


THE PROFESSION OF MEDICINE IS SECULAR: AN EIGHTEENTH-CENTURY IDEA WITH IMPLICATIONS FOR THE BOUNDARY BETWEEN MEDICINE AND RELIGION

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SUMMARY

he aim of this paper is to draw on John Gregory's (1724-1773) professional ethics in medicine to provide guidance to physicians for the responsible management of the potentially contested boundary between medicine and religion. The paper provides a philosophical and clinical interpretation of Gregory's method of argument by persuasion: setting out complementary considerations that together invite agreement. The cumulative effect of this argument by persuasion is that a contested boundary between medicine and religion is not required by the commitment to the evidence-based, scientific practice of medicine. Gregory's legacy to us is the concept of the profession of medicine as secular, in two senses. As scientific, medicine draws on evidence and not on divinity, transcendent reality, or sacred texts and practices. There is no necessary hostility of evidence-based medicine toward religion and faith communities.

Key words: medicine - professional ethics- Gregory's method – interpretations – EBM (Evidence Based Medicine)

INTRODUCTION: *UBI TRES MEDICI, IBI DUO ATHEII.*

With the emergence of scientific medicine in Renaissance Europe and, especially, during the Enlightenment, the boundary between medicine and religion became contested. In part, this was owed to competing explanations of the phenomena of health and disease. As the success of medical explanations and clinical management based on them increased, the authority of religion to explain health and disease was directly challenged. The threat of medicine to religion was expressed by people of the Christian faiths in the phrase, *Ubi tres medici, duo atheii*, or, wherever there are three doctors there are two atheists (McCullough 1998). In this paper we present an

eighteenth-century response to this challenge and invite the reader to assess its utility for today.

JOHN GREGORY RESPONSE TO *UBI TRES MEDICE, IBI DUO ATHEII.*

On the most important – but still neglected – responses to this accusation was mounted by the Scottish physician-ethicist, John Gregory (1724-1773). As a young man, Gregory would have been well aware of religious persecution of atheists. In 1767 became Professor of Medicine at the University of Edinburgh, a position he held in alternating years with William Cullen (1710-1790). Cullen was revered as the best teacher of clinical medicine at the University of Edinburgh, based on the Baconian science of rigorous

observation of signs and symptoms and sorting them into patterns that made causal sense. Cullen was also a suspected atheist. At that time, professors at the University of Edinburgh were appointed by the Town Council and there was no tenure. There was a movement afoot to have Cullen dismissed from his faculty position, to prevent an atheist from infecting the students with heresy (McCullough 1998).

Gregory gave a series of ethics lectures before students transitioned from the lecture hall to the wards of the Royal Infirmary of Edinburgh for their clinical training. As was then common, Gregory permitted his lectures to be published anonymously, to test reception of them by the medical and learned communities. Probably edited by his son, James Gregory, the lectures appeared in 1770 as *Observations on the Duties and Qualifications of a Physician, and on the Method of Prosecuting Enquiries in Philosophy* (Gregory 1770). This book was very well received, leading Gregory to revise and publish it under his own name as *Lectures on the Duties and Qualifications of a Physician* in 1772 (Gregory 1772). This book is remarkable for the scope of ethical challenges that Gregory addressed and that remain current, including confidentiality, the right of patients to express their views about treatment, patients with “nervous ailments” now known as the “worried well,” and end-of-life care, including what appears to be an endorsement of physician-assisted suicide (McCullough 1998).

Gregory addresses two contested boundaries. The first was between physician and surgeons. Using the example of a gangrenous limb, Gregory makes the case for the physician taking the lead in making the diagnosis and devising a treatment plan. If that plan included surgery, the physician should turn the case over to the surgeon who then would take responsibility for the surgery. No one had ever made such a proposal for the management of the contested boundary between medicine and surgery. The basis for Gregory’s proposal was the commitment of clinicians to the scientific practice of medicine directed to the patient’s health-related interests, keeping all forms of self-interest systematically secondary (Gregory 1770, 1772, McCullough 1998).

The second contested boundary was that between medicine and religion. Gregory almost certainly had in mind the political and personal peril that his colleague Cullen faced as well as the history of persecution of heretics. We know that this topic was of major importance to Gregory – and therefore for this

intended audience – because he devoted more words to it than any of the many other ethical challenges he addressed (McCullough 1998).

I shall make no apology for going a little out of my way in treating of so serious a subject. In an enquiry into the office and duties of a physician, I deemed it necessary to attempt to wipe off a reflection so derogatory to our profession; and, at the same time, to caution you against that petulance and vanity in conversation, which may occasion imputations of bad principles, equally dangerous to society, and to your own interest and honour (Gregory 1772, p. 70).

In this paper, we will explain Gregory’s response to the contested boundary between medicine and religion and show how this remarkable text from the history of medical ethics can provide reliable guidance to the Academy today.

A METHODOLOGICAL NOTE

Gregory’s style of reasoning was common in his day. It can best be described as argument by persuasion. One sets out a number of considerations in support of a position with the goal of persuading the reader to agree on the basis of the accumulated persuasive power of all of the considerations considered together. This can also be called complementary reasoning: each successive consideration adds something not contained in its predecessor, creating a coherence among them. No one consideration, therefore, should be considered persuasive by itself (McCullough 1998). We now invite the reader to experience Gregory’s method of argument by persuasion by presenting in sequence each of the considerations that Gregory advances with an update of each.

GREGORY’S ARGUMENT BY PERSUASION

Scientifically Eminent Physicians of Piety

Gregory first points out that there have been many scientifically eminent physicians who were noted for their piety. Their examples are meant to refute *Ubi tres medici, duo athei*, or the claim that becoming a scientific physician entails a commitment to atheism:

I shall conclude this subject with some observations on a charge of a heinous nature, which has been

often urged against our profession; I mean that of infidelity, and contempt of religion. I think the charge ill-founded; and will venture to say, that the most eminent of our faculty have been distinguished for real piety. I shall only mention, as examples, Harvey, Sydenham, Arbuthnot, Boerhaave, Stahl, and Hoffman (Gregory, 1772, pp. 63-64).

His students and contemporaries would have instantly recognized men who were then regarded as scientific giants. William Harvey (1578-1657) discovered circulation. Thomas Sydenham (1624-1689) authored a textbook in medicine that remained in use for two centuries, earning him the sobriquet, “The English Hippocrates.” Hermann Boerhaave (1668-1738) the founder of modern physiology and renowned teacher at the medical school at Leiden, where Gregory and other of “Boerhaave’s men” at the University of Edinburgh studied. Georg Ernst Stahl (1659-1734) posited the *anima* to distinguish between living and non-living things. While this concept did not survive, the wholistic approach to patient care, which Gregory embraced and taught, was very influential at Edinburgh. Friedrich Hoffmann (1660-1742) who took the lead in preparing physicians to serve as municipal physicians, forerunners of public health physicians. Hoffmann also published *Medicus Politicus*, a very influential text in the history of medical ethics (McCullough 1998).

Today, there are eminent physicians noted for their piety, i.e., their serious commitment to religious beliefs and practice. The most prominent such physician in the United States, and perhaps in the world, is Francis Collins, the Director of the National Institutes of Health and renowned scientific investigator (U.S. Public Broadcasting System (PBS) 2004, Collins 2006). In the PBS interview, Collins made the following claim and offered himself as an example of a scientific physician who has a serious faith commitment:

So where, then, is the discordancy that causes so many people to see these views of science and of spirit as being incompatible? In me, they both exist. They both exist at the same moment in the day. They’re not compartmentalized. They are entirely compatible. And they’re part of who I am (U.S. Public Broadcasting System (PBS) 2004, Collins 2006).

Contempt for Religion does not Apply to all Forms of Religion

Gregory turns to the origins of contempt for religion in the scientific mind set:

It is easy, however, to see whence this calumny has arisen. Men whose minds have been enlarged by knowledge, who have been accustomed to think, and to reason upon all subjects with a generous freedom, are not apt to become bigots to any particular sect or system. They can be steady to their own principles without thinking ill of those who differ from them; but they are impatient of the authority and controul of men, who would lord it over their consciences, and dictate to them what they are to believe (Gregory 1772, p. 64).

Gregory’s point is subtle: It is correct for the scientific physician to be “impatient with the authority and controul of men.” He may have had in mind the rigid orthodoxy of the Church of Scotland and, as would be typical at the time, Roman Catholicism. But it is not correct for the scientific physician to reject religion that is compatible with conscience. There were at the time religious communities based on the sovereignty of conscience, especially the various Dissenters. Scientific medicine is therefore not incompatible with religion in all of its various forms but only in those forms incompatible with the sovereignty of conscience.

The Perils of Unguarded Expressions

Scientific physicians can sometimes abandon the discipline of evidence-based reasoning and become enthusiasts in the sense that they make claims for which they do not have warrant. In this passage Gregory invokes the distinctive commitment of the University of Edinburgh, *Lehrenfreiheit* or the freedom to teach, which, in turn, is based on freedom of inquiry.

This freedom of spirit, this moderation and charity for those of different sentiments, have frequently been ascribed, by narrow-minded people, to secret infidelity, scepticism, or, at least, to lukewarmness in religion; while some who were sincere Christians, exasperated by such reproaches, have sometimes expressed themselves unguardedly, and thereby afforded their enemies a handle to calumniate them. This, I imagine, has been the real source of that charge of infidelity so often and so unjustly brought against physicians (Gregory 1772, pp. 64-65).

Freedom of inquiry, Gregory insists, must be rigorous, in which intellectual endeavor there is no place for unguarded statements. Unguarded statements make one a target for the accusation of infidelity, not rigorous scientific thinking.

Newly Won Liberty

Gregory then makes a related, more general point: unbridled freedom can result in atheism:

In a neighboring nation, where few people have been used to think or to reason with freedom on religion, and where, till of late, no man durst express himself freely on the subject, some ingenious and lively writers have, within these few years appeared, who, impatient to display their newly-acquired liberty, have attempted to shake the foundations of all religion, natural as well as revealed. Lately emancipated from the lowest superstition, by a transition not unnatural, they have plunged at once into Atheism. It is perhaps for the better, that these gentlemen have carried matters so far; because it is to be hoped the evil will soon cure itself (Gregory 1772, pp. 65-66).

Here he emphasizes that unbridled freedom is not what freedom truly concerns. There is a distinctive, traditional, conservative bent to Gregory's thinking here, with deep roots in the Stoic tradition. Freedom must be exercised under the constraint of values and institutions worth preserving. These include religion based on conscience.

Religion is Natural to the Human Mind

Gregory then makes the point that we are naturally inclined to be religious:

Mankind may have their religious opinions disfigured by various superstitions: but still religion is natural to the human mind, and every attempt to eradicate it, will be found as impotent as it is wicked (Gregory 1772, p. 66).

This idea retains its currency. Stempsey has recently argued, for example, that we are not only "Homo sapiens" but also "Homo religious" (Stempsey 2021). Evidence-based, scientific thinking inclines toward and not away from religion (Collins 2006).

Socially Deleterious Consequences of Atheism

Gregory then invokes a time-honored argument form in philosophical reasoning: Grant, for the sake of argument, an opponent's position and then show that this position has implications that anyone, including one's opponent, should reject.

But, supposing that Atheism came universally to prevail, together with the disbelief of the immortality of the soul, the duration of such sentiments would necessarily be very short; because they would at once unhinge all the bonds of society, and produce a continued scene of anarchy and wickedness (Gregory 1772, p. 66).

These words would have had a powerful resonance for Scotsmen, who were only a quarter century from the doomed Stuart rebellion of 1746-1747. Gregory had been recruited to fight by the legendary Rob Roy but Gregory's father forbade him to enlist, thus saving him from the slaughter that befell the Scottish rebels at the battle of Culloden (McCullough 1998). Gregory knew firsthand of what he writes: social bonds should never be taken for granted and, when they fail, catastrophe usually follows.

Weak Arguments for Atheism

Gregory next pulls together the elements of his argument by persuasion. He has shown that becoming a scientific physician does not commit one to becoming an atheist, quite the opposite. Moreover, making atheism universal would result in societal calamity. Taken together the previous complementary considerations lay bare the weak arguments for atheism.

Divested of that uncouth, metaphysical dress, under which they long lay concealed, the gloomy speculation of a few recluse men, they are now produced to the world, adorned with what passes among many for wit and humour, and adapted to every capacity. So far as they contain any argument, their weakness has been often demonstrated (Gregory 1772, p. 66).

Attacking Youth on the Weak Side

Gregory was a dedicated medical educator. He lent students his lecture notes and even, sometimes, money (McCullough 1998). He was concerned that young students might not have the maturity of thought that he has displayed in the above, complementary considerations, and, as a consequence, become disrespectful of religion. Recall that medical students in Scotland, then and now, start after secondary school. Gregory was but 19 years of age when he left Aberdeen to follow his father and older brother to study medicine in Edinburgh (McCullough 1998).

One method taken by the present patrons of infidelity to propagate their opinions is somewhat dan-

gerous. With much assurance, they insinuate, that all who avow their belief in natural or revealed religion, are either hypocrites or fools. This is attacking youth on their weak side. A young man, of a liberal spirit, naturally disdains the idea of hypocrisy; and, from an ill-judged pride, is afraid of whatever may subject him to so mean an imputation. Vanity, again, is their most ruling passion, as they commonly dread contempt above everything, and resent reflections on the weakness and narrowness of their understanding, more than any charge against their principles or morals (Gregory 1772, pp. 66-67).

Gregory was well aware that, with rare exceptions, young men (and now young women) do not enter their late teens or early twenties intellectually fully formed. Making the case for atheism when a student does not have the intellectual tools on display in the considerations above is impermissible pedagogically. Moreover, should a medical student embrace atheism, the origin of this change is not in scientific medicine but in less-than-mature intellectual development and lack of clinical experience (see below). In this passage, we add, Gregory is role-modeling for students the protection of the vulnerable that students were about to begin to learn in the wards of the Royal Infirmary of Edinburgh.

Useful and Amiable Men are Friends of Religion

Gregory next offers a virtues-based consideration. To become a man of virtue, especially mastery of the professional virtues of tenderness and steadiness (engaging directly in the affective experience of patient in a self-disciplined way) and candor (the commitment to being open to evidence from whatever source), is at the heart of *Lectures*. Here Gregory makes the more general point that persons of virtue have social worth and earned moral standing for the rest of us.

But I will venture to say, that men of the most enlarged, clear, and solid understandings, who have acted with the greatest spirit, dignity, and propriety, and who have been regarded as the most useful and amiable members of society, have never openly insulted, or insidiously attempted to ridicule the principles of religion; but, on the contrary, have been its best and warmest friends (Gregory 1772, pp. 67-68).

These persons of virtue are not hostile to religion but its “best and warmest friends.” This complements his opening consideration. Scientific physi-

cians, admirable for their intellectual virtues, were men of piety. So are persons who are admirable for their moral virtues.

The Study of Medicine does not Lead to Impiety

Gregory next makes an argument based on the “works of nature.” This is known as the argument for the existence of the god of deism (there is a creator and designer god who is the author of the patterns of nature and has ordained those patterns to human and animal good). The evidence of transcendent design is available to every scientific physician.

The study of medicine, of all others, should be the least suspected of leading to impiety. An intimate acquaintance with the works of Nature, raises the mind to the most sublime conceptions of the Supreme Being, and at the same time dilates the heart with the most pleasing views of Providence. The difficulties that necessarily attend all deep enquiries into a subject so disproportionate to the human faculties, should not be suspected to surprize a physician, who, in his practice, is often involved in perplexity, even



in subjects exposed to the examination of his senses (Gregory 1772, p. 68).

The complexity of clinical practice prepares physicians especially well for the task of gathering the evidence for deism.

Clinical Experience Naturally Inclines the Physician to Religion

Daily experience with the pain, distress, and suffering of patients complements the results of the work of nature with the results of tender and steady engagement with patients.

There are, besides, some peculiar circumstances in the profession of a physician, which should naturally dispose him to look beyond the present scene of things, and engage his heart on the side of religion. He has many opportunities of seeing people, once the gay and the happy, sunk in deep distress; sometimes devoted to a painful and lingering death; and sometimes struggling with the tortures of a distracted mind. Such afflictive scenes, one should imagine, might soften any heart not dead to every feeling of humanity, and make it reverence that religion which alone can support the soul in the most complicated distresses; that religion, which teaches to enjoy life with cheerfulness, and to resign it with dignity (Gregory 1772, pp. 68-69).

Religion based on freedom of conscience permits the believer to sustain meaning in his or her life, right up to its final days. Gregory thus anticipates the death with dignity movement in many countries in the last century and underscores the essential role that religious belief can play for the maintenance of dignity as one dies.

The Sensitive Physician Keeps his Atheism to Himself

Gregory makes one final point to the atheist whom he has not been able to persuade: a physician committed to the compassionate care of patients, but is also an atheist, should remain systematically silent about his commitment.

A physician, who has the misfortune to disbelieve in a future state, will, if he have common good-nature, conceal his sentiments from those under his charge, with as much care as he would preserve them from the infection of a mortal disease. With a mind unfeeling, or occupied in various pursuits, he may not

be aware of his own unhappy situation; yet it is barbarous to deprive expiring nature of its last support, and to blast the only surviving comfort of those who have taken a last farewell of every sublunary pleasure. But, if motives of humanity, and a regard to the peace and happiness of society cannot restrain a physician from expressing sentiments destructive of religion or morals, it is vain to urge the decency of the profession. The most favourable construction we can put on such conduct, is to suppose that it proceeds from an ungovernable levity, or a criminal vanity, that forgets all the ties of morals, decency, and good manners (Gregory 1772, pp. 69-70).

For the physician who fails to maintain compassionate, respectful silence about his or her atheism, Gregory reserves some of the strongest language in *Lectures*. The final sentence is written in what Gregory himself would have described as “warm” terms. Another way to put it is that in this sentence Gregory is in high dudgeon, which his students and readers would have immediately recognized as such. This sentence can be restated in contemporary terms: No physician should want to become despicable.

CONCLUSION: MEDICINE IS A SECULAR PROFESSION

The reader now has been introduced to Gregory’s argument by persuasion against the view that becoming a scientific physician commits one to atheism. No one consideration is sufficient to make this case, but together, Gregory believes, his students and readers should accept this conclusion. Gregory’s pioneering work on professional medical ethics from the eighteenth-century thus provides guidance for the management of the potentially contested boundary between medicine and religion. The boundary between medicine and religion is not necessarily, but only potentially, contested.

The key to this conclusion is based on a theme that is implicit in the texts from his *Lectures* that we have analyzed here. While Gregory did not use the word “secular” he put in place the concept of medicine as a secular profession that can guide the Academy. The meaning of “secular” has two components. First, medicine is a secular profession is evidence-based. Evidence-based clinical reasoning draws of science, which creates intellectual tools that do not make – and need not make -- reference to divinity, transcendent reality, or sacred texts and prac-

tices. The medical profession is therefore open to all, with no religious – or *anti-religious* – test. Second, inasmuch as there is no requirement that being a physician means that one becomes an atheist. There is therefore no necessary hostility of medicine toward religion and faith communities. Based on these two components of the concept of medicine as secular, the boundary between medicine and religion need not be contested.

Acknowledgements: None.

Conflict of Interest: None to declare.

Contribution of Individual Authors:

Frank A. Chervenak and Laurence B. McCullough worked together to identify the topic of the paper and the historical resource, John Gregory's *Lectures on the Duties and Qualifications of a Physician* (1772), upon which the paper draws. They also worked together on the philosophical and clinical analysis of the passages from *Lectures* and the preparation of the paper through its successive drafts.

SAŽETAK

Cilj ovog rada je osloniti se na stavove Johna Gregorya (1724-1773) o profesionalnoj etici u medicini kako bi liječnicima pružili smjernice za odgovorno upravljanje potencijalno spornim razgraničenjem između medicine i religije. Ovaj rad donosi filozofsku i kliničku interpretaciju Gregoryeve metode argumenta uvjeravanjem: predstavljanje komplementarnih razmatranja koja zajedno pozivaju na slaganje. Kumulativni rezultat ovog argumenta uvjeravanjem je da znanstvena praksa medicine, temeljena na dokazima, nema potrebu za spornom granicom između medicine i religije. Gregoryevo naslijeđe nama je koncept sekularne medicinske struke, u dva smisla. Kao znanost, medicina se oslanja na dokaze, a ne na božansko, nadiskustvenu stvarnost ili svete spise i prakse. Medicina temeljena na dokazima nema potrebu za antagonizmom prema religiji i vjerskim zajednicama.

Ključne riječi: medicina – profesionalna etika – Gregory-ev metoda – interpretacije – EBM (medicina utemeljena na dokazima)

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