

Myths About Medical School

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He is so sure of himself and his slides, he knows the purpose of life and is completely ignorant of the doubts and disappointments that turn talented men grey . . . It is difficult to make him change his opinions, and quite impossible to argue with him. How can you argue with a man who is firmly convinced that medicine is the best science, that doctors are the best people and that medical traditions are the best traditions.'

- Anton Chekhov, *A Boring Story*

Christian medical students enter medical school with the belief that "God put us there." What we fail to realize is that we are "put" into an educational system that is anti-Christian. Apart from soliciting obviously anti-biblical stances such as abortion on demand, refusal of non-insured (read:poor) patients, and cutthroat competition for grades, the walls of medical school whisper daily in our ears, "You must separate your beliefs (especially if they are Christian) from the practice of medicine." This is the greatest lie told in medical school. We not only quietly listen to this lie - we tell it.

Like many of God's people throughout history, we embrace pagan cultural values, rituals and behaviors with the misunderstanding that they are consistent with God's will - for too many of us, medical school is our golden calf, our brass serpent, and our temple of money changers.

If we plan on being authentic Christians working respectfully in the fields of medicine, we must begin to train ourselves to recognize and reject the pagan American myths currently told to us in our medical

institutions. I will outline nine myths I have encountered throughout medical school, and suggest some options that enable us to be more authentic Christians and better physicians.

MYTH # 1:

Med Schools Pick the Best People to be Doctors.

False. You were picked because you made adequate scores on the MCAT, high grades in college science courses, and gave the overall impression that you think that getting into medical school would be the greatest thing in the world.

If you haven't already found out, medical school is not the greatest thing in the world, and the MCAT and college science grades have nothing to do with medicine or being a good doctor. "In an extensive review of twenty-seven articles that related college grades to subsequent career performance in medicine, it was concluded that there was either poor correlation or no correlation between undergraduate college grades and professional performance."²

"In a landmark 1983 decision, the American Board of Internal Medicine required all postgraduate training programs to refocus the attention of many medical educators on the importance of humanitarian behavior by physicians. In part, this decision was based on the increasing evidence that the major academic criteria used for admission of students into medical school (college grades and MCAT scores) have not been good predictors of the quality of clinical practice."^{3,4,5,6,7,8}

Pre-med students who want to be prepared for

American medicine, and develop the type of critical thinking used in medicine would be better off majoring in philosophy, literature, theology, epidemiology, computers, business or political science rather than biology, chemistry and physics. (Incidentally, this is one of the suggestions of the American Academy of American Medical Colleges to improve medical education).

In short, we were not picked because someone knew we would be good doctors - we were picked because we fulfilled particular numerical criteria (grades and MCAT) which now appear to be quite arbitrary.

MYTH #2:

God Wants You to Make Good Medical School Grades.

A qualified False. My first semester in medical school, a Christian physician told a group of us, "God wants you to make good grades." As if there was not already enough real or imagined pressure to make good grades from friends, parents, relatives and myself, now God was putting on the heat too. I don't think the physician realized the anxiety he created in us that day. He was AOA, a "top" student, and basically cruised through medical school. (We know because he told us).

God cares about all aspects of our lives, but I dare say that making "good" grades in medical school is even in the top 100.

What medical blasphemy! Perhaps, but in the same way that pre-medical grades and MCAT scores fail to correlate with physician performance, so do pre-clinical medical school grades and NBME scores. This too is strongly supported by scientific data.

While we live the myth of good grade = good doctor, your medical school educators know that "comprehensive tests such as the MCAT, NBME and Flex are inherently flawed in that they tend to evaluate test taking abilities"⁴ rather than applied knowledge, analytical thinking and the communication of knowledge critically essential skills in medicine. If this is true for nationally standardized, evaluated exams, then the

validity of your own hap-hazard medical school's exams are questionable.

However, I did answer the myth that "God wants you to make good grades," with a *qualified* false. While pre-clinical grades and NBME have nothing to do with being a good doctor, a smart doctor, a good third or fourth year medical student, nor does it correlate well with how long or hard you study - that does not give us license to be "slugs." As Christian medical students, we should study medicine and the Bible diligently, be available to those hurting around us and *pass* medical school. "To jockey for grades, rank and one-upmanship is in contradiction to the example and precept of Jesus Christ."15??

The sad fact is that as we progress through the medical education system we are rarely convinced by scripture's practical application to medicine unless it is supported by the almighty medical literature. Would it have been enough for any of us to change our selfish competitive desires if we had simply read:

"Am I now trying to win the approval of men or of God? Or am I trying to please men? If I were still trying to please men, I would not be a servant of Christ.(Gal 1:10)

We do not dare to classify or compare ourselves with some who commend themselves. When they measure themselves by themselves and compare themselves with themselves, they are not wise. (2 Cor 10:12)

Do not be misled: Bad company corrupts good character. (1 Cor 15:33)

I am ashamed that it was the medical literature, not the Bible that opened my eyes to the foolishness of battling for grades, which means nothing.

MYTH #3:*Good Residencies Require Good Grades.*

False. *High paying* specialty residencies require good grades, high board scores, etc. If you plan on going into specialties like ophthalmology, dermatology or orthopedics, you will need top grades, scores and letters. Why? Because these fields require more knowledge? No. Because they require more diligence? No, in fact, the hours are some of the easiest. Then why are these specialties so "good" among medical students? One reason for their prestige is that you can make a lot of money and have relatively easy hours. You may be interested to know that the "good" residencies of ophthalmology and dermatology were the "anybody-can-get" residencies just over a decade or two ago. They were looked upon in much the same way we look upon general pediatrics, family medicine and psychiatry today. Why? Money, is a primary reason.

I am not criticizing ophthalmology, dermatology or orthopedics for they are as good or bad as other residencies can be - I am criticizing our definition of "good" residencies.

Within our given field of desired practice, we talk about "good" residencies as if we understood what that meant. Some programs are "good" because they publish a lot of articles, some are "good" because they pay well, some are "good" because they have good teachers, some have "good" locations (eg. close to home, warm weather, in the mountains, in an exciting city, etc.), some have "good" hours and "good" call, some have "good" caseloads (eg. exotic diseases or a large volume of patients), some have "good" supportive atmosphere (eg. many Christians or, emphasis on families and needs of residents).

Therefore, while good grades, good board scores, and good recommendations enable you to have more options in terms of medical specialty and number of available programs it does not guarantee or-even suggest that you are more likely to get a "good" residency (unless "good" means higher-paying).

MYTH #4:*I Don't Have Time to Do Anything Except Study.*

False. If grades, board scores, and rank have nothing to do with being a good physician, and if "good" residencies can be obtained without finishing top in your class, then why are grades such a sacred cow?

Our goal, in my opinion, should be to study medicine and scripture diligently, be available to those hurting around us, and *pass*. The same can be said of the NBME which was, and still is designed to be *passed* as an indicator of competence - it was not designed to be used as a rank-indicator for residency programs.

The whine of "no time" is often a poor excuse - we know many who have time to golf, get drunk, watch the Wheel of Fortune, and watch enough football to carry on endless and meaningless conversations (if you live in Oklahoma, this is even more painfully true).

However, I do not want to give the impression that *everything* we do in college, and medical school is arbitrary and meaningless with regard to how we will perform as physicians. In the American Academy of Medical College's recommendations for "Physicians for the 21st Century" they state, "In the general professional education of the physician, medical faculties should emphasize the acquisition and development of skills, values, and attitudes by students at least to the same extent that they do their acquisition of knowledge."⁶ Furthermore, other medical data indicate that a person is more likely to be a "good" doctor (eg. intellectually honest, genuine concern for patients, unquestionable integrity, and motivated by service, compassion and idealism rather than money)" if they were "physicians with person-centered medical work or volunteer experience, took more courses in the humanities and social sciences, or if they were physicians with premedical and medical school histories of being more empathetic, and a source of advice and confidence with their friends While AOA, number of articles published, sex, race and marital status were unrelated to these "good" characteristics of a physician, personal life experiences and involvement with others was the best criteria."¹⁸

In essence, the medical literature scientifically bears out that a good prognosticator of being a "good" doctor is to practice discipleship, do volunteer work, lend an ear to others and study human sciences (ethics, theology, psychiatry, anthropology, literature), while passing medical school and studying hard.

It is amazing that even the humanistic philosophy in medical education recognizes the foolishness of competitive ranking and advocates Biblical principles, although without acknowledging God.

MYTH #5:

Medical Information Should Be Value-Free.

False. Seven of the ten leading causes of death in the United States are directly related to a person's chosen habits and behaviors¹⁹ (eg. smoking, drugs, alcohol abuse, sexually-transmitted diseases, high dietary fat and cholesterol intake, etc.). Habits and behaviors are an expression of the values and morals of a culture. To attempt to change behaviors without influencing values, attitudes, and beliefs is futile. Although information can change people's knowledge about smoking, alcohol, drugs, sex, eating there is essentially no data after decades of research that supports a change in behavior without a concurrent change in values of that culture, subculture or individual.

Meanwhile, some medical educators pride themselves by teaching that "your communication with the patient should be neutral, value-free and non-judgmental." Not only is this an impossibility since non-verbal gestures, body position, voice intonation and word choice tell the patient how we feel or what we value from what they say, but we also know that value-free information doesn't work.

Why if it defies our best medical data and educational data (as well as God's Word), do we continue to perpetuate this myth? Because our society worships personal autonomy (auto - self, nomos - law) and there is intense fear of someone "moralizing" or manipulating someone else's beliefs.

You can assure yourself and others that this is the very reason Jesus spoke out against the religious leaders of his day. Christianity is opposed to moral manipulation. Therefore, pretending to be valueless, neutral and non-judgmental while giving your value-laden information (eg. "I want to explain to you how to use this condom") is hypocrisy and smacks of moral manipulation.

I think we should advocate the open verbal expression of a physician's values, whether Christian or non-Christian, if the situation calls for it and it is done gently and respectfully. In doing so, the patient trying to make a medical-moral decision has a choice rather than receiving humanistic moral values disguised within the label of neutral, non-judgmental, medical facts.

MYTH #6:

The Patient Always Comes First.

False.²⁰ God always comes first if that involves caring for patients and fulfilling your responsibilities as a physician, then so be it. But, sometime, the patient is not even second. If the patient is not critically ill and you are at a slowing down space in the late afternoon, then go home to be with your spouse and children. There are many qualified nurses trained to take care of patients so that you may leave the hospital when appropriate. It is baffling how many physicians meander around the hospital till very late hours, "just in case something comes up." While they often are some of the best educated and dedicated teaching physicians, one can't help but to wonder if they are educated about and dedicated to their own families.

MYTH #7:

Medicine is a Business.

False. Medicine must be sensitive to money-related issues, but it is by no means a business nor is it governed by the guidelines of business. Business depends on competition, marketing, advertising, profit, investment and capital, to name its more note-worthy traits. Medicine depends on beneficence, service, humility, and patient-centered care not driven by

money. The Oath of Hippocrates clearly supports the idea that physicians should not advertise, that one should advance the profession rather than the individual (Greek physicians were paid an annual salary in order that they may serve the poor, rather than compete for the rich).

Perhaps, you say this is not realistic. We could say the same about the statement "Christianity is a business." It implies, "That is the way it is therefore that is the way it should be." Again, while both medicine and Christianity must be sensitive to some business issues, we should avoid statements like "Medicine is a business. After all, we don't say "Medicine is a legal profession" or "Medicine is a governmental agency." The rules and values intrinsic to medicine are fundamentally different than the premises of law, government, and business. And the same must be said of Christianity. Ed Pellegrino, M.D., has said, "Who would not wither before the gaze of Christ were he to see our fee setting, our bill collecting, our self-justifying unavailability, our put down of the ignorant, our transgression of the values of our patients, our standardizing, mathematicizing, pragmatic assembly-line clinics? We have only to think of his anger with the moneychangers in the temple to remember that hypocrisy was his special enemy."²¹

MYTH #8:

Medicine is Making America Healthier.

False. Denis Burkitt (of Burkitt's lymphoma) has stated, "Even on a purely scientific level we have probably grossly over estimated the achievements of medical science, yet when one considers man in his true proportions, it is humbling to realize (and more so to acknowledge) how relatively little we have benefited many of our patients."²²

Dr. Burkitt speaks on well-grounded data. While no one can argue that we have increased medical knowledge, medical technology, and the amount of GNP spent on medical care, it would be a monumental task (if not a blind one) to convince others that our health is better, whether defined in terms of morbidity, mortality, days taken off of work for sickness, average

life-spans, relative dollars spent on an individual's sickness, or lifestyles and behaviors of American people.

While one can point to a specific age group, particular disease, particular specialty or a certain behavior and see advances in health, when the overall picture is pieced together we are not substantially any healthier. For instance, many love to talk about our increased longevity as an indicator of the medical profession's success.

When we take a closer look at this average and divide it by ages, we find that middle-aged and older people are not living longer. The reason "we are living longer" is because fewer infants and children are dying (which raises the average). But the decrease in childhood mortality is due to medicine, right? Probably not, "the death rate in children under fifteen had been dropping for almost sixty years before immunizations and antibiotics were available. We often think that we, as medical professionals, are the ones who have saved the children, but an increase in the standard of living reduced the infant mortality far more than immunizations and antibiotics."²³ Furthermore, while childhood mortality is lower in upper and middle-class segments of the United States, "more children die each year of poverty-related causes than traffic fatalities and suicides combined, which is twice the rate of death from heart disease and cancer."²⁴ One physician has astutely said, "Students of American medicine don't look at the health care system from the streets."²⁵

I'm not convinced that medical students are even evaluating the health care system with the information we are graded on: "One out of three American adults says that alcohol abuse has brought trouble to his or her family"²⁶ involved "in 67% of drownings, 50% of automobile fatalities, 80% of fire-related deaths, 35% of suicides and 85% of annual deaths from liver disease"²⁷ - to name a few causes of mortality alone. "Elective abortions are the most common surgical procedure in the United States"²⁸ "sexually transmitted diseases among adolescents are increasing"²⁹ (during a media and medical blitz of education designed to

decrease risky behavior), "cocaine has been used by one out of every five individuals,"³⁰ "one out of twenty Americans have clinically defined depressive disorders during a given six-month period,"³¹ and "one-fourth of the U.S. population are morbidly obese."³² These behaviors have worsened in the past two decades in the face of increased medical information, technology, education and percentage of GNP spent on medicine. Furthermore, "forty million individuals in this country lack any form of health care insurance"³¹ to have adequate access to the health care system even if it did work well. It can hardly be argued that our overall health is any better today, regardless how many lithe, sun-tanned television people we see, preaching, talking and singing about "being positive," "having good sex," "eating right and exercising," "drinking your beer with only half the calories," and "thinking richly."

And for those particular groups not in poverty who have survived the system in part due to "better" medicine, now they must face the end of their lives with a whole new fear of how to die as a direct result of the "better" medicine that allowed them to reach this age. Very old age is no longer a time of peace, storytelling and dying at home - it is "insured or not insured?" "breathing machine or no breathing machine?" "living will or no living will?" "food and water or no food and water?" "Code blue or no code?" This is where "better" medicine has brought us.

But I do not blame medicine. We are no worse off than we have been. I blame us for thinking that we are doing better. Medicine should not expect to deliver health care well - we never have. What we do is to prevent death and treat recognizable disease - and we do a very good job at this. Preventive medicine is not practiced on the whole in this country. Giving out value-free information, as was discussed, is not preventive medicine. Telling patients how to keep their habits more safely, and sin safely, only encourages more guilt-free and irresponsible behavior.

Medicine treats the person who is medically ill - it does very little for the person who will *become ill*. Poverty, domestic violence, single family households, sexually active children, runaway teenagers, pornography,

cocaine, over-eating, depression, alcohol abuse, child neglect and smoking are some issues of cultural values which strongly determine present health or future morbidity and morality. Medicine has not dealt with these issues. (Of course that would require moral judgments).

Although our medical schools and medical institutions are in a quandary as to how to change behaviors without changing values, we as Christian medical students know that "The man without the Spirit does not accept the things that come from the Spirit of God (1 Cor 2:14) - that "a man reaps what he sows. The one who sows to please his sinful nature, from that nature will reap destruction; the one who sows to please the Spirit, from the Spirit will reap eternal life." (Gal 6:78).

Medicine has provided man wonderful insights into human behavior and myriads of opportunities to serve others, but we should not be taken in by the current mythologies that surround medicine and are imparted "part and parcel" with our medical knowledge. As Christians, we should avoid the rank and 'good' residency trap, the no-time for service excuse, the neutrality of medical information myth, the deification of medicine attitude, and the capitalization of patients approach. If we as Christians do not stand out as different in our thoughts, values and behaviors in medical school, then we must ask ourselves if we are truly different, if we are indeed authentic in our Christianity. If one does decide to take Biblical stands, be prepared, it will be costly - you will need to be prepared with your medical facts as well as prepared in your heart toward others and in your prayers to God.

MYTH #9:

You Can't Change the System

False. You can change your own myths about medical school and encourage other believers to do the same. You may be able to change the opinions of other students and educators using the literature from medical journals pointing out the failure of the current system (this is why I have included a number of medical references although you might be surprised how angry some become at even the suggestion that grades are

poor measures of anything except how well you take tests - be gentle).

Begin your "de-mythologization" of medical school with prayer and a couple of key verses you might find to put to memory such as:

*"I beg you that when I come I may not have to be as bold as I expect to be toward some people who think that we live by the standards of the world . . . We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought (every exam, every journal article, every lecture) to make it obedient to Christ.
(2 Cor 10:2,5)*

*"Do not deceive yourselves. If any one of you thinks he is wise by the standards of this age, he should become a "fool" so that he may become wise. For the wisdom of this world is foolishness in God's sight.
(1 Cor 3:18-19)*

Next, I would recommend that you re-locate your efforts: meet daily with another believer for morning prayer or study, meet frequently with a nonbeliever or a nominal Christian for lunch to listen to their needs, work in an inner-city clinic on a given week night and if you are male, think strongly about moving into a poor part of town with other Christians - "to see health care from the streets."

I do not believe that prayer, Bible study, meeting regularly with other believers and ministering to the poor are optional for the Christian medical student. I think that is "passing" for Christian competency. It is good to know that these Godly habits might become of the most valuable medical learning you will acquire in medical school (supported by medical literature and God's Word).

Some other suggestions I would strongly recommend are making yourself knowledgeable about ethical issues.

Humanistic students get away with illogical platitudes like, "you should separate your personal beliefs from medicine," or they reduce the discussion to a personal anecdote, "My wife got an abortion and she's very welladjusted." Christian students should study such fallacies in logic, for they will need to be much more informed in ethics, law, and statistical manipulation if they attempt to present a Biblical stance.

In your clinical years, don't scrub in on abortions (even if it might mean a lower grade). Furthermore, think about not scrubbing in on any case with a physician who does abortions. Make a point about saying "the patient with epilepsy (or any disease), rather than "the epileptic or the diabetic," or worse "an epilepsy or diabetes case." Make your words and actions patient-centered and God-centered. Your stances will not be popular, but I am amazed how respectful people are if you are knowledgeable, compassionate and consistent in your Christianity, medicine, ethics and behavior.

In conclusion, if we truly desire to be a good physician by any standard, we must first be authentic, knowledgeable and active in our Christian faith. "We must speak and live our faith in the real world of our work."³⁴ We should abandon an incomplete life for a life that is integral, unified and structurally perfect," uniting our Christianity inseparably from our healing.³⁶ For what will it profit a man if he gains the whole medical world and forfeits his soul (Matt 16:26).

My premise that a good medical student, one who is competent in the knowledge and nature of God, as well as the knowledge and nature of medicine, is not a new thought. Charles Wesley said,

"Why then do not all physicians consider how far bodily disorders are caused or influenced by the mind, and in those cases, which are utterly out of their sphere, call in the assistance of a minister; as ministers, when they find the mind disordered by the body, call in the assistance of a physician? But why are these cases out of their sphere? Because they know not God. It follows, no man can be a thorough physician

*without being an experienced Christian.*³⁷

We are not trained for healing if we do not devote ourselves to prayer, God's Word, medical studies, service to the poor and listening to those around us in pain. Our patients, friends and family will not be offered any health from our hands if we do not attend to their "habits of the heart."³⁸ As the writer of Proverbs 18:14 reminds us, "The spirit of a man can sustain his infirmity, but a wounded spirit who can bear?"

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