

*Of Hospitals and Universities:
Comparing the Work of Medical Doctors with Patients
and University Doctors with Students*
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“As, then, for those of us who are diseased in body a physician is required, so also those who are diseased in soul require a pædagogues to cure our maladies; and then a teacher, to train and guide the soul to all requisite knowledge when it is made able to admit the revelation of the Word.”

—Clement of Alexandria, *The Instructor (Pædagogus)* 1.1.

Because of the fall of humanity into sin, the whole world became diseased and in need of healing. No where is this more evident than in a hospital. The consequences of the cosmic infection of sin have deeply affected the physical well being of multitudes of human beings who long for health and wholeness, but find themselves racked with suffering and pain. Hospitals are filled to capacity with the sick and dying. People who sometimes take the joyful rhythm and routine of daily life for granted become patients incapacitated by diseases of every kind, some mild and some severe, frequently temporary but sometimes fatal. Illness unmercifully interrupts and eventually eliminates life. How quickly and unexpectedly the joie de vivre can be transformed into abject misery and pain. Even the healthy ones who come to visit the occupants of hospital beds know, if they have a particle of sense, that one day they too will probably find themselves in a similar convalescent situation in need of medical care just like the ones they have come to visit. No one is exempt from the diseases and eventual break down of the human body. We must understand just how feeble and how mortal we all really are. As one comedian has quipped, “None of us get out of this place alive!” Our susceptibility to sickness and our eventual mortality should drive out any vestige of pride or self-sufficiency and cultivate within us an attitude of humility in the face of our extreme limitations. How grateful we should be when we enjoy the blessings of health and vigor for surely we recognize how

foundational physical health is to human life and how the well-being of the body is an essential condition to all that we are and do.¹

Since this is the human physical condition, it takes little imagination to understand why the healing of the sick and the infirm was central to the redemptive mission and message of Jesus Christ. At the heart of His inauguration of the Kingdom of God in this “sin-sick” world was His ministry to the blind, the lame, the leprous, the deaf, and even the dead. Thus, the canonical gospels are replete with assertions like the one in Matthew 4: 23 which explains how Jesus’ ministry was characterized by “proclaiming the gospel of the kingdom, and healing every kind of disease and every kind of sickness among the people.” Jesus’ sensitivity and response to our feebleness was no doubt motivated by a profound insight into human identity and significance.

He understood that we had been created as the image and likeness of God (Gen. 1: 26-27). He knew that we had been crowned with glory and majesty and that all things had been put under our feet (Psa. 8: 5-6). He recognized that God intended us for blessing (Gen. 1: 28) and that His original creative purpose entailed a comprehensive experience of enjoyment, vitality, and well-being which the Hebrews delightfully termed “shalom.” By divine design, we were to flourish in the whole of life.²

But foolishly, we rejected this happy estate and rebelled against our Maker. Sin has vandalized us (as well as the creation) and robbed us of God’s intended blessing and peace. Indeed, contemporary theologian Cornelius Plantinga, Jr. has defined sin as “culpable shalom-breaking,” noting that “God hates sin not just because it violates his law but, more substantively, because it violates shalom, because it breaks the peace, because it interferes with the way

¹ Arthur F. Holmes, *The Idea of a Christian College*. Revised Edition. Grand Rapids: William B. Eerdmans Publishing Company, 1987, p. 34.

² The notions of shalom and flourishing as the divine intention for human beings are inspired by Nicholas Wolterstorff in several of his publications.

things are supposed to be.”³ And if anything is indicative of interference with God’s purposes for His creation, of the fracture of peace and blessing, and of the disturbance of shalom, surely one very prominent thing is in the breakdown of our physical health in illness and disease culminating in our eventual death.

But Jesus came to restore us to shalom, to peace and blessing, to the way things are supposed to be. This comprehensive work of restoration through Jesus Christ is known in the New Testament as “new creation.” Because of His concern for the whole person, Jesus’ ministry included not only the healing of the soul spiritually, but also the restoration of the body physically from its many debilitations and diseases. Matthew’s gospel again informs us that Jesus’ healing of many who were ill was in fulfillment of the great Old Testament prophecy found in the book of Isaiah which states: “He Himself took our infirmities and carried away our diseases” (Isaiah 53: 4; Matt. 8: 17).⁴ In the most comprehensive sense imaginable—spiritually, physically and otherwise—it is by His stripes that we are healed (Isa. 53: 5; cf., 1 Pet. 2: 24). The restoration of whole persons, then, was central to Jesus’ ministry and integral to His work of atonement.

The practice of Western medicine has been deeply influenced by and is in some way an attempt to perpetuate the healing ministry of Jesus Christ, especially as this work has been undertaken by the various branches of the Christian Church. Furthermore, the value which Judeo-Christian biblical tradition has placed upon nature’s inherent goodness and order, upon the whole person as a spiritual/physical composite, and upon the human body and its proper treatment has been of crucial significance to theories of Western medical practice. Even prior to the advent of Christ, these words in the book of

³Cornelius Plantinga, Jr. *Not the Way It’s Supposed to Be: A Breviary of Sin*. Grand Rapids/Cambridge: William B. Eerdmans Publishing Company, 1995, p. 14.

⁴ All biblical quotations in this essay are from the *New American Standard Bible*. First edition. La Habra, California: The Foundation Press Publications, 1971.

Ecclesiasticus 38: 1-15 extol the value of the physician and the practice of medicine as a gift from and a glory to God.

Honor the physician with the honor due him, according to your need of him, for the Lord created him; for healing comes from the Most High, and he will receive a gift from the king. The skill of the physician lifts up his head, and in the presence of great men he is admired. The Lord created medicines from the earth, and a sensible man will not despise them. . . . And He gave skill to men that He might be glorified in his marvelous works. By them He heals and takes away pain; the pharmacist makes of them a compound. His works will never be finished; and from him health is upon the face of the earth. . . . And give the physician his place, for the Lord created him; let him not leave you, for there is need of him. There is a time when success lies in the hands of physicians, for they too will pray to the Lord that He should grant them success in diagnosis and in healing, for the sake of preserving life.⁵

In addition to its biblical derivations, Western medical thought and practice has also been substantially shaped by forces stemming from a Greek context, in particular the Hippocratic tradition.⁶ A lofty conception of the work of the physician and value of life and health, which approximates the biblical model, is found, of course, in the Hippocratic Oath. A modern version of this pledge is still administered to physicians as they embark upon their careers as doctors and physicians. In the name of “Apollo the physician, and Æsculapius, and Health, and All-heal, and all the gods and goddesses . . .”, the ancient inductee into the practice of medicine promised to fulfill all the professional and moral obligations

⁵ Bruce M. Metzger, editor. *The Oxford Annotated Apocrypha of the Old Testament*. Revised Standard Version. New York: Oxford University Press, 1977.

⁶ In this essay I am drawing upon the very helpful article on “medicine” which succinctly summarizes the “great conversation” on Western medical thought and practice from Robert Maynard Hutchins, editor in chief, *The Great Ideas: II. A Syntopicon of Great Books of the Western World*. vol. 2. Mortimer J. Adler, editor in chief; William Gorman, general editor. Encyclopedia Britannica, Inc., Chicago: William Benton, Publisher, 1952, pp. 113-20. Also I have relied on the outline of topics and references contained in this same volume to direct me to many helpful insights and quotations which are incorporated into this present work.

that are rightly demanded of those who would dedicate themselves to the service of human health. At the center of this oath are these words:

. . . I will follow that system of regimen which, according to my ability and judgment I consider for the benefit of my patient, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art.⁷

These original sources of Western medical thought and practice stemming from both Jerusalem and Athens, along with the ongoing contribution of countless others throughout history, have combined to form what may be the premier system of medical training and treatment in the history of the world. Indeed, the study of medicine and the practice of the medical arts have a distinguished history in the West. When the medieval universities were first established, the three faculties of theology, law, and medicine sought to discipline their students in these respective branches of knowledge and to train them to apply that knowledge in actual practice. The faculty of theology represented the study of Scripture and traditions of the Church; the faculty of law or jurisprudence represented the moral and what are today called the social sciences; and the faculty of medicine represented all the natural sciences, including biology. The doctor of theology pursued knowledge concerning the relation of humanity to God; the doctor of law pursued knowledge concerning the relation of human beings to one another; and the doctor of medicine pursued knowledge concerning the relation of human beings to nature.⁸ In the Christian

⁷ Hippocrates. *The Oath*. Great Books of the Western World, vol. 10. Robert Maynard Hutchins, editor in chief. Chicago: William Benton, Publisher, 1952, p. xiii.

⁸ Taken from *The Great Ideas: II*. Great Books of the Western World, vol., 3. Robert Maynard Hutchins, editor in chief. Chicago: William Benton, Publisher, 1952., p. 113. Illustrative of this threefold division of learning is Pantagruel's words who says: "Whatever we are, or have, consisteth in three things—the soul, the body, and the goods. Now, for the preservation of these three, there are three sorts of learned men ordained, each respectively to have care of that one which

context of medieval thought and culture, each one of these areas—theology, law, and medicine—represented areas of God’s world that had been deeply affected by human sin and was in need of renewal. The training of “doctors” in each of these domains reflected acute insight into the overall human condition and was an attempt to remedy that condition by producing those who could not only teach and instruct others (as the original meaning of the word “doctor” suggests), but who could bring healing and hope in some very real and practical way for those in spiritual, legal, or physical need.

Lexically, the redemptive title “doctor,” which began its career referring to one competent and trustworthy to teach and instruct with authority, has come in recent popular usage to designate first and foremost not a teacher but a practitioner of a learned profession, especially a practitioner of the medical or healing arts.⁹ Indeed, should someone shout—“Is there a doctor in the house?”—typically those holding Ph.D.s in say, geology or history, don’t come running to the rescue. More important than the nuance of the nomenclature, however, is the significant role physicians play in our culture. Medical doctors are not only held in high esteem for their work, but are uniquely held accountable because of what is at stake in their work, that is, the physical health and well-being of their patients. After all, the preservation and/or restoration of the health of a human being, as we noted above, and as philosopher René Descartes once said, “is without doubt the chief blessing and the foundation of all other blessings in this life. . . .”¹⁰ Because health is foundational to humanity, the vocation of a physician, like marriage, should not be entered into lightly or unadvisedly, but soberly, discreetly, and in the fear of the Lord.

is recommended to his charge. Theologues are appointed for the soul, physicians for the welfare of the body, and lawyers for the safety of our goods.” Rabelais, *Gargantua and Pantagruel* III. 30.

⁹ *The Great Ideas: II*, p. 113.

¹⁰ *Ibid.*, p. 115. Similarly, Socrates in *Gorgias* 504 states: “For in my opinion there is no profit in a man’s life if his body is in an evil plight—in that case his life is also evil: am I not right? Yes.”

Now it is curious to me that there are only two organizations or institutions in society in which one will find a large constituency of doctors: hospitals and universities. Why should there be an accumulation of doctors in institutions of higher education? Their presence in hospitals is easy enough to understand, but why colleges and universities? What is it about the human intellectual condition that requires the presence of doctors in educational contexts? I think the answer is this: that the needs and diseases of the body find an analog in the needs and deficiencies of the mind and both are in equal need of “doctoring.” As Socrates put it in the *Theaetetus* (167), “In education, a change of state has to be effected, and the . . . [teacher] accomplishes by words the change which the physician works by the aid of drugs.” Because of the sheer importance of both physical and intellectual health, then, doctors in both domains are required to tend to their needs, the one in knowledge and practice of medicine and the other in the knowledge and teaching of truth. Doctors of the mind are as necessary for human health as are doctors of the body, for all of reality has been adversely affected by sin, is diseased, and in need of healing.

The Scriptures of the Old and New Testaments contain explicit documentation of the noetic (or cognitive) affects of sin. If we remember that in biblical language the “heart” was the seat not only of the emotions but also of the intellect as well as the will, then the need for doctors of the mind will be clear from this classic text in Jeremiah 17: 9 which asserts that “the heart is more deceitful than all else and is desperately sick; who can understand it?” Furthermore, the New Testament informs us that despite evidence for God inside of us in our conscience and outside of us in creation, we are adept at suppressing the truth in unrighteousness. Of rebellious human beings St. Paul forcefully writes in Romans 1: 21-22 that “even though they knew God, they did not honor Him as God, or give thanks; but they became futile in their speculations, and their foolish heart was darkened. Professing to be wise, they became fools. . . .” In a similar manner the Apostle states in Ephesians 4: 17-18 that the large mass of humanity lives “in the futility of their mind, being darkened

in their understanding, excluded from the life of God, because of the ignorance that is in them, because of the hardness of their heart.” Biblically substantiating the desperate condition of the human heart or mind as spiritually barren and intellectually darkened is an effortless exercise. Passages abound that suggest that we are no healthier in mind than we are in body. But again, Jesus, as the Word of God incarnate and for the sake of shalom, came as the light of the world to bear witness to the truth which is able to set us free and make us whole (John 8: 32; 14: 6; 18: 37). In Christ “are hidden all the treasures of wisdom and knowledge” (Col. 2: 3). It is no wonder, then, that the Churches, in an attempt to perpetuate this aspect of Christ’s redemptive mission, have over the centuries established colleges and universities as institutions of higher education for the development and restoration of intellectual health just as they have established and organized hospitals to do the same for the sake of our physical well being. And both institutions contain doctors—*teaching doctors and medical doctors*. Who is to say of the two kinds of doctors which is the more needed, has the greater impact, or the higher calling?

There may be truth in Hippocrates’ observation that in the area of physical health where our whole being is concerned we cannot afford serious mistakes, whereas “there is no great danger in our mistaking the height of the sun, or the fraction of some astronomical computation.”¹¹ What, it seems, could be more important than our health! On the other hand, we must remember that physical health is *foundational* to life; it is not life itself. Physical health all by itself is no more valuable than is a concrete foundation without a house built on top of it.

¹¹ Quoted in *The Great Ideas: II*, p. 114. Of course, in the Socratic/Platonic tradition, the care of the soul is of far greater importance than any concern for the body the value of which is frequently denigrated (cf. *Phaedo* 80ff). It is interesting, also, how Aristotle valued the knowledge of politics above the knowledge of medicine. “. . . clearly the student of politics must know somehow the facts about the soul, as the man who is to heal the eyes or the body as a whole must know about the eyes or the body; and all the more since politics is more prized and better than medicine; but even among doctors the best educated spend much labour on acquiring knowledge of the body. The student, then, of politics must study the soul. . . .” (*Nichomachean Ethics* I.13. 15).

Just as a house must be built on the foundation, so also a life must be constructed on the foundation of a (hopefully healthy) physical life. And at the center of the construction of an authentic human life is education, broadly conceived, which takes place certainly in the home and church, but also in the school! The cultivation of the spiritual life, the education of the affections, the training of the intellect, the acquisition of knowledge and wisdom will largely determine, in the long run, the kind of life any person will live. Medicine helps provide a physical foundation *for life*, but education itself in so many ways is determinative *of life*. While medical doctors help make life *possible*, teaching doctors help make life *actual*. For the way a person *lives* is the fruit of the way a person *thinks*, as a famous proverb puts it (cf. Prov. 23: 7). Since this is the case, the facets and features of the indispensable work of both the medical doctor and the teaching doctor may profitably be compared in regard to their strategic importance, requirement of service, high accountability, and range of impact and so on.

And that is exactly what I seek to do in the remainder of this essay. Since truth, like health, is the desideratum, I want to suggest how the quality and performance of the work of teaching doctors with students in the context of colleges and universities should equal if not surpass the excellence and professionalism of the work of medical doctors with patients in hospitals. For just as medical doctors are responsible for the physical health and development of their patients, so also teaching doctors are responsible for the intellectual health and development of their students. A sound body cannot do without a sound mind, just as a sound mind cannot do without a sound body. What is needed is a sound mind in a sound body—*mens sana in corpore sano*—and wholeness requires competent doctors and physicians in both areas. Consequently, the kind of integrity with which medical doctors ought and must approach their health-and-life-giving tasks is exactly the same kind of integrity which ought to characterize doctors of the intellect in the pursuit and conduct of their scholarly and educational tasks. We should accept nothing less from our professors and school administrators than we would accept from our doctors, hospital administrators,

and other medical personnel. The idealistic kind of excellence and service expected of the medical profession serves as a kind of model and challenge to the community of higher education where nothing less should be accepted.¹²

Now, please don't get me wrong. I am by no means claiming that the medical community performs its tasks flawlessly. Far from it. Medicine, like all things human, errs both professionally and personally. Patients find themselves disappointed time and again by unmercifully lengthy waits, unreturned phone calls, curt nurses, and brusque, uncompassionate, and even incompetent doctors. There is, after all, such a thing as medical malpractice. No, the point I am trying to make is that the foundational importance of human health ideally requires a unique kind of quality and a superlative form of service in the medical profession which should also be found in the educational community since the stakes are, in their own way, just as high in a university as they are in a hospital. For indeed, the development of a robust intellect nourished in truth, wisdom and knowledge is no less necessary for human flourishing than is the requirement of physical health.

Thus when a patient in dire physical condition enters the hospital, she along with her family and friends share certain assumptions about the nature of hospitals and have specific expectations of the kind of quality care and attention she as a totally dependent patient will receive from her doctors and other hospital personnel. At least this is what I recently discovered to be true during my mother's serious twenty-five day stay at Arlington Memorial Hospital in Texas. I critically observed every nurse, meticulously judged every doctor, and pondered quietly in my own mind what might be the character and conduct of the

¹² When we reflect upon the fact that medical doctors are trained for their profession by teaching doctors beginning at the university and later in medical school, then the strategic importance of the latter is amplified all the more. Woe be unto us if we professors are treated for a serious illness by a doctor sloppily trained or poorly taught under an inadequate or antiquated curriculum. Thus, the magnitude of scholarly and classroom responsibility is significantly enhanced when we recognize the impact that the educational experience will have not only upon the students themselves but eventually upon others, for weal or for woe, who are the recipients of their services in their chosen vocations.

administrators of the entire hospital to which we had entrusted my mother's very life and well-being. When a loved one's very existence is in the balance, the demands placed on doctors and nurses are exceedingly high, for nothing less than medical care of the highest order will suffice.

My expectations of the multiple doctors assigned to my mother's case were unremitting. I assumed they were well trained and educated and that they had diligently applied themselves in medical school. I hoped that they took the words of the Hippocratic Oath seriously. I expected them to be professional in their conduct, and yet appropriately personal in their dealings with my mother, knowing of the therapeutic value of the physician—patient relationship. I required the doctors to be industrious, careful, prompt, attentive, and efficient. I trusted that they were up-to-date in their fields and in possession of the latest knowledge, therapies, drugs, and treatments as these bore on my mother's complex case. I assumed the doctors were capable, experienced practitioners of their craft, possessing the necessary skill and wisdom since medicine is as much an art as it is a science. Finally, I hoped that the doctors attending my mother sensed a unique call to their vocations and that they were motivated not by fame or fortune, but rather by that "purity and holiness" which Hippocrates required of all physicians in the conduct of their life and art.

Though medicine and education are indeed two separate "sphere sovereignties" each possessing distinguishing traits and responsibilities, nevertheless there are parallels to be made between the doctors in both domains. Thus, we would expect the training, education, and expertise of those who medicine the mind to be of the same caliber as those who medicine the body. Indeed, the Hippocratic Oath demands that honorable physicians fulfill certain intellectual, moral, and practical conditions if they wish to practice medicine. Though no similar oath is taken by university doctors, nonetheless, qualifying standards, codes of conduct, and principles of good practice have been established by accrediting bodies, professional societies, and individual institutions that govern those who would wish to be "educators" in the foremost

sense of this term. The student entering a classroom ought to have the confidence that the professor who is about to stand up and teach has applied him or herself diligently in graduate school, is an expert in the field, has adequate pedagogical experience, and is therefore properly qualified. Hippocrates bemoaned the fact that in his day there were many who were ignorant and ill-prepared to practice medicine though it was the most noble of all the arts. Like figures introduced in a tragedy who have the shape, dress, and personal appearance of an actor, but are not actors, “so also,” Hippocrates despaired, “physicians are many in title but very few in reality.”¹³ There are probably many bogus professors who also have the title but lack the substance of the calling to the professorate. Traits that make for a bona fide medical doctor also make for a genuine university professor as well. What might be some of those traits? I would like to call our attention to several notable comparisons.

First of all, like a medical doctor, we would expect the university professor to be **diligent and hard working**. Negligence in medicine is virtually unforgivable and laxity is just as heinous in intellectual work as well. Doctors of both kinds must not only labor diligently to enter their professions, but must also continue that same pattern of life once they are in it. No physician worth her salt can afford to neglect her patients or fail to keep up with her field. And neither can the university professor for the sake of her discipline or her students. For reasons too many to even try to guess at or mention, it is possible that an “insidious atrophy” overtakes doctors of the intellect, and thus scholarship suffers, teaching languishes, student relationships stagnate, and service declines. Indolent doctors would not be tolerated on a hospital staff, and similarly, academic laziness is so serious that one former college president cites it as grounds for dismissal from the university.

What shall be done about this all-important problem to preserve the sensitiveness of mind and spirit which alone make great teaching possible? Now there are some very specific reasons which justify the

¹³ Hippocrates, *The Law* 1.

dismissal of a teacher from his post. He may be discharged for lying, stealing, drunkenness, immorality, or any other gross breach of conduct. But what of academic laziness? What of the teacher whose pride of opinion has closed the door to his curiosity, sympathy, initiative, and sensitivity to spiritual realities? What is immorality if it is not a failure to sense the obligation to be the best kind of teacher he is capable of becoming? What is immorality if it is not a refusal to live up to the high expectations of a productive scholar? The world is heavily in debt to the scholar who has met new possibilities of life with eager spirit and open mind.¹⁴

Since the cause of truth and the well-being of students are up for grabs, doctors of the intellect must be ever vigilant against a creeping lethargy, against a kind of bloodlessness that time and perhaps tenure or tenure-like circumstances engender. Minds must remain open, visions rekindled, hearts refreshed, collegial relationships stimulating, and wills inspired. The scholar must be encouraged, perhaps by the visionary leadership of the school's administrators, to continue to study, to keep up with one's field, to be a part of the conversation, to remain curious and interested, and to experiment with new methods and curriculum. University professors ought to be about their tasks of research, teaching, and service as if life and health depended upon it. For indeed, they do.

Secondly, like a medical doctor with his patients, we would expect the university doctor **to foster excellent relationships with students in order to facilitate learning**. Hippocrates argued that the art of medicine consisted in three things—"the disease, the patient, and the physician. The physician is the servant of the art, and the patient must combat the disease along with the physician."¹⁵ Nestled in the midst of this triadic formula is the importance of the relationship between physician and patient. The doctor of medical arts must not

¹⁴ St. Olaf College Self Study Committee, *Integration in the Christian Liberal Arts College*. Foreword by Sidney French; Preface by Clemens M. Granskou; Edited by Howard Hong. Northfield, Minnesota: St. Olaf College Press, 1956, p. xiv-xv.

¹⁵ Hippocrates, *Of the Epidemics* I.II

only possess a knowledge of the disease, but also a knowledge of the specific patient who in turn must cooperate with the doctor in the healing process. Naturally, a healthy relationship between the physician and the patient is of immense medicinal value and helps secure the success of any effective treatment. Wise and experienced physicians know they must establish personal bonds with patients in order to understand not only their regimen of diet, exercise, and rest, but also their general life circumstances which will greatly affect their prognosis.

In a similar manner, the art of teaching could also be said to consist in three components: the “disease,” the “student,” and the “teacher.” Educators must certainly know the intellectual maladies with which students are afflicted as well as their remedies. But, the personal link between teacher and student is as central in education as it is in medicine. Student learning, like patient healing, depends in large measure upon the nature of the pupil-professor relationship. But there is a right and wrong kind of relationship between doctor and patient in medicine that is comparable to a right and wrong kind of relationship between professor and student in education. Plato helps us to understand these two kinds of relationships, the one positive and the one negative, by contrasting the harsh, impersonal treatment of slave doctors with the attentive, personal care administered by the doctor of freemen. In the *Laws IV* (720) he writes:

And did you ever observe that there are two classes of patients in states, slaves and freemen; and the slave doctors run about and cure the slaves, or wait for them in the dispensaries—practitioners of this sort never talk to their patients individually, or let them talk about their own individual complaints? The slave doctor prescribes what mere experience suggests, as if he had exact knowledge; and when he has given his orders, like a tyrant, he rushes off with equal assurance to some other servant who is ill; and so he relieves the master of the house of the care of his invalid slaves. But the other doctor who is a freeman, attends and practices upon freemen; and he carries his inquiries far back, and goes into the nature of the disorder; he enters into discourse with the patient and with his friends, and is at once getting information from the sick man, and also instructing him as far as he is able, and he will not prescribe for him until he has first convinced him; at last when he has brought the patient more and more under his persuasive influences and set him on the road to health, he

attempts to effect a cure. Now which is the better way of proceeding in a physician and a trainer? Is he the better who accomplishes his ends in a double way, or he who works in one way, and that the ruder and inferior?

We might also ask which is the better way of proceeding as a professor or teacher in relationships with students? The double way which combines professional competency and personal concern? Or the one way which goes about business in an abrupt fashion devoid of any human touch? There is always the temptation for doctors and teachers to treat either patients or students in a rather routine fashion as means rather than as ends, as things rather than as real people with real needs and real feelings. The temptation may be especially strong with so-called “problem” patients or “problem” students who are irritating, time-consuming, and exhausting. But here we would do well to recall one phrasing of Immanuel Kant’s categorical imperative which reasoned that we should always treat people as ends, and never as means. Even better is Jesus’ golden rule which recognizes the value and significance of all human beings as God’s image and likeness. The famous moral formulation, of course, is: “Do unto others as you would have them do unto you.” University professors once were students themselves and should know from their own experience what it was like to be rudely treated or ignored by their own teachers. Empathetically, they should commit not to do likewise. For doctoring is more than just doctoring and teaching is more than just teaching, for doctors treat *people-patients*, not just diseases, and teachers teach *people-students*, not just subjects. In a wisdom and concern born of experience, university doctors must communicate their knowledge and relate to individual students in a personal, supportive sort of way if the seeds of truth are to develop deep roots in the soil of minds and hearts.

This is probably a good place to say a brief word about the responsibility of students in an educational context. The chief point I want to make is that students, to one degree or another, may do well to look upon their college or university careers as if they were a kind of patient. Patients sometimes arrive at a hospital in an ambulance with red lights flashing and sirens blaring. Obviously, students arrive at the university in a far less dramatic way, though the condition

in which they enter may be just as (intellectually) critical. The kind of “ER” or “ICU” attention that patients receive upon their admittance to the hospital should be administered to feeble students as well. Sincerely “Hippocratic” nurses and doctors realize that such intensive care and concern is part and parcel of their calling, and university administrators, faculty and staff should recognize that similar responsibilities are intrinsic their vocation as well. Furthermore, it amazes me how patients in a hospital in their quest for health are almost entirely at the mercy of the hospital and its resources and personnel. Whether they recognize it or not, students are in a similarly dependent situation in the context of their educational institutions which they implicitly trust for the care and development of their minds. Students at the mercy of their colleges and universities depend almost entirely upon the institution’s resources (as say, in a well-stocked, up-dated library) and personnel (competent administrators, capable faculty and a caring staff) to impart to them the essential tools of human learning and the core subjects of human knowledge as they prepare themselves for life and service. They trust that the intellectual diet they are to be fed—in the form of the curriculum of courses for their majors, minors and liberal studies and in the form of the books and textbooks to be read—is appropriate, nourishing, seasoned, and relevant.¹⁶ They trust that the plan of exercise in the form of various

¹⁶ Just as a doctor would immediately and unhesitatingly change the prescription of drugs and a regimen of treatments as a patient’s changing condition demanded, so also in an educational context the periodic evaluation and reform of curriculum (or other substantive changes), though controversial and time-consuming, is as necessary and ought to be as gladly undertaken when deeper insight, fresh perspectives, or changing times dictate. In the *Statesmen* (295), Plato envisages an absentee physician upon his return altering a patient’s original remedy as changing conditions demanded, for not to do so would be contrary to science and true art and therefore “utterly ridiculous.” University culture, which suffers regularly from an extreme form of paradigm paralysis if not rigor mortis, ought to heed the lesson of flexibility from the medical profession as well as from this example of Plato’s. “But what would you say, if he [the physician] came back sooner than he had intended, and, owing to an unexpected change . . . , something else happened to be better for them [the patients]—would he not venture to suggest this new remedy, although not contemplated in his former prescription? Would he persist in observing the original law, neither himself giving any new commandments, nor the patient daring to do otherwise

assignments and projects is well designed for optimum effectiveness. And they trust that the regimen of intellectual diet and mental exercise will be accompanied by a supportive residential and community life that includes upbuilding spiritual, social, and physical activities that also contribute to their educational and human development.

But the students themselves must cooperate and work hard. While education is certainly a communal task, the success of it depends largely upon what the students themselves contribute to the overall process. Patients will never progress if they refuse doctor's orders and neglect the discipline it takes to heal. And students will learn little if they are lazy or recalcitrant. Study, like farming, is hard work for both student and teacher, but the outcome can be a bountiful harvest as Hippocrates explains in this agricultural analogy from the *Law* (3):

Instruction in medicine [or any discipline] is like the culture of the productions of the earth. For our natural disposition is, as it were, the soil; the tenets of our teacher are, as it were, the seed; instruction in youth is like the planting of the seed in the ground at the proper season; the place where the instruction is communicated is like the food imparted to vegetables by the atmosphere; *diligent study is like the cultivation of the fields*; and it is time which imparts strength to all things and brings them to maturity.

Diligent study is the student's mandate. Those who view the university as a place to party and play betray a horrible misunderstanding of the purposes of higher education and are making a major mistake. But just as medical treatment may be temporarily unpleasant but eventually beneficial, so also students, if they apply themselves diligently to the rather arduous and challenging educational task, will in due course garner a harvest of mental strength and intellectual maturity if they do not grow weary. For whatever a student sows this he will also reap (cf. Gal. 6: 7,9).

than was prescribed, under the idea that this course only was healthy and medicinal, all other noxious and heterodox? Viewed in the light of science and true art, would not all such enactments be utterly ridiculous?"

A third similarity in the work of medical doctors and teaching doctors is that **both serve as assistants to nature**. It is to be expected that like so many things, medical practice is a function of an underlying vision of reality especially in regard to physical and human nature.¹⁷ In the final analysis, medicine, as well as education, is grounded in some foundational worldview. There are three major philosophical paradigms that seem to have governed Western medical thought and practice.

The first might be accurately called the “Epicurean” model of medicine. Epicurean philosophy was grounded in a metaphysic of atomistic naturalism which viewed the world as a physical machine made up of atoms governed by natural, scientific laws. When transferred to medicine, this perspective regards the body as a complex piece of machinery, which when it gets out of order, needs a mechanic and mechanical procedures to fix it. Modern scientific medicine, rooted in an evolutionary naturalism, seems to embrace a similar perspective and employ similar procedures.¹⁸

At the other extreme we have Michel Montaigne’s approach to health and healing—what we might label the “Montaignean” model of medicine—which distrusts all medical theories and remedies and relies entirely on the body’s own natural resources to heal itself apart from any outside intervention. Certain extreme religious traditions, such as Christian Science, may fall within this category.¹⁹

¹⁷ The following is adapted from *The Great Ideas: The Syntopicon II*, pp. 115-17.

¹⁸ If modern scientific medicine is rooted in the evolutionary naturalism of Enlightenment thought, then it is hard to avoid the conclusion that given this model, patients must be regarded as advanced animals with machine-like bodies of replaceable parts and doctors themselves become glorified veterinarians. The Enlightenment, modernist model of scientific medicine has been rightly criticized by new age and postmodern thinkers who take a much more wholistic and humane approach to medical science and practice.

¹⁹ Montaigne advocated leaving the body alone to allow it to heal itself. In his words, “Let it [the body] alone a little; the general order of things that takes

In between these two extremes is the Hippocratic tradition which understands medicine to imitate and assist nature in the healing process. In this model, medicine is understood to be a cooperative rather than a productive art in that “an art like medicine seems to imitate nature by cooperating with natural processes. It follows the course of nature itself and, by working with it, enables the natural result to eventuate more surely than it might if art made no attempt to overcome the factors of chance.”²⁰ What today is called “complementary medicine” which combines modern scientific medicine with alternative therapies,²¹ and/or with spiritual emphases such as prayer and meditation may fit within this classic medical paradigm.²²

Positivist, pragmatic or progressive theories in education may share a similar philosophical foundation with the Epicurean model in medicine. And, there is a possible connection between Montaigne’s unaffected approach to medicine and the educational theories of Jean-Jacques Rousseau who believed that children as students ought to be allowed to learn and grow in accordance with their own nature such that each stage of the educational process follows “the natural progress of the human heart.”²³

care of fleas and moles, also takes care of men, if they will have the same patience that fleas and moles have, to leave it to itself.” “We ought to grant free passage to the diseases; I find they stay less with me, who let them alone; and I have lost some, reputed the most tenacious and obstinate, by their own decay, without help and without art, and contrary to its rules. Let us a little permit Nature to take her own way; she better understands her own affairs than we.” *Ibid.*, p. 117.

²⁰ *The Great Ideas: The Syntopicon II*, p. 115.

²¹ See Andrew Weil, M. D., *Spontaneous Healing: How to Discover and Enhance Your Body’s Natural Ability to Maintain and Heal Itself*. New York: Alfred A. Knopf, 1995.

²² _____ “God: M. D.” *Christianity Today* (January 1997).

²³ Ronald Grimsley, s.v. “Rousseau, Jean-Jacques.” *Encyclopedia of Philosophy*, vol. 7, p. 221.

Most importantly, however, there is a venerable tradition in education which parallels the Hippocratic doctrine in medicine wherein the teacher assists or cooperates with nature in the art of teaching and learning. This educational model begins with the premise that there is a natural curiosity and wonder embedded in the minds of all rational persons which sparks the quest for truth and wisdom. As Aristotle claimed, all human beings, *by nature*, desire to know.²⁴ Furthermore, philosophers and theologians in the Western intellectual tradition have argued that there is a natural, innate light or God-given illumination which must be cultivated if knowledge is to be obtained. As medical doctors operating in the Hippocratic context sought to assist nature in the restoration of health, so also educators in this pedagogical tradition have understood their role as teachers to pique natural curiosity and to enable students to discover truth and knowledge by tapping the natural light and God-given illumination which lies within.

I call this the “Socratic model” because of the famous philosopher’s use of the medical metaphor of “midwifery” to describe his own method of teaching. He understood his task as a teacher not to fill empty minds with knowledge as if teaching consisted in pouring the contents of a full container (the mind of the teacher) into an empty one (the mind of the pupil). No, Socrates saw his pedagogical role as that of an assistant to the natural curiosity and innate light within the student who simply needed to be motivated and guided to give birth to truth on his own. Just as a mother is the one who struggles and labors to give birth to a child with the help and direction of a midwife, so also students are the ones who are actively responsible for the delivery of truth and knowledge. But “the teacher, like the midwife, merely assists in a natural process which might be more painful, and might possibly fail, without such help.”²⁵ In Socrates’ own words,

²⁴ Aristotle, *Metaphysics*, Book I.

²⁵ *The Great Ideas: The Syntopicon II*, p. 115.

My art of midwifery is in most respects like theirs; but differs in that I attend men and not women, and I look after their souls when they are in labor, and not after their bodies: and the triumph of my art is in thoroughly examining whether the thought which the mind of the young man brings forth is a false idol or a noble and true birth (*Theaetetus* 150).

A similar take on the task of teaching, yet in a theological context, is espoused by Thomas Aquinas who sees the role of the teacher as assisting the interior light given by God as the primary source of knowledge. “The teacher,” Aquinas argues, “only brings exterior help, as the physician who heals. But just as the inward nature is the principal cause of the healing, so the interior light of the intellect is the principal cause of knowledge. But both of these are from God.”²⁶

It may be possible to argue persuasively, in order to avoid any form of reductionism, that doctors of the mind ought to be more proactive and aggressive in their teaching than just serving as assistants to nature. Certainly modern empiricism has rejected innate ideas and any form of divine illumination that simply needs external stimulation. All learning, empiricists argue, consists in marking up blank slates and filling empty minds with content through various pedagogical experiences in which the teacher plays an active role.

Still we must recognize that a prerequisite if not a primary duty of university professors is not just to cram bunches of facts into pupils’ empty heads. Rather, drawing on students’ natural curiosity, their built-in sense of wonder, their innate abilities, and the intrinsic light of God and nature within (certainly permissible within a theistic worldview), they ought to seek to motivate and inspire, to challenge and provoke, to guide and direct students into the self-engendered discovery of truth, wisdom, and knowledge. Accomplished practitioners of the pedagogical arts know, through much experience, how to assist their students in the natural, fascinating process of intellectual discovery and learning. For in the art of teaching and in the art of healing, the natural

²⁶ Thomas Aquinas, *Summa Theologica* Part I, Q. 117, Article 1.

restorative properties of the human body, and the innate interests and capacities of the human mind are the greatest assets to the success of both endeavors.

And finally, those who doctor the body and those who doctor the mind **both should know with precision what is the final end or aim of their medical and educational endeavors.** Perspectives on the nature of disease and the goal of health and on the nature of ignorance and objectives of education are many. One time-honored viewpoint employs aesthetic terminology to describe the situation. If physical disease consists in the imbalance and disharmony of the body, then health, which is the final end of medicine, should perhaps be defined as the harmony and order of the body. Thus, “the poets,” Francis Bacon believed, “did well to conjoin music and medicine in Apollo, because the office of medicine is but to tune this curious harp of man’s body and to reduce it to harmony.”²⁷

On this score, if we should regard ignorance or “an unintelligent soul as deformed and devoid of symmetry,”²⁸ then wisdom, as the end of education, must consist in a well formed, integrated, and harmonious mind.²⁹ In biblical language, this is “the mind of Christ” (1 Cor. 2: 16). Healthy bodies and sound minds, united together like words and music, are a kind of aesthetic phenomena constituting human wholeness which is beautiful to behold and a glory to God. This is the final destination toward which doctors and teachers must respectively lead their patients and students.

²⁷ Francis Bacon, *Advancement of Learning II. X*

²⁸ Plato, *Sophist* 228.

²⁹ As Socrates says in *Gorgias* (504): “What is the name which is given to the effect of harmony and order in the body? I suppose that you mean health and strength? Yes, I do; and what is the name which you would give to the effect of harmony and order in the soul? . . . ‘Healthy,’ as I conceive, is the name which is given to the regular order of the body, whence comes health and every other bodily excellence. . . . And ‘lawful’ and ‘law’ are the names which are given to the regular order and action of the soul, and these make men lawful and orderly.”

Doctors committed to the medical arts must be absolutely clear about the final end of their work and service, and serious scholars should be no less clear about the ultimate end of education. They should not function as without aim or as if beating the air (cf. 1 Cor. 9: 26). No intelligent patient would tolerate a doctor who didn't have the preservation or restoration of health as the clear and fixed goal of his medical practice. Thoughtful students should expect the teachers of their minds to be as thoughtful and as intense about the ends of their scholarly work and classroom instruction. Since the one who aims at nothing is sure to hit it, the *telos* of the educational process should be the subject of much study and careful consideration by responsible, thinking doctors of the mind so that the ends of their profession are as clear and certain as the goal of health is in the practice of medicine.

Thus, the work of medical and teaching doctors is admirably comparable in at least four respects. We expect both kinds of doctors to be diligent and hard working. We anticipate both to develop good, constructive relationships with their patients or students. We recognize how doctors of both body and mind are in a profound sense assistants to nature serving as catalysts to healing and learning. And finally, we believe that both the physician and professor must practice their crafts with a clear and precise understanding of the final ends of their work.³⁰

³⁰ An additional comparison between hospital and university administrators would also be helpful. Hospitals must be run by eminently qualified personnel according to the highest, recognized professional standards and principles of good practice. Hospitals, so it would seem, cannot afford leaders who professionally are poorly trained, inexperienced, or uninformed, and who personally are immature, selfish, territorial, prideful, manipulative, or controlling. Hospitals, as institutions dedicated to the service of human health, ought to be run for the noblest of purposes by the highest caliber of mature, selfless individuals who practice nothing but a politics of purity and holiness in their administration of resources, people, and power. And what is true of hospitals and hospital administrators ought also be true of universities and university administrators, since the health of the mind and the education of character is as indispensable as the health of the body. Let the reader reflect. Another instructive comparison might also be between hospital nurses and university staff. Nurses in hospitals have significant contact with patients and consequently must be well-trained, knowledgeable, competent, efficient, courteous, and compassionate. University staff also have frequent contact with

In the final analysis, both kinds of doctors ultimately seek the same thing: soundness, wholeness, well-being. This is the definition of shalom. We have come full circle. God created us for shalom—harmony and order in body and mind. But we live in a sin-wrecked creation where shalom has been radically disturbed. But God seeks to restore us to that originally intended harmony and wholeness, and He has done so through the redemption in His Son Jesus Christ. As the Great Physician Jesus healed many who were sick and restored the body. As the Master Teacher He taught the truth and renewed the mind. In the history of the West, both hospitals and universities have been established by the Church to perpetuate the ministry of Christ as both doctor and teacher. Both medical and teaching doctors have the enormous responsibility of serving human beings in their God-intended quest for wholeness. The health of the body and the health of the mind are at stake. And those who commit themselves to these respective professions must serve with absolute dedication and unmitigated excellence. Though those who doctor the body are frequently more highly compensated, this does not diminish the importance of those who doctor the mind nor should this fact abate excellence in the teaching, research and service rendered in the university. Regardless of the pay scale, those who have dedicated themselves to attend to the intellectual health of other human beings must undertake their tasks and pursue their profession with the same kind of resourcefulness, integrity and professionalism as their medical counterparts. Nothing less is acceptable or should be tolerated. And in the last analysis, to offset potential of pride on the part of either medical or teaching doctors, both must realize that when all is said and done, it is God and God alone who heals all our diseases (Psa. 103: 3) and teaches us all knowledge (Psa. 94: 10). To Him alone be the glory.

students and they would do well to emulate the qualifications, character and conduct of their nursing counterparts in hospitals. Students, like patients, need (and indeed, pay for) a similar kind of quality service even in academic matters and in the care and development of their minds.

SHALOM
(Wholeness, Well-being,
Human Flourishing)

SIN

BODY (Diseased)

MIND (Darkened)

MEDICINE

EDUCATION

HEALTH

TRUTH

PATIENTS

STUDENTS

MEDICAL DOCTORS
DOCTORS
(Physicians)

TEACHING
(Professors)

HOSPITALS

UNIVERSITIES

WORK ETHIC:
(Diligence)

RELATIONSHIPS:
(Doctor/Patient
Professor/Student)

METHODS:
(Assistants to Nature)

TELOS:
Health/Truth