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**The Predominance of Osler's Humanism
in the Practice of Palliative Care**



William Osler, circa 1891

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“The experience has been encouraging- discomfort of course, but no actual pain and except for the worry about leaving dear ones, singularly free from mental distress.”(1) (Vol II; pg. 672)

- *Sir William Osler on the approach of his own death, 1919*

There is perhaps no better way to elucidate Sir William Osler's personal views on dying than to echo his words spoken as he awaited death. Osler's description of dying as without “actual pain” and “free from mental distress” aligned with the views on dying that he formed during his life both professionally and personally- namely that death descends upon most as an oblivious and painless phenomenon.(2-4) Although Osler frequently espoused the notion that death manifested as a state of “sleeping and forgetting”, contrary to the widely held opinions of the time, he was also a supporter of the judicious use of opioids to relieve the pain experienced by the dying.(2, 4, 5) This desire to alleviate suffering adheres to the tenets of humanism in the practice of medicine. Humanism is a multifactorial term to which many have suggested definitions but which holds in its core the notion that all human beings should be treated as such.(6-8) Though humanism was not yet a defined concept in Osler's time, reports of his conduct as a physician clearly indicate that he treated all of his patients with compassion, respect, and humanity.

It can be argued that humanism is an important concept for all physicians today. Yet for those physicians who care for the dying, humanism is invaluable. Since the founding of the hospice movement in Britain by Dame Cicely Saunders in the 1960s, hospice and palliative care have emerged as places within the medical system that are specifically designed for the care of terminally ill patients or others who may be close to death.(9-12) Yet even with the prominence of palliative care in Western medicine today, some fear that technology and the medicalization of dying may abolish the Oslerian tradition of medical humanism from physician-patient interactions.(12-15) The question that follows is this: How did the Oslerian tradition of humanism manifest during the evolution in the contemporary care of dying patients?

To begin to discover how Osler's humanism influenced the development of modern palliative care, one must first define ‘humanism’ and understand how the title of ‘humanist’ came to be applied to Osler. Traditionally, humanism was a movement that consisted of the study of all the humanities- classics, history, science, literature and other “humane letters”.(7)

The *Oxford English Dictionary* now defines a humanist as: “A person who pursues or is expert in the study of the humanities, [especially] a classical scholar.”(16) In Osler’s speech on ‘The Old Humanities and the New Science’, he suggested his own definition of ‘humanism’ “as embracing all the knowledge of the ancient classical world- what man knew of nature as well as what he knew of himself.”(17) He further emphasized “humanities are the hormones” and were essential to the study of science.(17) Osler truly inhabited the traditional role of ‘humanist’, as is evident when considering the collection embodied by the *Bibliotheca Osleriana* at McGill University.

But Osler’s humanism went beyond knowledge of classical authors, as he was a humanist in the expansive meaning of the term. As Cushing explained, Osler was “a humanist in the broad sense of the term as a student of human affairs and human nature.”(6) Whereas humanism could be said to be implicit in the practice of medicine today, it “was not part of the contemporary idiom of Osler’s era.”(8) How then did Osler gain the title of ‘medical humanist’, which has been ascribed to him posthumously by many?(6-8, 18, 19) Anachronistically one can apply the current understanding of humanism as it exists today to explain Osler’s ownership of the concept. Pellegrino provides a modern definition of humanism for physicians:

Humanism encompasses a spirit of sincere concern for the centrality of human values in every aspect of professional activity. This concern focuses on the respect for freedom, dignity, worth and belief systems of the individual person, and it implies a sensitive, non-humiliating, and empathetic way of helping with some problem or need.(8)

Osler’s own philosophy, which parallels the above description of humanism, can be summarized in his own words as follows: “... to act the Golden Rule, as far as in me lay, towards my professional brethren and towards the patients committed to my care.”(20) The ‘Golden Rule’, that is, “do to others as you would have them do to you” as mentioned in Matthew 7:12, exemplifies the fundamental concept of humanism exhibited by Osler.(21) Osler followed the ‘Golden Rule’ as he treated dying patients with the humanity and dignity that he showed to all whom he encountered.

Osler’s adherence to the ‘Golden Rule’ is no more apparent than in his dealings with death. Though death is a specter that is omnipresent in medicine, how physicians and society have considered it has evolved significantly in the Western world. In Europe during the Middle

Ages, death was so familiar as to have lost some of its power to invoke fear.(22, 23) This arguable nonchalance about death was dramatically reversed in the 18th and 19th centuries with the advent of the Christian idea of the ‘good death’.(24) During the Victorian era (1830’s-1900), the époque in which much of Osler’s life was spent (1849-1919), there emerged a novel preoccupation with death, characterized by a pervasive fear of death.(4, 22-24) While the predominant Victorian views on death undoubtedly influenced Osler’s own beliefs concerning the dying, his upbringing may have also influenced his ideas on death. His father, Featherstone Lake Osler, was a minister of the Church of England who served as a missionary in Upper Canada.(1, 25) Before deciding to pursue a career in medicine, Osler considered becoming a minister.(1, 8, 20, 25) Some have rightly suggested that Osler’s strong Anglican background influenced his life and work and his religious beliefs undoubtedly molded his views on dying as well.(2, 5, 18, 26)

Both the pervasive attitude towards death during the Victorian era and Osler’s own religious views impacted his interactions with dying patients. Hinohara highlights two such encounters, one that occurred when Osler’s career was in its infancy and another that took place only a year before his own death.(2) In the first, Osler was working on the smallpox ward of the Montréal General Hospital where he encountered a young man who soon succumbed to the disease. In a letter to the patient’s father, Osler recalled how he had held the patient’s hand as he “passed away, without a groan or struggle” and that Osler “performed the last office of Christian friendship... and read the Commendatory Prayer at his departure.”(1)(Vol I; pg. 136) Four decades later while Regius Chair of Medicine at Oxford, Osler encountered a young girl suffering from “influenzal pneumonia”, which at the time was a world-wide epidemic. The girl’s mother recounted Osler’s last visit during which he brought the child a rose as an allegory about the nature of death such that:

... the little girl understood that neither fairies nor people could always have the colour of a red rose in their cheeks, or stay as long as they wanted to in one place, but that they nevertheless would be very happy in another home and must not let the people they left behind, particularly their parents, feel badly about it and the little girl understood and was not unhappy.(1) (Vol II; pg. 620)

These two separate encounters with dying patients clearly demonstrate both Osler's comfort in the presence of dying patients and the simple humanity that he employed to ease their suffering.

Beyond such interactions with the dying, Osler exhibited a certain interest with the concept of death throughout his professional life. As a medical student at McGill, Osler wrote his thesis on twenty postmortems and stated: "To investigate the causes of death... and to apply such Knowledge to the prevention and treatment of disease, is one of the highest objects of the Physician."(25)(pg. 66) Osler asserted that he considered himself a "student of the art and act of dying" and his interest in the subject traversed his career.(5, 26) He read widely on the subject and eventually amassed a collection of texts within his library dedicated to 'Death, Heaven, and Hell'.(1, 5, 26) One of these books was Dr. William Munk's 1887 work entitled *Euthanasia: or, Medical Treatment in Aid of an Easy Death*.(27) Munk, an English physician, explained the motivations for his text as follows:

There is little to be found in medical writings on the management of the dying, or on the treatment best adapted to the relief of the sufferings incident to that condition. The subject is not specially taught in any of our medical schools; and the young physician entering on the active duties of his office has to learn for himself, as best he may, what to do, and what not to do... in attendance on the dying, and administering the resources of the medical art, in aid of an *easy, gentle, and placid death*.(27) (pg. 4; emphasis added)

Munk defined 'euthanasia' as "a calm easy death", which follows with its etymological meaning of "an easy death without undue suffering."(26, 27) Osler endorsed Munk's views on death and the management of dying patients in an editorial for the *Canadian Medical and Surgical Journal*, saying: "We speak of death as the King of Terrors, yet how rarely does the act of dying appear to be painful, how rarely do we witness agony in the last hours... The first chapter [of Munk's *Euthanasia*] is full of interesting testimony on the painlessness of death."(28) Munk suggested "the free, but judicious, administration of opium", a stance on opiates also held by Osler who referred to morphine as "God's Own Medicine"; as bronchopneumonia overtook Osler in his final days, he said, "Shunt the whole pharmacopeia except opium... What a comfort it has been!"(1, 26, 28)(Cushing: Vol II; pg. 671) Both Osler's views on euthanasia, in its original definition, and his position on the "judicious" use of opiates herald some of the aspects of the hospice movement that would arise decades after his death.

While the Physician-in-Chief of Johns Hopkins Hospital, Osler further fulfilled his role as a “student of the art and the act of dying” when he undertook a ‘Study of the Act of Dying’. The study spanned four years and included data collected at the time of death of 486 patients.(4) Nurses filled out data cards at the patient’s death, including demographic data such as age, nationality, “nature of illness”, etc. and wrote observations of the moment of death itself. During his 1904 speech ‘Science and Immortality’ given as the Ingersoll Lecture at Harvard University, a series dedicated to questions of man’s mortality, Osler briefly reported the results of his study:

I have careful records of about five hundred death-beds, studied particularly with reference to the modes of death and the sensations of the dying... The great majority gave no sign one way or the other; like their birth, their death was a sleep and a forgetting. The Preacher was right: in this matter man hath no preeminence over the beast, -- "as the one dieth so dieth the other."(3)

Mueller, who undertook an extensive analysis of Osler’s original data, noted certain discrepancies between the reported findings and the actual results of the study. Most notably, Osler made mention of only 104 patients who “experienced discomfort” as they passed away whereas Mueller found there to be 186 individual patients whose deaths were not, to quote Osler, “a sleep and a forgetting.”(4) Mueller offers a multitude of explanations as to why Osler, historically proven to be a careful scientist, may have inaccurately reported the results of his own study. The most compelling of these is that “Osler’s prestudy beliefs regarding the dying process may have influenced his analysis and reporting of the results.”(4)

Although Osler never published the results of the study, ‘Science and Immortality’ was not the only occasion on which he referenced his work at Johns Hopkins. He vehemently disagreed with the statements of Maurice Maeterlinck, a Belgian author whose essay *Death* depicted the “torments of the last illness”, “the unbearable memories of the chamber of pain”, “the awful struggle” etc. and claimed “all doctors consider it their first duty to protract as long as possible even the most excruciating convulsions of the most hopeless agony”.(2, 5, 26) Similar to how he reported the results of his ‘Study of the Act of Dying’ during the Ingersoll lecture, Osler again insisted that death generally was not a process of pain and suffering. He summed up his thoughts on dying as such: “The truth is, an immense majority of all die as they are born-oblivious. A few, very few, suffer severely in the body, fewer still in the mind... No death need

be physically painful.”(1) (Vol II; pg. 299) As evidenced by the occasions of dying patients mentioned above as well as the opinions he voiced on numerous occasions, it is clear that Osler firmly believed that death was, or should be, a process free of distress.

Golden bestowed the epithet of ‘humanistic thanatologist’ on Sir William Osler and this title accurately incorporates Osler’s interest in death and dying with his intrinsic humanistic tendencies.(26) Though palliative care as an established specialty did not yet exist in Osler’s day, much of Osler’s philosophy seems to portend the development of a field of medicine dedicated to the care of the dying. In 1909 Osler gave ‘An Address on the Treatment of Disease’ to the Ontario Medical Association in which there are echoes reminiscent of the values of palliative care today:

... The study of morbid anatomy combined with careful clinical observations has taught us to recognize our limitations, and to accept the fact that *a disease itself may be incurable*, and that the best we can do is to *relieve symptoms* and *to make the patient comfortable*... It is a hard matter, and really not often necessary (since Nature usually does it quietly and in good time), to tell a patient that he is past all hope... Let us remember that we are the teachers, not the servants, of our patients, and we should be ready to make personal sacrifices in the cause of truth, and of loyalty to the patient... and *we must do what is best for the relief of their sufferings*...(29) (emphasis added)

All of the above goals emphasized by Osler as necessary for physicians in their care of dying patients are reflected in the very inception of the hospice and palliative care movement. Though hospices have their origins in the 11th century, it is only recently that caring for the dying has moved from the recesses of hospitals to the forefront of discussions throughout the medical community.(10, 11, 30) Originally hospices had strong ties to religious orders such as the Irish Religious Sisters of Charity in the late 19th century in Dublin, Ireland, which many have attributed to the reemergence of the hospice movement in the modern era.(11, 30, 31) In 1967 Dame Cicely Saunders, founded St. Christopher’s Hospice in London where she continued to advocate for dying patients and to further the cause of humanistic medicine.

Dame Saunders developed the concept of ‘total pain’, which included four distinct types of pain: physical, mental, spiritual, and societal.(9, 14, 32) She touted symptomatic treatment for dying patients, particularly the expedient use of analgesics in relieving patients’ physical pain in spite of the strongly held beliefs in the medical community regarding the potential for addiction

and abuse of such drugs by patients.(33, 34) This stance mirrors Osler's thoughts on the use of "God's own medicine" for the relief of pain and his endorsement of Munk's "judicious" use of morphine.(26-28) Saunders said in a paper entitled 'When a Patient is Dying': "It is not so much death itself as the actual process of dying that most men fear — but the reality when it comes is almost always painless and peaceful."(35) This "painless and peaceful" death, or as Osler called it- "a sleep and a forgetting", fulfills the aforementioned concept of the 'good death'. Currently the 'good death' is often cited as a main goal of palliative care and it includes the following elements: pain-free death, open acknowledgment of the imminence of death; and death according to personal preference.(14) A self-proclaimed follower of Dame Saunders, Balfour Mount instituted the first Palliative Care Unit at the Royal Victoria Hospital in Montréal in 1975 as a way to remedy the deficiencies of terminal care typically provided by general hospitals, namely the neglect of "the medical, emotional and spiritual needs of the patients and their families."(10, 36, 37) Through the work of Saunders and Mount, palliative care expanded to become a distinct specialty in 2006 and has now been integrated into many hospitals throughout North America and the world.(36, 38)

The Oslerian tradition of humanism underlies the conception of the modern hospice and palliative care movement, as many of his tightly held beliefs on dying are seminal to the present practice of palliative care. Although some have begun to question whether the intrusion of medical technologies and advanced life-saving techniques may impinge upon patients' dignity and their achievement of a 'good death', it is clear that Osler's humanism endures for the majority of patients on palliative care wards.(39-42) As the debate surrounding euthanasia intensifies in Québec and internationally, perhaps physicians can return to the tradition of Oslerian medical humanism when considering the best recourse to questions of physician-assisted suicide.(43) The challenge of how to care for dying patients is fundamental to the profession today and, as Dame Saunders said, "our common humanity demands no less" than our very best effort to ensure that they too achieve Osler's notion of a 'good death'.(9)

Word Count: 2,985

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