In an era where personhood has become more and more important in the consideration of patient care, it is well to consider the implications of the term. In medical ethics various writers have attempted to define what a person is, what the qualifications of personhood are, and when life in the womb actually represents the quality of obtaining personhood. In addition, since the present era of life prolongation through artificial means (respirators, fluid and electrolyte infusion, parenteral alimentation) including the prolongation of life for purposes of organ donation, the presence or absence of personhood becomes an increasingly important consideration. When does the human being become a person and at what point does he lose that quality?

Dr. Paul Tournier defined the person as pertaining to that which one truly is — "The real Jack Paar" we used to say regarding a precursor of Johnny Carson. Tournier contrasted the person from the personage — for example, the physician in his white coat with stethoscope around his neck, his entourage of students and residents in contrast to the physician at home with family and friends or worshiping in church. Most often these are two entirely different visages of the doctor.

Webster defines the person as "an individual human being consisting of body and soul. We apply the term to living beings only, possessed of a rational nature." He also defines person as a "human being, considered with respect to the living body or corporeal existence only." Thus, when the doctor-personage visits his patient-person (human, living being) he must perceive that unless it is a person to person contact despite scientific acumen, the visit may well lack edifying, truly healing quality.

Consider Sir William Osler as an example of person versus personage. Osler in his "Counsels and Ideals" writing as doctor states concerning the practitioner of medicine "it is only by persistent intelligent study of disease upon methodical plan of such examination that a man gradually learns to correlate his daily lessons with the facts of his previous experience and that of his fellows, and so acquires clinical wisdom." Osler's writings are full of scientific knowledge and wisdom on both the cerebral and the heart level, the personage level. Contrast, if you will, the man — the person who dedicates his great tome, "The Principles and Practice of Medicine" to the memory of his three teachers, his parish priest of Weaton, Ontario, and to two of his professors — one of Toronto and one of Montreal. Also to know the man one might with interest examine his letters to children found in "The Great Physician" by Edith G. Reid. To William he wrote, "our person in a sermon had said that if anyone could disprove the resurrection, I will throw up the whole thing, collects, epistles and gospels, right here in this place." He also wrote this bit of verse:

"A lion emerged from his lair,
for a short summer cut to his hair,
but the barber he wept,
while his customers slept,
as they waited their turn in the chair."

How could the master clinician maintain the humor and joy of the child? So sad that modern medicine has lost its personhood.

Contrast Dr. Osler with the Episcopal priest ethicist Joseph Fletcher. Fletcher defines the person (a human being) as one who possesses the following features: control of existence, curiosity, change and changeability, balance of rationality, idiosyncracy, neocortical function, minimal intelligence, self awareness, self control, a sense of time, a sense of futurity, a sense of the past, the capability to relate to others, concern for others, and communication. (One wonders how many of his friends and patients can pass this test.) The Reverend Joseph Fletcher is part of the Medical Ethics Faculty at the University of Virginia in Charlottesville. He is the author of the idea of "situational ethics", which in essence states that anything is ethical if the situation is right and merits it.

In an article in the Harvard Divinity Review the issue of quality of life was debated as regards euthanasia. In the article a letter written by a young woman lawyer was quoted. She wrote saying that she, according to their definition of personhood would at one time have fit the category of being a non-person or "vegetable", having been born with severe cerebral palsy. She began her letter saying, "I imagine it is doubtless the first time you have received a letter written by a vegetable." I suppose it is something that most all of us in Medicine remember, that there are those patients during our internship and residency training who were listed as "gorks" or as "crockesses" who basically were
considered "vegetables". Considerable debate is going on as to whether patients in this category should be treated with food and hydration, possibly feeding tubes or gastrostomy. Is the electroencephalogram determination a truly adequate means of determining when a patient dies? When does a person lose his personhood? Is euthanasia possible when one has lost his personhood? Are we to accept Joseph Fletcher’s definition of the qualities of personhood? With increasing medical costs and with the decision making process relative to hospitalization gradually being taken away from the physician by PPSO functionaries and DRG guidelines, is the physician gradually being removed from his place of responsibility and decision making? Will a committee determine for us when to pull the plug? What is the ethical physician to do when he is so directed?

It could well be that in American Medicine in the 80's and 90's, we may have come to the point where we must begin to base our decision making processes upon personhood rather than personage. If the babe in the womb is a human being, one's person would dictate the nondestruction of the little human life. Albert Schweitzer in his "reverence for life doctrine" would certainly concur. The same thought process must enter into the issue of tube feeding of the comatose, "pulling the plug", fetal experimentation, human experimentation, (including prisoners), mercy killing, leukotomy and a host of even more perplexing moral issues.

As for me and my house, let medical-moral decisions concerning us be made by those in medicine who have discovered the sine qua non of vital personhood through the personal knowledge of Jesus Christ and God's Word.

William Francis Reed, M.D.

It is with great sorrow that we share with you the news that our dear brother, Dr. Roderick Davison, has gone home to the Father. We extend our love, prayers, and sympathy to his wife Doris, their family, and loved ones. Dr. Davison served as the first President of Christian Medical Foundation of Canada, and his commitment to excellence in Medicine was a testimony of his love and faith in Jesus Christ. And though we sorrow, it is not as those who have no hope (I Thess. 4:13-14), for even in his illness and death Dr. Davison exalted and trusted in his Savior and Lord, Jesus Christ.

THE BREATH

There's a restlessness in the rustling leaves today,
It's as if they know that soon their garb must change.
And so the breeze that causes limbs to swing and sway
Blows a certain apprehension anticipating coming pain.
When green leaves will no longer grace the dancing trees
They'll turn to crimson — red and brown, myriad rainbow hues
And soon will fall, cut off from life ad strength and ease.
It seems rather tragic this — so sad this happy singing life to lose.

Amidst the glorious colors of their most scintillating days,
Times of breathtaking beauty, painted and daubed, tinted
Far different from the sameness of the total forest green.
Somehow it's like when one in the midst of the most beauteous
Time of life, 'tis hinted that soon, too soon, the rustling restless
Breath of God will also call us from the scene.

— Dedicated to Doris Davison by William Standish Reed —