
Bioethical issues

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“NEVER REGARD YOURSELF AS ALREADY SO THOROUGHLY INFORMED”: THE WITHDRAWAL OF ITS INVITATION TO RODNEY SYME TO ADDRESS ITS 2015 CONGRESS BY THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

In 1628, William Harvey presented his revolutionary theory of the circulation to ears at the Royal College of Physicians that had been deafened by the unquestionable authority of Galen's teachings, from one and a half millennia in the past. Harvey's theory was initially rejected, despite his faith in his colleagues being eager for truth and knowledge, and never regarding themselves as so well informed that they would not welcome "further information". Recently Rodney Syme, the retired Melbourne urologist who for a long time has agitated for the legalisation of assisted dying, and also challenged the authorities to apply the current law in response to his admitted assistance to a number of individuals, was invited to address the 2015 Congress of the Royal Australasian College of Physicians. At the eleventh hour, the invitation to speak was withdrawn. In this column, we trace the course of events leading to this withdrawal of the invitation, and describe some of the correspondence to and from the College in response to the withdrawal. We draw parallels between the experiences of Harvey and Syme, and point to lessons to be learnt from the recent episode of apparent unwillingness, on the part of an institution that seeks to present itself as outward-looking, progressive and socially aware, to fulfil this promise in the increasingly important area of the end-of-life.

INTRODUCTION

In this column, we describe the recent withdrawal by the Royal Australasian College of Physicians (RACP) of an invitation to Dr Rodney Syme to address the 2015 Congress of the College. In the first section, we describe a roughly analogous set of events that occurred when William Harvey presented to the Royal College of Physicians (RCP) his scientific findings that would eventually dispose of the long-esteemed Galenic account of the circulation, but which were initially rejected. We summarise Syme's own account of events surrounding the withdrawal of the invitation, and related communications involving the College. We point to lessons to be learned from the experiences of Harvey and of Syme.

WILLIAM HARVEY AND THE RCP

The distinguished United States physician Sherwin Nuland suggests that: "One of the highest distinctions that can be awarded to a leader of British medicine is to be chosen to deliver the annual Harveian Oration of the Royal College of Physicians."¹ But the route to this state of affairs was not a simple one. Nuland argues that, while in 1543 Vesalius overthrew the Galenic model of human anatomy, and its dependence on inference and conjecture, in favour of a picture based on the evaluation of evidence, "the long dead hand of Galen still lay cold and heavy on all understanding of

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¹ Sherwin B Nuland, *Doctors: The Biography of Medicine* (Vintage Books, New York, 1995) 121.

bodily function”.² Thus, the accepted truth about hepatic, respiratory and circulatory mechanisms remained Galenic, speculative and without empirical foundation; it was the truth “because the immortal Galen said it was true”.³

Two years after his medical graduation from Padua in 1602, Harvey was admitted to membership of the College of Physicians, and in 1615 to the College’s highly prestigious post of Lumleian lecturer. He published his magnum opus *De Motu Cordis*,⁴ the first accurate account of the circulation based on qualitative observation and experiment, quantitative measurement, and explanatory and predictive power, in 1628.⁵ Harvey took care to present his findings first to his colleagues in the College, in order that he might demonstrate his conclusions and reply to their doubts and objections, on the basis of believing them to be “true philosophers, who are only eager for truth and knowledge”, and who “never regard themselves as already so thoroughly informed, but that they welcome further information from whomsoever and from whencesoever it may come”.⁶

As it turned out, this confidence in the openness of his colleagues was misplaced. Amongst others, the College – at that time a thoroughgoing Galenist institution – rejected Harvey’s demonstrations. Caius, the College’s president at the time, had revised its statutes to require a knowledge of Galen as conditional for membership, setting the example by his own Galenist scholarship.⁷ Galen’s views had taken on a “quasi-theological” status; they were thus “closed chapters”, protected from reasoned challenge, and any contrary view was marginalised. As a result, another half century passed before Harvey’s ideas were accepted by distinguished centres of learning such as the University of Paris.⁸

From our vantage point 400 years after Harvey, we might have some sympathy for those who initially rejected such novel ideas, given that Harvey was one of the pioneers of the scientific enlightenment rather than one of its subsequent epigoni. We note further that the transition of ideas from the Galenic to the Harveian perspective was – as it is often described as being – that of a movement from superstition to evidence, but rather from one concept of evidence to another. But this is precisely the lesson to be learnt from the blindness of Harvey’s interlocutors: what seems obvious and secure at one time might at another be exposed as limited and partial. We need to maintain humility regarding our own assumptions, which one day may well be challenged and disproven. Awareness of the requirement never to regard ourselves as “already so thoroughly informed, but that we welcome further information from whomsoever and from whencesoever it may come”, must never be surrendered. It is this lesson of history of which we may remind ourselves when we reflect on the recent events involving the RACP and its reluctance to support discussion and debate about unpopular ideas on the clinical management of end-of-life issues.

RODNEY SYME AND THE 2015 RACP CONGRESS

In late February 2015, Rodney Syme, a prominent retired Melbourne urologist and well-known advocate for legalised assistance in dying, was invited to address the annual congress of the RACP.⁹ The title of the conference was “Breaking Boundaries – Creating Connections”. Syme discussed his

² Nuland, n 1, 122.

³ Nuland, n 1, 122.

⁴ William Harvey, “On the Motion of the Heart and Blood in Animals” in Charles W Eliot (ed), *The Harvard Classics: Volume 38 – Scientific Papers* (Robert Willis trans, PF Collier & Son, New York, 1910) Pt 3 [trans of: *Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus*] <<http://legacy.fordham.edu/halsall/mod/1628harvey-blood.asp>>.

⁵ Bryan Mowry, “From Galen’s Theory to William Harvey’s Theory: A Case Study in the Rationality of Scientific Theory Change” (1985) 16 *Stud Hist Philos Sci* 49, 54-57.

⁶ Nuland, n 1, 137.

⁷ Marjorie O’Rourke Boyle, “William Harvey’s Soliloquy to the College of Physicians: Reprising Terence’s Plot” (2008) 52 *Med Hist* 365.

⁸ Stanley G Schultz, “William Harvey and the Circulation of the Blood: The Birth of a Scientific Revolution and Modern Physiology” (2002) 17 *Physiology* 175.

⁹ The account provided here is based on a message to colleagues from Syme following the RACP’s rescinding of the invitation to address the 2015 Congress, and subsequent correspondence from Syme to the authors, used with the consent of Syme.

address with the chair of the organising committee, offering to explore the gap between the rhetoric and the reality of palliative care, drawing on published material. The Chair agreed that this would be very suitable.

In early May, about two weeks before the meeting, Syme was contacted by the President of the RACP's chapter of palliative medicine and informed that there was considerable unrest among palliative care specialists about his forthcoming address, evidently based on the assumption that he would be talking about voluntary euthanasia. A motion had apparently been put – unsuccessfully – to the organising committee to “uninvite” him. Syme attests that the President of the palliative care chapter sought to influence what he should talk about, expounding on the importance of “psycho-spiritual” matters in palliative care.

On the same day, Syme was contacted by another representative of the RACP and informed that, owing to agitation by Fellows of the College, his invitation to attend the meeting and to speak had in fact been withdrawn. Syme requested that he be informed by the President of the College how the decision had been made and by whom. He subsequently received an email from the vice-president of the College, who said: “I write to formalise the decision (made at the highest level of this organisation) to withdraw the invitation to speak ... It is regrettable that we are in this situation and I sincerely apologise for that” and that “our membership have expressed significant disquiet ahead of your prospective presentation at Congress”.

Syme described these events – which have not been contested by the College or any individual – in a message to colleagues, that he urged be publicised. In the message, he indicated that he felt deeply insulted and expressed his views that the behaviour of the leaders of the College was less than expected of an academic body of high repute, that for the College to surrender to “significant disquiet” from an undisclosed number of anonymous members was a cowardly act of academic censorship of the worst kind, especially because they had not inquired about the content of the address, and that the events illustrated the extreme depths to which those opposed to open debate on important medical and social issues such as assisted dying are prepared to go.

SYME'S PROPOSED PLENARY ADDRESS

Like Harvey's demonstrations to the RCP, the proposed address might have challenged some familiar assumptions. Syme had intended to acknowledge palliative care as one of the most important developments in modern medicine, but a development of a unique kind. He had planned to argue that a significant gap had developed between the rhetoric and the reality of palliative care's various claims, given that it is extremely difficult to demonstrate objectively the benefits that are claimed and supported. Syme was going to reflect on a number of propositions that he believed should be supported but which are often lost in the rhetoric of palliative care. These propositions include:

- control over the end of life is one of the most valuable palliative tools;
- intolerable and unrelievable suffering is common in terminally ill persons;
- some suffering is only relieved by death; and
- doctors are duty-bound to relieve suffering and to respect patient autonomy.

While palliative care admits that it cannot relieve all pain and suffering, Syme planned to argue, it employs terminal sedation in just those circumstances where assisted dying would also be used if lawful, hence publicly denying its own power for purposes of appearing true to its avowed principles. This was manifested by the paradox that, while there is a duty to relieve intractable symptoms – and to do so is lawful on the basis of intention – palliative care uses titration of treatment, resulting in greater and longer suffering than necessary.

Prior to this final, recalcitrant phase of life, palliative care – according to Syme's intended argument – overstates its ability to alleviate physical, emotional, psychological, social and spiritual suffering. It is captive to its own rhetoric about dying, which ultimately supports an authoritarian regime that silences its critics, ignores established evidence and well-recognised experiences, and perpetuates a rigid and paternalistic practice.

A consequence of the overstatements and authoritarian approach – Syme was going to claim – was the invariable declaration within palliative care that rational and persistent requests by patients for

a hastened death are no more than calls for help, to which the only appropriate responses are to allow more time to adjust and to apply other particular modalities of treatment.

In his denouement, Syme had planned to draw attention to the religious foundations of palliative care, and its historical association with the Catholic allegiance to preserving life, as the unexamined source of its obdurate opposition to assisted dying. He was then to close with the claim that no other area of Australian medical practice is so infiltrated by a specific moral framework, dominated by religious precepts and partisan assumptions.

Syme had intended to support his arguments by reference to a large number of sources, including from representatives of palliative care who, in his eyes, take a more realistic and honest approach than its mainstream spokespersons and organisations.

SUBSEQUENT COMMUNICATIONS

In a letter sent to the College by one of us (IK) and a number of physician colleagues, soon after the described events unfolded, concern was expressed regarding the College's treatment of Syme and the decision to withdraw the invitation to speak.¹⁰ The correspondents distinguished the issue of particular end-of-life perspectives from the role of the College in fostering open ethical debate about perspectives that challenge accepted norms and practices. They described the withdrawal of the invitation as "impolite, discourteous and inconsistent with what should be the values of the College", and asked that the Congress organisers, on behalf of the College, provide Syme with an apology, and invite him to present his address at an educational forum to be organised by the College.

The correspondents received a reply from the President-elect of the College two weeks later.¹¹ It was claimed that the session in question had been designed not to examine the issue of euthanasia, but to explore ways of improving the quality of care of patients in the final weeks, months and years of their lives, rather than in their final moments. If Dr Syme's presentation had gone ahead, it would have limited the session to a discussion of euthanasia rather than end-of-life practices. The President-elect conceded that what had happened was not the fault of Dr Syme, but the College, and a continuing debate over the treatment of Dr Syme would only compound the original error.

In a final statement, Syme himself responded magnanimously by expressing gratitude that the "uninvitation" issue had been delicately handled in the session, agreeing that the issue of voluntary assisted dying was too large to address in the 20 minutes originally made available to him, and urging that the College make his intended address available to members, as well as being considered by the College's Board in its discussions.¹²

COMMENT

The withdrawal of the invitation to Rodney Syme to address the Congress of the RACP is unsettling for a number of reasons. First, it appears to be that, contrary to one of the most fundamental principles of clinical practice – the need to avoid assumptions not supported by evidence – it was taken for granted that Syme's address would focus on euthanasia. Secondly, contrary to the standards of open debate, an apparent attempt was made to influence the content of his argument. And thirdly, the use of the objection that he is not a palliative care specialist to justify his exclusion from a Congress where one of the key themes was to be "breaking boundaries", suggests a lack of commitment by the College to facilitating critical reflections on conventional practices. This tergiversation starkly disregards with Harvey's admonition that we should never regard ourselves as already so thoroughly informed that we are in no need of further information or alternative perspectives.

One of us (MP) recently received a review of a paper submitted to a refereed journal that included the comment "I do not wholly agree with all the conclusions contained within but find my views sincerely challenged, which is what I like. The paper takes risks and defends bold theses". Syme's

¹⁰ Letter from Ian Kerridge et al to RACP, 20 May 2015.

¹¹ Letter from Catherine Yelland to Ian Kerridge et al, 4 June 2015.

¹² Email from Rodney Syme to Catherine Yelland, 28 May 2015.

proposed address may well have posed such a challenge to the learned College audience, but if so, this opportunity was missed. But the withdrawal of the invitation also forfeited the opportunity in turn for the audience to challenge Syme. The tentativeness thereby demonstrated contrasts curiously with the College's claim in its publicity statements that at the Congress, it "embraced the complexity of medicinal marijuana and end-of-life care" amongst other "progressive" developments.¹³

If our diagnosis of this unfortunate sequence of events is correct, it would seem – ironically – to support one of Syme's key contentions, that palliative care, which arose in response to the malign effects of medicine seeking to conquer or at least to tame death, has created its own restrictive norms and positions which narrow down to a particular, faith-dominated view of what it means to die well.

CONCLUSION

On questions of scientific openness perhaps not much has changed over the last 400 years. William Harvey presented a ground-breaking scientific account of the circulation to the scorn and vituperation of the RCP. In the 21st century, attempts to question accepted wisdom about clinical practice at the end of life are prevented by the equivalent Australian body. The RCP had drawn on a belief system it refused to doubt. The RACP appears to have succumbed to a refusal to permit the articulation of a point of view that contravenes conventional practice. In both cases, the institution has deployed its authority to suppress voices that sought to challenge established orthodoxies.

It is important to emphasise that the argument presented here does not turn on whether or not we agree with the substantive points made by Syme in his address. Indeed, the authors hold a number of disparate views in relation to Syme's broader agenda in pursuit of legal reform at the end of life, with at least one of us (PK) being in disagreement with some of his major substantive claims. What we all support is an obligation of both institutions and individuals to engage with those with whom they disagree in respectful and productive dialogue. We all agree that Syme's treatment by the RACP was highly regrettable and that steps should be taken to ensure that it is not repeated. Together, we hope that this incident can be used to remind all of us of the continuing need to reflect on our principles, assumptions and processes if we are to retain the ability to defeat dogmatism and to remain open to novel possibilities.

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¹³ Royal Australasian College of Physicians, "The Royal Australasian College of Physicians: A 21st Century College" (2015) 202 *Med J Aust* 522 (rapid response article inserted in issue).