter because it is from the perspective of human and social values: the rigor with which these are developed and the importance attributed to them in clinical practice. The various options addressing the serious challenges facing us today and that limit the ability of physicians to influence social development in Mexico can be better analyzed and designed with more authority.

In the current context and 70 years from the foundation of this and other institutions that transformed the practice of medicine (and consequently the health conditions of the country), it is essential to recover the importance of the academic dimension in our professional practice. This is the fundamental component of the contribution of these institutions with special reference to the National Institutes of Health. Academic medicine is based on education and research and on the documented analysis of the processes that determine health and disease, elements that can offer the best possible medical care. Therefore, these institutions represent a standard of excellence and must be carefully cultivated and protected.

Only rigorous academic training can offer realistic expectations of a comprehensive development for students, both at the undergraduate and graduate levels. This applies not only to the study of medicine but also to nursing, psychology, nutrition, social work and the wide range of allied health disciplines that today form an integral part of the overall occupations in health-care institutions. In addition, our profession is simultaneously immersed in the vortex of new technologies with multiple effects—both beneficial and undesirable—and the increasingly active participation of various social groups that directly and indirectly influence health care: multinational organizations, nongovernmental organizations, foundations, development banks, pharmaceutical companies, biotechnology companies, trade associations, etc. These constitute a complex process—the multiplicity of values in today's practice.

In this framework in which we are often caught up in, we forget that medicine is, first and foremost, a human science, i.e., a science focused on the person. Stronger science or finer techniques in caring for sick persons is not enough. Subjective and interpersonal aspects are essential and must be taken into account to be examined with rigor and sensitivity.

Highlighting the importance of the human components, i.e., psychological and social order in medicine, in no way implies or intends to belittle scientific or technological aspects. In fact, the wear of this dimension in the physician's daily practice is not due to the advancement of science and new technologies, which have been the backbone of the progress of our profession, but the spirit in which it is applied and because they often completely absorb the attention of physicians who neglect personal aspects of their patients and families for whom they no longer have time.

The great heritage of our teachers are not only the institutions left to us, but the spirit and mystique with which they were created, which is what kept and keeps alive that utopia. If there is anything that should be clear today is that we have not reached the goal, not even after 70 years.

One problem that seems more acute in the context of the complexity of social dynamics that overwhelms us has to do with the intellectual impoverishment of some physicians. I perceive with concern and increasing frequency a narrowing of their ethics and reflection. Harassed by information—relevant and superficial—pressured by query times and the number of patients to be attended, limited by health insurance coverage, caught between bureaucratic and commercial structures, reduction of salaries in public institutions and tempted by the principle of profit that characterizes the so-called health-care industry, physicians today often tend to forget that the true strength of our profession lies in the possibility of emphasizing the values that derive from the nature of the person: equality, individuality, dignity, margins of freedom, without which our profession runs the risk of being transformed. In any case, the main idea is that the image we have of humans is what defines the kind of medicine practiced.

It has already been expressed that medicine has experienced extensive and profound changes in recent years than any other time in its history. This is true, but

I also think (and I do not believe I am being naïve or even arrogant) that the best days of our profession are yet to come. We already have the tools to influence, neither more nor less, our own biological evolution. What is not clear is whether we are prepared to assume this responsibility.

Although much has changed in medicine, one thing has not changed and will not change: the obligation we have to our patients. Obligation that is not derived from ideology or fashion or sociology of the profession and that does not decrease whether remuneration for our services is indirect or limited. It is derived mainly from the vulnerability and helplessness of any person experiencing a disease state.

If indeed there is a commitment, not just to health as a social right but mainly to those who have lost and try diligently to recover it, then nothing should take precedence over the primary needs of the patient. That is the difference between regaining health or allowing it to deteriorate, which occurs more frequently among poor patients who are in the majority.

I close by briefly addressing another of the most controversial social, transcendental and sensitive issues of current medicine—selected issues of medical ethics.

We said that the power of medicine has expanded in a way that decisions made today by physicians have an effect like never before on human lives. Naturally, the physician's work fits the evolution of society, and society itself increasingly demands an ethic underpinned by the principle that expresses the inalienable right of individuals to freedom.

The focus of discussion is on the principle of autonomy which, in turn, is inextricably linked to self-determination. In the final analysis, the patient must be duly informed and in full possession of his/her faculties in order to decide the best options.

The issue becomes more complex if we notice that another sign of our times is precisely the growing diversity of social values. In a democratic and pluralistic society, it is as likely that the values and principles of the patients and physicians match or disagree. Among physicians themselves there are different criteria about sensitive issues such as euthanasia, abortion, prolongation of life, terminal sedation, etc. and it is not only to learn what is the physicians' personal preference, although physicians can and should offer their point of view. However, there

will be patients who will prefer to leave these decisions to their physicians to avoid having to themselves assume these decisions.

We must understand that if these issues were not controversial and, in many cases, the reason also for serious conflicts, the importance of ethics would be rather trivial. Here then comes a nodal point: if the poles of the potential conflict are simplified between what is "good" and what is "bad," we run the risk of creating an insoluble moral conflict. That is why the issue should be addressed from a strictly secular perspective, leaving aside value judgments. These are respectable in any case but should not be imposed on others.

In any field of the social sphere, as in medicine, there is such a tangible opportunity to claim secularism as the best way to seek alternatives and solutions to daily problems of general interest: *in vitro* fertilization, use of stem cells, interruption of pregnancy under certain conditions, palliative care offered to patients who are close to death, and the new scope of genomics, among other topics.

It happens also that many of these "domains" are no longer proprietary to physicians. Legislators, theologians, economists, philosophers, media and various civil societies express their opinions daily and with intensity, but not always with consistency. Basically, conflicts arise because of opposing values. That is where secularism appears. Let no one try to impose their beliefs on others assuming that these will be the most appropriate. If other positions are respected, the possibility of conflict decreases. Do not confuse rights with preferences, or crimes with sins, or parishioners with citizens. These categories are incompatible.

The analysis and discussion of complex issues with truthful and serene information is slowly bearing fruit. Changes and consensus take time, however, they are possible. A good example in our country that is pointing in the right direction is the so-named "Advance Directive Law" in force in several states.

It is time for physicians to help to define, as accurately as possible, the most appropriate actions in controversial cases. We cannot elude our responsibility. Humanism is the only instrument we have to protect immutable values of medicine. The first question to ask before such inescapable dilemma is the next: what is the most beneficial to the patient?

I think that the physician should, above all, commit to act in accordance with the wishes of the patient where it does not affect the rights of others. When physicians advocate for the rights of patients, their own rights are being defended. A modern interpretation of the Hippocratic Oath would be just that: a commitment to always defend the rights of patients. If a physician deprives a patient of his/her rights, then the physician is not behaving as expected. If a physician deprives a person of their rights, he/she is renouncing the humanist commitment to medicine.

For those who already have invested in the social, academic and institutional environment of medicine, many of these issues are not new. What is new is the current context, the inexorable advance of science and consciousness, becoming more widespread and profound, matching only progress and rights. And the right to health, with all its implications, leads the list of social priorities.

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