



¹ University of South Carolina School of Medicine, Columbia, South Carolina, USA

²
³ 12 King's Bench Walk Chambers, London, UK

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Osler's valediction: how might physicians contribute to the effort to postpone human extinction?

Charles S Bryan,¹ Devin M Kellis,^{1,2} Daniel Sokol³

In August 2023 the editors of 11 leading medical and health journals called for the elimination of nuclear weapons.¹ Other anthropogenic threats to humanity include the climate emergency, biological and chemical weapons of mass destruction, hazardous uses of gene editing, and uncontrolled artificial intelligence. Existential risk studies (ERS) and its corollary, existential ethics, are emerging forums for interdisciplinary dialogues about these risks to human survival.

Although International Physicians for the Prevention of Nuclear War (IPPNW) has focused on certain anthropogenic threats to humanity since the 1980s, physicians are conspicuously absent from the more recent, comprehensive dialogues. Thoughtful papers on the risk of human extinction published more than a decade ago drew little notice from anyone.^{2,3} Major treatises of ERS and existential ethics do not include medicine in their indices.^{4,5} These observations may reflect domination by disciplines such as philosophy, economics, and law. How might physicians contribute to the effort to postpone human extinction?

William Osler, probably the best known physician in the English speaking world during the early 20th century, held a dim view of human nature. In medicine, however, he found “a singular beneficence,” offering “fuller hope for humanity than in any other direction.”⁶

On 16 May 1919, shortly after the first world war claimed the life of his 21 year old son and about 20 million other people, Osler addressed the Classical Association on *The Old Humanities and the New Science*. He told his audience that “it has yet to be determined whether Science . . . can rule without invoking ruin.” He added that there must be “a very different civilisation or there will be no civilisation at all.”

Straining to end on an upbeat note, Osler expressed hope that the physician's combination of philanthropia and philotechnia—“the love of humanity associated with the love of his craft”—might foster love of wisdom (philosophia) wherein “the longings of humanity may find their solution.”^{7,8}

These were the last words published by Osler before his death in December 1919, his valediction to humanity.

Osler's three existential virtues—philanthropia (love of humanity), philotechnia (love of craft), and philosophia (love of wisdom)—retain appeal, but are nuanced and problematic.⁹ Especially difficult is “technê,” the Greek root for philotechnia and from which Thomas Browne (1605–82), another physician, coined “technology.”¹⁰

Must a technê serve a “good?” How should we define “the good?” Who gets to arbitrate “the good?” Today's dual use technologies, which can be adapted to both civilian and military uses, render these questions increasingly urgent, yet we seem no closer to answers than when Plato raised them 2400 years ago in his dialogue, the *Gorgias*.^{11,12}

The *Gorgias*, from which Osler quoted for an epigraph for his textbook of medicine,¹³ features a debate between Socrates and an ageing teacher of rhetoric (the title character) and his young students, Polus and Callicles, over whether rhetoric qualifies as a technê.

Taking medicine as the prototype, Socrates insists a technê must serve a specific “good.” Rhetoric, as the art of persuasion and domination, is merely a “knack.” All goes smoothly until Callicles joins the fray. He famously argues that “might is right.” Nature entitles the strong to dominate the weak. The idea of a metaphysical standard of “goodness” is nonsense. Socrates and Callicles argue to stalemate.

The World Medical Association's Declaration of Geneva, adopted shortly after the second world war, called on healthcare professionals to dedicate themselves “to the service of humanity.”¹⁴ But what is the good of humanity? Existential ethics seeks to balance the interests of those alive today with those of future generations.

Astronauts who have returned from space have described a “greater appreciation for Earth and its apparent fragility” and their “deep connection to humanity as a whole.” This is termed the “overview effect.”¹⁵ Physicians, like astronauts, hold a privileged view of humanity that is shared by few others. As exemplified by movements such as One Health and planetary health, they too have a unique appreciation for the strengths and frailties of human life on Earth.

Historically, physicians have focused on individual patients. The time has come to expand the scope of their philanthropia and philotechnia to humanity at large, including the health and lives of future generations whose numbers may depend on our efforts to postpone extinction. Physicians may also be at the forefront of catastrophic extinction, caring for the sick and dying as the species dwindles to oblivion.¹⁶

Humanity needs a fundamental shift—“a very different civilisation”—with epochal awareness, globalised empathy, and where—to borrow from Osler's 1897 address to the BMA—“distinctions of race, nationality, colour, and creed” no longer endanger life on earth.^{16,17} The medical profession, with its unique perspective on suffering, life, and

death, and its trustworthy reputation, must take a more prominent role in achieving that shift, through advocacy, research, education, policy development, and involvement in organisations such as IPPNW. With more active and vocal involvement, the medical profession could do far more to contribute to humanity's quest for survival.

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