Professional obligation

"You say that we are in a dangerous time.... If you really feel that way, it is your obligation to write something."

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"I just heard the saddest story," the second-year Family Practice resident said, with a hint of subdued rage. Her faculty preceptor sensed her need to vent, so he gestured toward an empty chair. It was a rare moment of quiet for both doctors during a busy clinic day. The resident settled comfortably into the preceptor room chair and started talking about the well-child visit she had just finished.

"Marcus is a ten-year-old African American, who seemed a little intimidated when I entered the room. He relied on his mother to answer most of my questions. She was concerned that Marcus was having frequent headaches, which had characteristics suggestive of tension headaches. When I asked about stress, the real story tumbled out.

"I learned that Marcus' headaches began shortly after he got into trouble at school. The problem happened when a friend showed Marcus an unusual appearing plastic bag lying outside one of the kindergarten classrooms. Suspecting the bag might contain drugs, Marcus picked it up and took it to his teacher.

"The teacher promptly took Marcus and the baggie to the principal. Although Marcus had never been in trouble before, the principal took a 'zero tolerance' approach and called the police. Marcus was charged with drug possession and expelled from school.

"The family was bewildered as to why Marcus was treated so harshly. They suspected that the principal had stereotyped Marcus as a troublemaker because of his dreadlocks and baggy clothes. Of course, the family worked to exonerate Marcus. Eventually, the criminal charges were dropped and the expulsion was reduced to a ten-day suspension. By that time, Marcus had missed twenty days of school.

"The ordeal humiliated Marcus. He and his parents decided that it would be best to make a fresh start at a new school, which he began attending just in time to fail the required end-of-grade test. Now he is attending summer school so that he can be promoted with his class.

"Here is a ten-year-old boy who has never been in trouble. Because he tried to be safe and turn drugs over to an adult, he has lost friends, had to switch schools and attend summer school. His self-esteem is nonexistent. No wonder he is having headaches. I know that I'm only hearing one side of the story. But it just sounds crazy to me." Telling the tale had spent the resident's rage. All that remained was despair.

"That's awful," her preceptor said empathetically, after a moment of reflection. "Awful, but understandable. You see, we are a nation at war—and I'm not just talking about Iraq and terrorism.

"Americans have high ideals and are willing to fight to defend them. But we have crossed a line. War has become one of the central metaphors of our culture. We engage

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FAST TRACK

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in battle too willingly and too often."

Although the resident suspected that her preceptor was off on one of his notorious tangents, she did not interrupt him. "In my lifetime, we have had the Cold War, the Korean War, the Cuban Missile Crisis, the Vietnam War, the rise of ICBMs with nuclear warheads which guaranteed mutual destruction, 'minor' wars in Grenada and Panama, the first war in Iraq, the peacekeeping mission in the former Yugoslavia, the war in Afghanistan, a war on terrorism and a second war in Iraq. These are only the real wars. We also fight plenty of metaphorical ones.

"We fight the War on Poverty, a War on Drugs, a War on Illiteracy, and a War on Crime. Even the Civil Rights Movement, which was led by a world champion of non-violence, has morphed into a War on Racism. From Washington to Hollywood, words and images of war permeate American culture. Through this distorted lens, we perceive ourselves as embattled and are responding in kind."

Although the resident did not yet see the connection, her preceptor's comments only deepened her sense of tragedy. She shook her head and quietly said, "I'm glad I went into medicine."

He laughed, "So, you think our medical culture is somehow above society's preoccupation with war? What about our battles with insurance companies? What about our war on cancer? What about our heroic interventions? What about our aggressive medical care in patients with poor prognoses for recovery? Susan Sontag and Lynn Payer write beautifully about how our medical culture has embraced the metaphor of war.[1,2,3] I have their books in my office if you ever want to read a thorough treatise on the subject."

The resident's face brightened with a dawning realization. "So, you're saying that Marcus is an innocent casualty of the war on drugs and the battle to keep our school's safe?"

The preceptor smiled at her quick grasp of the issue. "Yes. Zero tolerance is for hardcore felons, not ten-year-old boys. In our rush to attack problems, we forget that wars inevitably produce civilian casualties."

"That's a pretty fatalistic way of looking at the problem," the resident chided.

"Perhaps," her preceptor replied. "I prefer to think of it as realistic. Marcus is wounded and we can only treat his injuries. If the family had come to you earlier, you could have found out the principal's side of the story and advocated for the child. But it's too late for that.

"Marcus' story is just one more example of how our country has entered a dangerous time. Because of our rage over 9/11, we have 'let slip the dogs of war.'[4] I wish I could think of some way to change the path that our nation is on. When I was a teenager, I participated in the peace movement protesting the Vietnam War. I was so certain about things back then. Now, I don't know what to do."

For a moment, both were silent—two physicians, a generation apart, struggling to find something meaningful to say. The resident finally broke the silence: "You should write something. You've always been able to get your points across through stories."

"And say what? That Americans should be less belligerent? That not all cultures and societies share our beliefs? That we need to spend more time understanding the depth and breadth of problems rather than rushing to judgment? That ultimatums, incarcerations and invasions should be solutions of last resort, not our national modus operandi? All of this has been said before.

"There is another problem this time around. Americans who speak for peace have been unfairly vilified for being unpatriotic and not supporting our troops. In the 60s and early 70s, there was a more balanced political debate. Some labeled peaceniks as un-American. But others praised their efforts as democracy in action. I thought it was healthy that our nation struggled to find the right path rather than striding forward with self-righteous certainty.

"Perhaps I should be more patient. A debate is beginning to emerge." Now his voice grew darker—a strange mix of despair, frustration, and anger. "It is just so damn sad. Americans had the world's sympathy after 9/11, but we lost it. We lost it in a wave of unapologetic nationalism. In two short years we have gone from victim to bully. The world could really have united behind the notion that terrorism is destructive and wrong. But we let that opportunity slip through our fingers. Because of our actions, the world is more dangerous and divided than it was two years ago."

A dark cloud hung over the two physicians. The resident finally broke the spell. "Did fear stop you when you were a teenager?"

"What?" he replied, surprised that she had thrown down this gauntlet.

"You heard me. Did fear of criticism stop you when you were young? You say that we are in a dangerous time and that we need people to speak up. If you really feel that way, it is your obligation to say or write something."

The middle-aged man had to smile at the resolve of the confident young woman. "I will if you help."

"Deal," she said, and rose to see her next patient. ■

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THE JOURNAL OF FAMILY PRACTICE

Evidence-based medicine ratings

THE JOURNAL OF FAMILY PRACTICE uses a simplified rating system system called the Strength of Recommendation Taxonomy (SORT). More detailed information can be found in the February 2003 issue, "Simplifying the language of patient care," pages 111–120.

Strength of Recommendation (SOR) ratings are given for key recommendations for readers. SORs should be based on the highest-quality evidence available.

- **A** Recommendation based on consistent and good-quality patient–oriented evidence.
- **B** Recommendation based on inconsistent or limited-quality patient-oriented evidence.
- **C** Recommendation based on consensus, usual practice, opinion, disease-oriented evidence, or case series for studies of diagnosis, treatment, prevention, or screening

Levels of evidence determine whether a study measuring patient-oriented outcomes is of good or limited quality, and whether the results are consistent or inconsistent between studies.

STUDY QUALITY

1—Good-quality, patient-oriented evidence (eg, validated clinical decision rules, systematic reviews and meta-analyses of randomized controlled trials [RCTs] with consistent results, high-quality RCTs, or diagnostic cohort studies)

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