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I BELIEVE...

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I feel very grateful for the invitation to write about what I believe. But it immediately raises challenges. Believe about what? Why me? What is belief?

There is no compelling reason, except perhaps history, to explain why 'belief' should first suggest a need to answer questions in the field of religion. In a medical journal it might seem more appropriate to discuss beliefs about medicine and medical practice. Since I am left entirely free to choose, I propose to declare two beliefs about the practice of medicine which have guided my career, and then, given the surroundings of my childhood and education, to trespass into the wider field. But, before doing either, I must say what 'belief' is understood to mean in this essay and then say something about my own background.

'Belief' should be understood, in what follows here, to imply an idea which may or may not be supported by evidence. It may or may not fit with practical experience or be consistent with ideas which relate to the same context. 'Evidence' is understood to mean correspondence with reality, as known to lawyers or scientists. It is possible in some medical contexts, most typically in comparing alternative treatments, to test an idea by systematic repeated trials. 'Evidence-based medicine' (a fashionable slogan at present although scarcely a new idea) is a valuable generalisation of this principle. But, even in the practical field of medicine, there are very many contexts where actions have to be based on beliefs which could never be tested in this way (ethical dilemmas provide examples). It is these which reveal most quickly the aspects of belief which involve much more than the intellect—feelings, trust, commitment and sometimes self-sacrifice. These, in turn, are the aspects which so easily lead to proselytising and to fanaticism, especially in the young and under the influence of adverse circumstances.

My elderly parents, as well as the majority of a large family of uncles and aunts, were actively involved in the nonconformist church of which my paternal grandfather had been Minister. Much influenced by him, the family was one

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which took life seriously, with a respect for learning, a strong work ethic and an expectation that beliefs should lead to action, when possible. The arts were to be practiced as well as enjoyed (to the point of professional training in several members). But helping other people was a duty which should outweigh even the practice of an art or the pursuit of learning. Nevertheless some uncles were good at amassing money or marrying rich wives (from which I later benefitted).

Linking and unifying these principles and practices was a belief in God as a watchful presence—imagined by me in the likeness of the grandfather whom I knew only through others, since he died soon after I was born. Beliefs were therefore given under authority.

A move to the country before my father's retirement meant boarding-school for me, at the age of twelve. The choice fell upon one at which life centred on twice daily worship, three times on Sundays. Christianity, although now Anglo-Catholic, was again taken seriously. Apart from that, my life was mainly concerned with learning Latin, Greek and French, together with history, literature, art and the active practice of music. This continued at university until the second world war put a sudden stop to it. By the age of twenty I had not experienced a single hour of teaching about scientific ways of thinking nor about any of the sciences. John Carey has described my situation then as 'one of a new species of educated, but benighted beings, with most of modern knowledge blotted out'.[1]

This background might have pointed to a career in the church, but this was never seriously in my mind. Even further from my mind was a career in medicine. The war determined my change of direction. Without that crisis it would have been most unlikely. The decision was made on a single day in September 1939, but its implementation depended on whether I would ever come back from the army (in which I hoped to become a stretcher-bearer, but did not succeed in doing so). It would be a wrong use of space here to elaborate the four reasons which worked together on that day. Suffice to say that I frequently wondered whether I had made a mistake until I became a general practitioner eleven years later.

Within the field of medicine my first belief is about the relative importance of mental and physical pain. With notable exceptions, the majority of doctors whom I have known—especially among those who taught me fifty years ago—have underestimated mental pain[2] (and even the subjective experience of illness) and perpetuated a harmful bias, largely based on ignorance, fear and a sense of impotence. This bias, obvious in pre-clinical and clinical teaching alike, troubled me as a medical student, to the extent that I felt myself to be in an alien world. It still troubles me sometimes, but far less often and with less justification. The advent of physical treatments which can be seen repeatedly to relieve some forms of mental suffering has changed attitudes which previously resisted the simple observation that mental suffering is the usual reason why people kill themselves. One has only to question a small series of people who have experienced both mental and physical illnesses in severe degree to learn the same lesson. If academic evidence were needed, it can now be found in a large study of chronic illness,[3] in which the disruptive effects of eight disorders on both patients and family are measured and compared. Depressive states cause more disruption than any of the other disorders. My belief is therefore that due weight has not been given—and is still perhaps not given—to mental pain. This has influenced the aims which I

tried to pursue in my practice and in the wider fields of medical education and organisation. It had its roots partly in an education which had been about people's thoughts, feelings and relationships, but not about their bodies; and partly in a strong family history of depressive illness.

The second belief came later, with the force and suddeness of a conversion. Two weeks' experience as a locum in general practice determined the rest of my career. Belief in the value of this role in medicine and society (and in its rightness for myself) seldom left me thereafter. Yet there was little evidence at that time (1951) to support belief in the importance of the generalist role within an increasingly specialised world. Indeed there were influential voices predicting its demise, as could actually be seen to be happening in other comparable countries such as the United States and Sweden. This belief took me out of the prestigious enclosure of a London teaching hospital and into a high-street shop which had changed neither in appearance nor function over the previous seventy years. It also took me into what then counted as an inferior form of membership within the medical profession.

This belief, like the first one, had its roots in an earlier education focussed on people. Now the opportunity suddenly and unexpectedly opened to study people in their natural surroundings, as well as giving me freedom to use in my own way all that I had learned in medical school and hospital to help some of them.

Over the past forty years, against all expectation, the role of generalist in medicine has gained in strength, in this country particularly, as specialisation has followed its own logic of sub-division and fragmentation. The complementary need for breadth, continuity and co-ordination has become increasingly obvious. At the same time governments, under constant pressure from rising costs, turn to primary care and general practice, to disease prevention and health promotion as promising ways to reduce the cost of secondary care, largely provided in hospitals. In this process of unexpected change no other single body has played so central a part as the Royal College of General Practitioners. My debt to it is profound.

Discovery of general practice had finally established for me a clear sense of purpose and, with it, the reward of feeling valued. The foundation of the College in 1952 provided a complementary purpose and an outlet for the missionary drive which came from my upbringing. It also offered a way of linking theory to practice which had previously been missing from this field of medicine and which has since proved to be of fundamental importance. This linkage has remained essential to my own satisfaction ever since.

My upbringing had pointed towards a career in the church. This would have created natural opportunities for music, something for which I owe much to my mother, a musician, and to a series of inspiring teachers. If enthusiasm for religion depended only on music, art, architecture and drama, I might have taken that path. But it also depends very much on words and their meanings. Words convey more precise images and ideas—about the universe, the world, human life; about good and evil, and duty; about death and, above all, about a relationship to 'God'.

Although, as a child, at school and even at university I repeated ritual words, believing some of them, many lacked meaning. Over the fifty intervening years it has become increasingly clear that I cannot square the most central beliefs of my upbringing with my own life's experience nor with knowledge available at

that time, but unknown to me. These beliefs, some of which had become part of me, were that God, the creator—'out there'—is a father who loves us all, cares for each one of us, knows our every action, judges and records our behaviour and is a Person with whom it is possible to speak in prayer, to ask a favour and sometimes to receive an answer or even a miracle.

How can one fit that image with the vast impersonal universe now revealed to us? How does it fit with the sufferings and injustices so unfairly distributed, through no fault of their own, among so many of those whose lives we are privileged to witness as doctors? Yet that was the image of God which I absorbed. Is it not very close to the image portrayed by Jesus Christ in the Gospels and daily propagated by Christian churches as fundamental and absolute reality?

One cannot lightly question or abandon a central element in a system of beliefs revered as sacred by so many thoughtful people, past and present, but I have to do so. An overwhelming weight of evidence, from history, from the comparative study of religions and from observation of contemporary behaviour, supports a belief that God is created—and has always been created—in and by the hearts and minds of men and women. This, of course, does not exclude the opposite belief that God, a Person, 'out there', created the universe, the world and man and continues to be concerned with the behaviour and fate of each one of us. But this second belief lacks comparable evidence, depending on the statements of individuals whose experiences are so exceptional, seem to them so real and impress them so profoundly that they claim them to be revelations from a source outside themselves. For the many who have never had such experiences themselves, the second belief has to depend on 'faith', in other words the will, the desire, the need or the obedient habit of believing. In the search to understand the nature of things, such motives do not command my respect as much as the careful collection of evidence—an ideal to which, for example, good medical practice aspires and which is typical of rigorous scientific thinking. These motives seem less concerned with discerning what is than with a longing for what ought to be or what might be. It is in this direction that their strength lies.

It does seem obvious that ideas and feelings about God and Gods have arisen in the creative imaginations of men and women throughout recorded history, serving in their various forms several different purposes simultaneously. They have served as attempts to explain the origin and purpose of life and the experience of living, as ways of warding off what is threatening and celebrating what is joyful. Such imagining, long before Christ, has been a focus for hopes and aspirations, a repository for what is valued most highly and a refuge in times of trouble. It has provided a sense of purpose and leadership, a guide to behaviour and, when shared by a group, a sense of belonging. But it has also served as a power for controlling, a divisive force and a justification for destruction and killing, resembling in these ways other forces which drive human actions and which also serve either for good or for ill. Claims to exclusive visions of the truth seem to have been almost inevitable. Sadly this is so with the Christ of the gospels—'He who believes in Me and in my Father shall have eternal life'. And the others? Those who have never heard of Him?

Although the idea of God has almost always been perceived as a power from outside—as spirit, breath of life, inspiration—and so often as a Person distinct from man, I believe that its source is in the human imagination. It is no less

valuable (or harmful) for that reason, but it may seem harder to grasp.

The inner realm of the imagination is accepted by most thoughtful people as the source of artistic, poetic and intellectual inspiration. What need is there to seek a different source for religious inspiration? Why does this require the intervention of an external agent? It is one of the peculiarities of invasions from the subconscious continuation of our conscious life to take on objective appearances and to suggest to the subject an external control. In religious life the control is felt as higher. Could there be a reluctance here to look inwards and to accept responsibility for our own motives and behaviour? Willingness or capacity to do either are not universal or prominent human characteristics, as many people besides doctors know.[4]

Maybe an external power is the only possible source of hope or salvation for those who are pessimistic about human nature and about the future of a world increasingly dominated by humans, even if they do not all attribute their pessimism to the sin of Eve and Adam. For me human beings are no more consistently sinners than they are consistently angels. I remain an optimist about the long-term future of humanity.

Optimism may come more easily in this century to medical people than to others, because they will have seen and been involved in the relief of suffering which could not be relieved before, even within the span of their own memories. This has been a privilege. Medicine has provided a purpose and an activity, the achievement and value of which has been confirmed by good evidence. Despite disappointments, belief in it overall has been repeatedly confirmed by individual and public experience. It also provides a sense of belonging—both to a tradition as old as the oldest religion and to a fraternity of people whose main aims are shared. If it sometimes provides opportunities for controlling other people, it is exceptionally free from divisiveness and destruction.

So medicine, with its exacting ideals of truth to reality and compassionate service to others, has allowed me a certain substitute for religion in its contemporary Christian form. In so far as medicine's remit is narrower, I have been fortunate to inherit a capacity to play music and to paint, and thus to know more than one way of imagining, creating and restoring some order out of chaos. In so far as Christianity puts love above other values, I have known much love in the family of my upbringing and in the family which I have helped to create.

I have never had any mystical experience of the presence of God nor discovered any meaning in prayer, but my background has left me with ideals and values (in the face of which I feel inadequate). They owe much, but not everything, to Christianity. They are sometimes embodied in charismatic people, but I am not convinced that their continuing influence on myself or others—the voice of conscience—depends on belief in or help from either an imagined or a separately existing deified Person. Among these ideals honesty, sincerity and consideration for others feature large.

I believe therefore in the power of the creative human imagination and in the necessity and sacredness of ideals. If what I have written seems too remote from the emotions which launch crusades or foster churches, so be it. This is a personal statement only. If it leaves the origin and purpose of the universe a mystery, this seems preferable to any inadequate explanation. To say 'I don't know' is essential in medicine. I believe that it is just as essential to admit ignorance in a more fundamental matter and that, if there were a Person out there, He or She might perhaps approve of this admission.

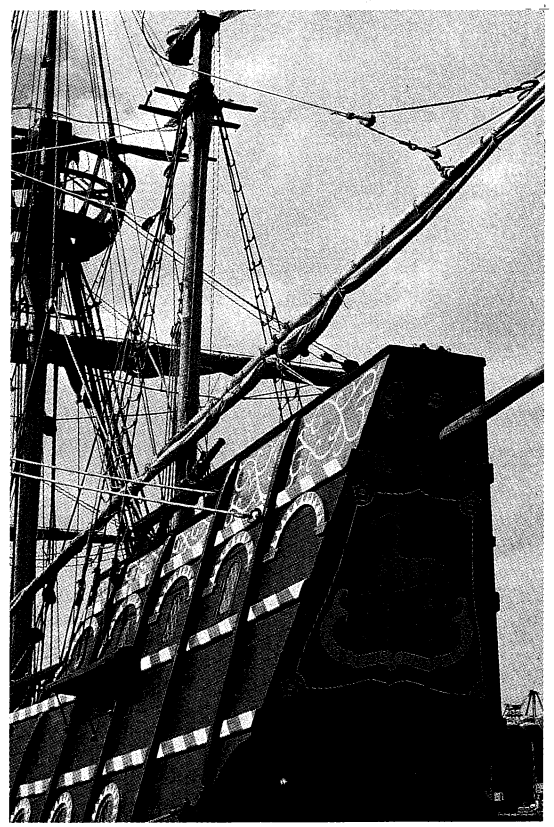
REFERENCES AND NOTES

[1] Carey J. The Faber Book of Science (Intro. p XXV) London: Faber & Faber 1995.

[2] Although I used the word pain deliberately because of the experience of very physical all-over pain when severely depressed, I have been persuaded that it may be confusing ('all pain is mental') and I should perhaps substitute 'suffering'.

[3] Wells KB *et al.* The functioning and well-being of depressed patients. Results from the medical outcomes study. *J Am Med Assoc* 1989; **262:** 914–9.

[4] William James *The Varieties of Religious Experience*; Conclusion p 512.



The *Golden Hinde*. A replica of the ship in which Sir Francis Drake circumnavigated the globe 1577–80. It was launched in 1973. Now an educational museum, it visited Leith in 1994. (Photograph by David H. A. Boyd)