UNIVERSITY OF MINNESOTA
TWIN CITIES

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Not sent:
File controversy.

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Dear Tom:

I am not sure how much direct response you've had to your presidential lecture in Miami. I hope you will accept this honestly critical comment of a friend and colleague.

First, it's quite understandable that you would have a different perspective coming from a basic and clinical background than those of us who have become involved in epidemiological and public health views of health and disease. It is also appropriate that you express your concerns, and you obviously have serious ones. In my observations of the health scene and the different positions taken by colleagues, it seems to me that there are several fundamental reasons for controversy. I think one of them is so basic that is must be built into DNA. That is the environmentalist humanitarian view versus the hereditarian view of disease phenomena. There are a number of interesting essays through history which suggest that not only opinions but whole careers are related to the fundamental perceptions lining up in this polarity. Those inclined to the genetic determinism find that the basic problems at the individual level are inherent. They are sceptical because they understand that we are far from achieving fundamental truth and understanding. In the medical field they are, at least for the last century, devoted to principles of experimental proof.

On the opposite scale, the view that society, culture, behavior and human institutions can and do change, and that change in institutions and organizations encourage individual change. They are aware that the search for "truth" is always elusive and is never reached. It is a never ending search. They are convinced that action is appropriate without final truths, particularly ultimate truth is never obtainable. Another basic problem is that the academician and clinician are use to making decisions for the individual, but may never be required to take a public health stance. We have seen many evidences of people from this background who go through an evolution of interest and awareness from the individual to the family to the community to the culture. This occurs when they are forced to take public health stances, and we have seen that evolution in, for example, the "education of Jack Cooper and Bob Levy and others who come from basic and clinical investigative disciplines."

This basic failure to differentiate between need for the individual, the advice to the individual and the need for the culture and advice of recommendations in public health is often missed, and I guess I feel that you had missed it. Certainly your targets were very vague about promising people things you can't be sure about. No one should ever predict precisely or promise an individual patient a given result. On the other hand, all of our recommendations for treatment of individual patients are based on accmulated experience which is equivalent to a statistical one. We advise gall bladder surgery based on weighing the probabilities based in turn on the large exposure to a number of cases and the cost benefit ratio. But the application of statistical probabilities in groups to individual is an essential part of individual practice. It is the heart, of course, of public health recommendations.

Obviously, you have observed in the heart council and your other exposures increasing concern for public health and preventive measures. I can understand that you would not necessarily be receptive to some of the things that are going on, but when you referred to "shrill postures," you really should be much more specific about your enemies so that you don't blanket all people concerned with epidemiology, preventive medicine and public health with ethical deficiencies.

Obviously, "shrill postures" are in the eyes of the beholder. I think that your posture as President of the American Heart Assocation and your choice of emotionally charged adjectives could easily be interpreted as a shrill posture, just as shrill as the unidentified proponents of safe and moderate preventive recommendations such as those of the organization of which you are president. Finally, the most widely mentioned concern of your colleagues, including a number of whom share your philosophical views, was that you may have failed to discriminate between your role as an individual and thoughtful medical scientist, and your role as president of the organization in a presidential address. You clearly did not and do not represent the opinion of the organization, and its public health recommendations with their 20 year tradition of development.

Finally, I guess I would like to indicate that I feel that the role of our leaders, and clearly you are a leader in American medical science, should primarily be one to reconcile views, reduce controversy and set major strategies. Your surprise symphony was designed to polarize for the sake of your own personal views rather than to indicate the many areas where there is and should be or could be agreement, and point out the areas where more knowledge is needed before such consensus can be arrived at. Your choice to polarize and dramatize these views was a choice, the results of which are yet to be seen.

Parenthically, I think back to your invitation to me a few years ago to come to Birmingham and feel particularly sensitive that you might have identified me among those taking "shrill postures." You must have been

terribly offended by the nature of my presentation to your group. I am sorry that you have not taken the time to outline your concerns to me and to others, such as Jeremiah Stamler, Richard Remington, Richard Ross, Camel Moses and others who have taken public health stances, rather than firing away from your isolated and indeed curmudgeon-like stance.

Cordially,

Henry Blackburn, M.D.
Professor and Director

HB:jml