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Albert Schweitzer: His experience and example

by Jennifer Kasten, MSc

The dean of admission at my medical school doesn't much go for pipe dreams of international medical volunteerism. Upon meeting a prospective student with a bit of overseas work on her record and Albert Schweitzer-esque aspirations, he either gives a beatific smile, or he screws his formidable eyebrows together, mutters something Scrooge-like ("idealistic rot") and turns the conversation back to rugby, of which he is inordinately fond.

As you might have guessed, I was such a student. My plunge into the blood and muck of international medicine came a few years ago in Haiti. One night, I found myself attempting to deliver a woman of her third child. The baby wouldn't come. Down the rutted mountain road, however, lay a crude oil lamp-lit hospital, staffed by a doctor; a doctor who was able to do Caesarean sections. I picked up our patient's pitocin IV and bundled her into an old station wagon, which in its shock absorberless state served as an ambulance. I wedged myself into the back, holding the IV in one hand and the patient's legs apart with the other, trying to avoid a concussion each time the car leapt from ditch to ditch. One thought only ran through my mind: "What on earth am I doing here?"

I was there because I was both fascinated by, and inspired to work in, tropical medicine. I was fascinated by the infectious tropical diseases and inspired by the example of Albert Schweitzer. I had read about Schweitzer—a professor of theology, clergyman, world-famous organist, missionary, writer, tropical doctor working alone deep in the forests of Gabon, Nobel laureate—and had somehow come to the conclusion that I could imitate his example. As the writer Colette once said, "Humility has its origin in an awareness of unworthiness, and sometimes too in a dazzled awareness of saintliness" [1].

Schweitzer has been called one of the more saintly public figures of the 20th century. Born in Alsace (then part of Germany) in 1875 to a pious family, he grew up rather unremarkably, nurturing his talents in music while studying theology at the universities of Strasbourg, Berlin and Paris. He excelled in theology and won academic appointments at various German and French universities. At the same time he was pastoring large churches and playing the organ to great acclaim (he became famous in musical circles for advancing a new interpretation of Bach). His books, particularly "The Quest for the Historical Jesus," stirred great controversy—and

admiration—and were followed by many other scholarly works on Christology and other divinity topics [2].

Then in the autumn of 1905, Schweitzer mailed a letter to his parents stating that he “had resolved to be a jungle doctor” [3]. Though everyone attempted to persuade him otherwise, he enrolled in medical school at the age of 30 (such second-career physicians were unheard of in Schweitzer’s day). He found his studies challenging, yet immensely rewarding, and graduated in 1913. Immediately thereafter, he went to the steaming jungles of Gabon (then French Equatorial Africa) to carve out his field hospital at Lambarene. This unique hospital was meant to imitate African village life, with sleeping quarters for patients’ families, cooking areas and livestock running freely underfoot. The horror with which European visitors, habituated to the gleaming corridors of sanitized Western hospital life, greeted these arrangements was the subject of many stylized encounters throughout Dr. Schweitzer’s 52-year-long career in Gabon [4].

Although he endured serious hardships, such as forced deportation by the French and imprisonment during World War I, Schweitzer spent increasingly long periods of time in his jungle hospital, while nourishing his academic career in theology, philosophy and music. His efforts culminated in a Nobel Peace Prize in 1952, and he ended his career as an ardent opponent of nuclear engagement—a position rooted in his deep reverence for life of all kinds. He died quietly, at the age of 90, in his Gabonese hospital.

What does Albert Schweitzer’s example offer physicians and students today? His armor, after all, was not without its chinks. When the *New York Times* eulogized him in 1965, it noted his paternalistic ideas towards European involvement in Africa, his unsavory disbelief in racial equality and the degree to which he insisted on control of his hospital [5]. He also harbored a curious insistence that venturing out after dark with his head covered protected him from malaria, Ronald Ross’s discoveries notwithstanding [6].

There is much in his life for us to imitate. Schweitzer was an ardent admirer of philosopher Immanuel Kant and of the first principle of Kantian ethics—that one may never use people merely as means to an end. International medical work, in an age of rock-star debt relief and resume-padding, is fraught with rather subtle temptations in this regard. “If I do the rotation in Africa, it’ll really impress the residency program directors;” or, “I’d never have this much autonomy as a PGY-2 in the States—I can really hone my diagnostic skills.” Schweitzer went to Africa because he saw a glaring need; he wasn’t motivated by any sort of gain, and he always saw his patients as what they were—suffering human beings who needed what relief his attentions could provide. In fact, he saw his mission in Gabon as discharging a *positive duty*, rather than doing something superhuman. He was fond of exhorting his listeners to act with compassion. Do something—grand or small—for those who have need of a man’s help, he often counseled, something for which you get no pay but the privilege of doing it.

In a similar vein, he was not motivated to go to Africa out of a thirst for the exotic or a desire to regale his colleagues with anecdotes of derring-do. Schweitzer's motivations for working in Africa were in the end entirely mundane: he saw a niche and believed he could fill it. Much of the cynicism of my admissions dean is fueled by a perception that students work overseas only to collect passport stamps in various arcane scripts.

Schweitzer firmly supported the idea of a global human community. Many philosophers and ethicists, of his day and ours, claim that each of us has a duty to aid those closest to us before it is ethically permissible to help those farther away—the “charity starts at home” notion. In Schweitzer's scheme, we're all equally close. You're not helping a Gabonese or a German, you're helping a person.

Finally, Schweitzer showed us that being a good doctor is firmly rooted in being a good human being. He refused to compartmentalize his thought and activities—he was never Schweitzer the theologian, or Schweitzer the musician or Schweitzer the physician; he was simply Albert Schweitzer. Likewise, we young physicians need not neglect our other roles in order to practice medicine abroad. We are still children, parents, community members, spouses, religious adherents, teachers, writers—and yes, dean, even rugby players.

References

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