ABSTRACT
                  According to researchers, the family may be changing
but it is still one of the central institutions in society. Studies
report a shift in more than 20 attitudes and values, most of which
relate to the context of family life. Specifically, these include
attitudes toward marriage, divorce, childbearing, childrearing,
working women, family violence, female/male household roles, and
parental obligation to children. Reports also indicate that many
children prefer television to their own parents. The cumulative
effect of these changes has not brought happiness or
"self-fulfillment." At least three areas need to be addressed: (1)
the contemporary image of the family as a restrictive and uncreative
environment, (2) the professional and bureaucratic structures with
which we have encircled the family, and (3) the need to evolve a new
image of the family to preserve continuity and change. As a backdrop
to these changes, the Framingham study, a 30-year investigation that
has established factors connected to coronary heart disease, is of
interest. While this investigation did not address psychological and
social data as factors, medical practice should consider data
resulting from it in terms of assumptions about causes of disease,
the connections between disease and human relationships,
consideration of familial life in health problems, and close
physician contact with families. Reformation of medicine in light of
familial principles should result in a reduced scale of operations,
simple principles, lower costs, and rebuilt human exchange. (BJD)

PERSPECTIVES

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THE RESILIENCY OF FAMILIES

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A substantial portion of public, professional and media attention is being paid today to what is frequently called the "crisis" of the modern family. In the context of this audience, it is, to use a pun, not difficult to chart some of the major "symptoms" of this so-called "pathological outbreak":

(1)   Today one in three marriages ends in divorce, and it is now estimated that almost one-half the children born in the 1970's will spend part of their childhood in one parent households.

(2)   During the past generation or so, the percentage of working women with school-age children has more than doubled.

(3)   The level of family violence, parent to child, spouse to spouse, grandparent to grandparent, mistress to keeper, has increased to the point where the majority of intentional murders now occur between family members.

(4)   During the twentieth century, there has been a steady decline in mean household size and a corresponding increase in the percentage of single-person households.[1]

This litany of impending disaster could, and frequently does, go on for endless hours and pages. In this regard, I often get the feeling that many of those people who are "rate conscious" assume that these statistics have a dynamic of their own, unconnected in any way to real people. They stand, in this connection, as the familial equivalent of the inflation rate breeding, as does the inflationary spiral, their own psychology. One of the first things many newly-married couples do today, for example, is to discuss arrangements to be invoked, given the assumed probability that they will, at some future point, engage in divorce negotiations.

What is often neglected in this deluge of statistics, and the apocalyptic visions they portray, is that the major dynamic affecting family life today is the same as it always has been - people, their attitudes, values and the choices they make. My starting point in this address, then, is to try to put people back into the maze of statistics and, thereby, attempt to derive some sense of meaning about what we see. What, to put it simply, is going on in family life anyway?

Since World War II, we have in North America experienced the multiple impacts of our attempts to loosen a rather uptight culture. This process has been made possible, until very recently, by the social maneuverability created by a flourishing economy. During this era, people have had a rare opportunity: they have had the chance, not only to reflect on their values, attitudes and pysches, but, more importantly, to reality-test their ideas and preferences. Countless individual experiments in living have evolved culminating over time, in a rather profound cultural change.

The contemporary situation in family life, then, represents the lived out and public expression of a process of introspection which has involved a rethinking of the meaning of success, work, sex, marriage, leisure and the family. What confuses many people today about families is that there does not appear to be any consistent outcome of this process of introspection, beyond the rather vague search for "self-fulfillment". This sense of ambivalence is understandable, and quite congruent with the phenomenon in question, since the conventional definition of self-fulfillment seems to mean having a career; and a stable marriage; and children; and sexual freedom; and autonomy; and money; and choosing non-conformity; and seeking justice; and enjoying city life, with a retreat in the country; and

having graciousness with simplicity; and enjoying privacy
and friends on demand. The medical profession is not
immune to the quest for self-fulfillment. Their peculiar
variant of this pursuit, today, appears to be having the
guarantees of medicare with the right to extra bill. Need-
less to say, self-fulfillment is not easily achieved.

The family may be changing, or as some claim
under siege, but it still is undeniably one of the central
institutions and experiences in our lives. This is born
out by the fact that, of the twenty or so fundamental
shifts in attitudes and values reported by researchers
to have occurred in the last twenty-five years, over half
of these relate to the context of family life.[2]

Basic attitudes toward marriage, for example,
have changed. Virtually all polls and studies conducted
in the 1950's reported that single women shared one over-
riding assumption: they would eventually marry and, body
willing, they would conceive three to four children. Those
who preferred the "single state", moreover, were often
criticized by males and their "sisters" alike as "sick",
"neurotic" or incipiently immoral. By the late 1970's,
however, marriage and parenthood were rarely viewed as
necessary, nor were people who opted for alternative roles

assigned to social purgatory. In fact, the new social
deviants of the late twentieth century may be the married
couple who doggedly cling together in the classical one-
time-only marriage. As one commentator has observed,
in the 1950's "diamonds were forever". In the 1980's
"diamonds are for now".

These attitudes toward marriage have a "spill-over
effect" in terms of social behaviour. From 1960 - 1980
single households have increased 66%, while the percentage
of single-parent families has jumped from 9% - 25% of all
households.

Attitudes toward childbearing have also shifted.
From the once universally-accepted norm that defined a
childless woman as barren, incomplete or selfish, we have
today widespread acceptance of "childlessness without stigma".
In the same spirit, three of four North Americans now feel
that it is morally acceptable to be single and have children.
When one considers the social outrage associated, earlier
in this century, with having children out of wedlock, this
is a truly landmark occurence.

Here again a behavioral spill-over seems to be
operating. In recent years, the fertility of North American
women has plunged from 118 births per 1000 in 1955 to 66 per
1000 in 1975. At the same time the average number of
children per family has fallen from 3.7 in 1955 to 1.8 in

the 1980's. In the 1950's female attitudes toward child-bearing were infused with a sense of moral mission. Today, these attitudes seem to focus more on a vague sense of curiosity about the experience. This "curiosity factor" may underpin the reported increase noted by obstetricians in the number of women between the ages of 30 - 40 who are having their first child.

Attitudes toward what a woman is "supposed to do" as wife and mother and what a man is supposed to do as husband and father are not surprisingly changing in ways which are dramatically impacting the family and workplace. Within a single generation, norms regarding whether or not a wife should work outside the home have altered. Women have always worked outside the home; this is not new. What is new is the change in cultural meaning attached to the participation of women in the work force. Until recently, it was a source of male pride, a definitive feature of that folk hero of our culture, the "real man"; one who was so successful as a provider that his wife need not work outside the home. Manliness was equated with earning power.

From the sixties on, this link between manliness and earning power has been weakened, without surprisingly undue damage to the male psyche. People now see women's work outside the home as contributing to the status of woman without adversely affecting that of the man. The

reason for this can be traced to the fact that the
relationship between family and work for the sexes has
not really changed. By and large men have always and
still do shape their families around their work. Women,
for their part, continue to shape their work around
their families. What was initially perceived as a
socially disrupting force, the movement of women into
the work force, has not occurred. The reason, to put
it bluntly, is that males discovered that they could
reap the economic harvest of extra income while, at the
same time, be guaranteed that the home would be managed
on a business as usual principle.

A slow change, however, may be impairing the
unfolding of this master plan. Younger and more well-
educated women no longer appear as willing to shape
work around their family responsibilities. If this
process continues and broadens in scope, then the revolution
in sex roles which we think we have experienced will truly
begin. In this event, it is undoubtedly true that males
will confront the sex role equivalent of future shock.

One of the most dramatic and, in some ways
disturbing, types of changes in current social norms are
those which relate to children. The general pattern
emerging is reasonably clear: parents today expect to
make fewer sacrifices for their children then parents did
in the past, but they also demand less of them in future

obligations. In a study conducted for General Mills on Raising Children In A Changing Society, for example, the following key findings appear:

(1)   Nearly 2/3 of all parents rejected the idea that parents should stay together for the children's sake.

(2)   The same percentage feel parents should feel free to live their own lives even if it means spending less time with their children.

(3)   The same percentage endorse the view that they have the right to live well now and spend more even if they leave less to their children.

(4)   The same percentage believe as well that children do not have an obligation to parents regardless of what parents have done for them.

These attitudes obviously leave a vacuum in the lives of children. By and large, this gap has been bridged by professional child-care givers, peers and television. In this regard, it is worth pondering the finding of a recent research study which reports that many children prefer television to their own parents!

The most significant activity of contemporary
children up to the age of 14, in fact, is watching
television. The average pre-schooler watches T.V. about
33 hours per week, one third of his waking hours. The
average sixth grade child watches about 31 hours. Television
represents a tremendous change in how children of all ages
are cared for. Television, in reality, is by far the
most important new child care arrangement of this century.

It is the current vogue to decry such an abiding
attachment to T.V. as dangerous and insidious. We hear
cries for censorship and occasionally outright denial
of any value in televiewing. Yet, if one stops to think
for a minute, it should become clear that the rapid
acceptance of television into the family reflects the
fact that T.V. is meeting some felt needs in our society: [5.]
our need for effortless entertainment and diversion, our
need to know what is taking place beyond the bounds of
our daily lives; our need for fantasy; our need for heroes;
our need for companionship; our need for baby-sitters;
and our need to "switch off by switching on".

One of the most serious consequences of the
injection of T.V. into our families, however, is its impact
on the relationships of those living in the home. This
impact, moreover, is independent of the content of programming.

through the medium. Prolonged watching of T.V. could

be associated with family problems, particularly when

it is used as a coping mechanism, as a means of escaping

from pre-existing family tension. In other words, family

members use T.V. to avoid intense and personal interaction

and the expression of true feelings. The point here is

that we have tended to focus on T.V. as posing a problem

for the control of content - of what is viewed. And in

so doing we have avoided a critical look at one of the

more significant functions of T.V. in the home - that is,

a means of avoiding interaction. The irony is that we

tend to watch television in the "family room" thereby

perpetuating the illusion that we are participating in

family interaction.

　　　As this sketch indicates, attitudes in relation

to significant dimensions of family life have, over the

past twenty-five years, changed. Contrary to the chic pop

mythology which praises the virtues of "uncoupling" and

"pulling your own strings", however, these changes have not

evolved in an anxiety-free manner. In fact, family change

is a classic example of the ways in which loss and grief

intermingle with societal innovation. For, as Peter Marris

has observed, "the impulse to preserve the thread of

continuity is a central survival instinct". It underpins

not only our definition of change, but provides the framework

through which we learn from it.

Much of the motivation behind changes in family life, as I noted earlier, was an expression of a desire to break free from the constraints of a culture which inhibited exploration of human fulfillment and creativity. This escape from cultural repression quite naturally induced changes in family relations, for these were perceived as one of the generative sources of social order and psychological constriction. The end result of this process was a loosening of family structures – the creation in society of a continuum of familial life styles stretching from the single person to the collective. And more importantly, the granting of social legitimacy to these multiple family forms.

The cumulative effect of these attitudinal, value and structural changes in family life has not been unconditional happiness. Rather, many people today experience a feeling of sadness, loss and nostalgia. The same two-thirds majority who express reduced commitment to their parents, spouse and children also report a desire to "return to more traditional standards of family life and responsibility".

When one probes this longing for traditional virtue, however, one discovers that people do not want to return to the "old rules" governing sexual relations, spic and span housekeeping, or male monopoly of paid work. What they do yearn for, grieve for, if you like, is a return of the warmth of family life. Thus my point about the intermingling of loss and grief with change.

Where does all of this leave us at this juncture in the history of family relations? It appears that out of the social experimentation of the past twenty-five years people have formulated, for themselves and our culture, a rather delicate issue: Is it possible to preserve or regain, as the case may be, the warmth, closeness and creativity of family life without, at the same time, forfeiting the hard won freedom to choose. This is the essential ying/yang of contemporary family life and shows clearly why either/or thinking is incapable of rendering either intelligent understanding of the family or effective responses to it.

What we require today is to set in motion the forces of cultural imagination and to focus those forces on at least three things:

(1)   Our contemporary image of the family
        as a restrictive and essentially
        uncreative environment.

(2)   The professional and bureaucratic
        structures with which we have
        encircled the family.

(3)   The need to evolve a new image of
        the family which can accommodate
        within it our desires to preserve
        continuity and change.

In the remainder of my remarks, I would like
to offer a glimpse of how one might approach these issues.

We worry far too much about the form of the
family, so much so that it often blinds us to the creative
process which familial environments house. Indeed, the
very existence of alternative family forms is a testimony
to the creative adaptiveness of the family.

The family is, in essence, a process of continuous
creation of human beings and the society in which they live.
It is, as Elise Boulding has observed, a workshop in
learning and social change.[7] Since there is more than one
generation within the family, it binds tomorrow to past and
present. For a child the parent is tomorrow; for a parent
the child is both yesterday and tomorrow.

Within the family, as a consequence, each of
us relearns all of the roles of the entire life span
each day. In other contexts we can often escape the
knowledge that those older and younger than ourselves
have entered the time-stream of history at different points
and see different realities. In the family, we cannot ignore
the vastly different memory stocks of each member, the
different images of possible futures we carry. "Past and
future sit daily at the dinner table".

This image of the family as a creative context, a context of learning, could be reinforced by substantial research which documents the family's crucial role as a context of learning, not only of such things as values, language, and learning codes, but also of its role as a substantial source of informal economic activity and healing. Suffice it to say, that most of the so-called "skills for living" which we require, as well as the value framework through which we apply them, are acquired in the family and only honed or refined in other settings. If one can say anything with certainty about the family, it is that it offers a difficult and demanding way of life; one which forces us to be creative.

This very difficulty, exacerbated by an increasingly complex society, however, appears to have engendered the naive belief that we should and could somehow transfer many of our familial obligations and involvements to professionals with no net loss in the primary benefits which flow from direct engagement with the process of family living. As people began to break free of the cultural constrictions of family life and experiment with alternative ways of grasping self-fulfillment, in other words, they more or less hedged their bets. What they left behind, stable psyches, caring relationships, and security, they wanted to somehow preserve, just in case the experiment failed. This preservation they entrusted to a host of so-called "helping professions" who have

increasingly been drawn into family relations as "foster care-givers", there to guarantee education, health and personal well-being. Failures in any one of these areas are now judged as "professional failures". "You didn't educate me, make me healthy, or make me happy", is the current public outcry directed at the professions. The only response of professions to this criticism seems to be to cry that they are underfunded, overworked or inadequately prepared, a response which only serves to legitimate the expectations which they claim they should not be expected to meet.

The time has now arrived, in light of the escalating and unrealistic expectations held by society for the professional, to evolve a concept of professionalism which will allow people to buy back into their own lives and problems. We must find ways to allow people a greater voice and to accept more responsibility for the conditions of their learning, work, and health. The pursuit of this goal need not be a solitary quest, if we, as a society, foster and build upon the familial resources which already exist.

The potential benefits of this strategy can be illustrated by drawing upon an example from the field of medicine itself. A growing body of evidence is accumulating to substantiate a long-standing cultural belief that human relationships are critical to the maintenance of our

physical and mental well-being. In fact, social isolation, lack of human companionship, sudden loss of love, death, absence of parents in early childhood, chronic loneliness and, indeed marriage break-up - have been found to be significant contributors to premature death. This idea that the ability to live together influences health, seems strangely unscientific in the face of such standard brand approaches to preventive care like dieting, innoculations and exercise. But is it indeed?

The by now famous Framingham studies provide an interesting backdrop to the preceding point. In 1948, the U.S. Government joined forces with medical science to attempt something unique - a kind of Manhattan project for health. Framingham, chosen for its status as a typical American community, was to be tracked over time to assess the causes of heart disease. In fact 5,127 volunteers were selected and asked to participate in a study that might last the rest of their lives. Each participant received a physical examination, including blood test, electrocardiograms, Xrays and blood pressure readings. This study has now a life of 30 years. Over this period, the computers have established certain factors as statistically connected to coronary heart disease: (1) elevated blood pressure, (2) elevated serum cholesteral, (3) cigarette smoking, (4) left ventricular hypertrophy, (5) glucose intolerance. These were the so-called "risk factors".[8]

Noticeably absent in the Framingham studies
was any attempt to collect psychological or social data.
In fact, the researchers declared in 1968, for example,
that stress was not linked to heart disease. This, despite
the fact that many of their own indicators - elevated
blood pressure, smoking, obesity and cholesteral - have
since been linked to environmental stress. As some
researchers have asked: Could the same dietary intake of
cholesteral be absorbed differently depending on your
level of anxiety? Does food digested in a socially stable
community like Framingham have the same effects as food
digested in Reno, Nevada?

Recently, the Framingham data has been assessed
in light of those things which the researchers took for
granted. For example, from the very beginning the incidence
of coronary heart disease in Framingham has been far below
what experts had originally predicted. In 1968 for example,
some 3785 of the original group were still free of heart
disease, 808 fewer than predicted. As well, 73.2% of the
original sample by 1976 were still alive. Why are so many
people still alive and healthy in Framingham. Did the
life style of Framingham somehow promote longevity?

The questions posed about Framingham can be
applied to recurrent findings in medical research:

(1)   How does one explain a death rate from
        heart disease that is as much as 2 - 5
        times higher for non-married persons than

(2)   Why do young widows and widowers die
        at higher rates than old widows and
        widowers?

(3)   Why is there a 4-fold rise in beuccal
        cancer, and 2-fold rise in lung cancer,
        among while male divorcees?

(4)   Why do the non-married always have
        higher death rates (5 times those of
        married)?

And lastly, why, despite the consistent relationship between
marital status and cardiovascular death does most biomedical
research ignore this influence? We now jog to "keep in
shape" physically, and to prevent heart disease.   What
do we do to keep in shape relationally?

        What is it that allows us to wage war against
heart disease while, at the same time, ignoring the link
between disrupted social relationships and premature death?
Why do we tolerate social situations that seem to lend
inexorably to our own physical destruction? Why do we
build elaborate and expensive hospitals to save peoples'
lives, only to discharge some of them back into homes of
such acute social isolation that their lives will be quickly
terminated?

Loneliness is ultimately an internal subjective human experience. In order to combat its lethal influence, medicine must, to an extent, reconsider the conventional definition of its professional role: to go beyond the current scientific - objective approach to disease and health. This will involve consideration of a number of aspects of medical practice:

(1)   Examining the extent to which medicine's assumptions about the causes of disease contribute to them.

(2)   Supporting research aimed at exploring the connection between disease and varied aspects of human relationships.

(3)   Bringing to peoples' attention, as advisers to society, the fact that a person's familial life should be taken as seriously in health as such physical factors as cholesteral.

(4)   And lastly, to develop models of practice in which physicians work with families in the cause of health.

On this latter point, you have available to you an historical role model, the "family physician" - that ICOBAD CRANE like traveller who, at one time, actually worked with people in their own homes.

I am sure that many of you are now quietly
thinking that you would like to visit families, but the
system chains you to your office. Undoubtedly this is
true, but you have participated in designing the medical
system and do choose to play by these rules. And this
brings me to my concluding point.

If, as I have argued, the family is a creative
force in society, and one which can express itself through
a variety of forms and shapes, how then can we re-perceive
and redesign our social environment in ways which will
allow for family creativity? This process, at root, requires
that our culture evolve a new image or metaphor of the family
one which transcends the "golden age" or "therepeutic" images
which currently structure our views of reality.

In this regard, we at the VIF have talked of the
need to develop an "ecology of the family". Put simply,
this image focuses attention on those patterns which connect
family to the larger context in which it exists. It forces
us to ask rather different questions than those which flow
from the golden age or therepeutic images. What, for example,
connects the micro-chip to the family? What connects economic
policy to the family and the family to economic policy? What
connects the condition of parental work to the development
of a child?

One thing which this image and its associated
style of analysis makes clear is that decisions and
actions which we take in spheres of life beyond the
family mould and shape the quality of familial life.
When we organize ourselves for work, when we develop
opportunities for learning, when we introduce new
technologies, when we design institutions for the care
of the sick, elderly or disabled, when we produce goods
and services and when we shape public policy, we are
either enhancing or retarding familial creativity and
growth. This is why, for example, medical policy and
practice is family policy and practice.

This ecological image of the family, to some
extent, de-centers the locus of individual perception
away from self toward connectedness with the world. This
image implies as well the will to imagine and create a
culture which is not founded on dichotomies, whether
they be embedded in our thinking, values or the roles
and institutions which we create to express them. The
achievement of this future will not be a function so much
of the application of our analytic abilities and bureaucratic
systems, but of the injection into our human relationships
of our aesthetic and ethical sensibilities.

As family physicians, the ecological ethic asks
you to be less a scientist and mechanic and more an artist
and humanist.

An ecological image of the family highlights
the web of interrelationships in which the family exists.
People who are charged with understanding and working
with families, as I presume family physicians are, must
accept this interconnected environment and adopt appropriate
modes of functioning within it. In this regard, the
willingness and ability to engage in processes of human
exchange are critical.

Human exchange, in its most general meaning,
involves the ability to give and receive mutually. The
process of human exchange transcends anything which can
be measured with scientific instruments. Real exchange
is a process not a thing. No material substitute, no
simple "thing" can fill the human need for exchange.
It is, moreover, spontaneous, reciprocal and dynamic,
changing even as we engage in it. These traits of human
exchange explain why it is that, unlike physical disease,
it cannot be packaged, codified or classified. If it
could be, indeed, the very dynamic would be destroyed.

Knowledge about human exchange can only be
usefully employed when the inherent limitations of
"objective" solutions are recognized and other non-scientific
approaches are appreciated. To argue that unmeasurable
dimensions of human relationships affect our health, and
the healing process, is difficult for a scientist to digest,
for it suggests an applauding of mysticism and irrationalism.

To admit that human relationships may entail nonmeasurable process, however, does not mean that one should abandon further scientific study. Instead, it is a call for a return to a more balanced view of the human being, one which recognizes what can and cannot be learned scientifically about human relationships.[9]

In our culture we have substituted professional service for human exchange. That human exchange which once flowed from families, neighbours, elders, and, indeed "family doctors", is now purchased from psychologists, psychiatrists, counsellors and social workers or programmed by so-called serving institutions.

Medicine is a case in point. Prior to 1900, very few medicines were available which could be prescribed as effective combatants of disease. Physicians were forced to rely on the power of their own presence and, consequently "bedside manner" and "familial communication" were recognized as potent sources of healing.

With the emerge of various drugs, the physician's attention shifted from human exchange to scientific medicine. Objective knowledge, rather than the person who dispensed the knowledge, was established as the key ingredient in healing. Public reaction to this change was enthusiastic and with it was born the expectation of "immediate relief".

Increasingly, it became difficult for people, or their
physicians, to see the value of human exchange in healing.
The outcomes of this process are a drug-dependent culture,
a bureaucratized health care system and an assembly-line
for a physicians office.

We have gone about as far as we can in this process.
Further refinements in drugs, bureaucracy or medical assembly-
lines appear now to be generating effects counter to the
health and well-being of both physician and patient. In
fact a new category of disease has emerged, that is one which
is iatrogenic or doctor and hospital induced. Patients and
potential patients, as well, are increasingly distrustful
of the ability of bureaucratized science to guarantee them
either health or relief. An increasing number of physicians,
as well, seem to be rebelling against the inhumanity of
what we still euphemistically refer to as medical practice.
This rebellion is masked unfortunately by an apparent desire
to re-establish a human relationship with patients through
the vehicle of direct fee payment.

If what I have argued is a plausible analysis
of the development of medical practice over the past hundred
years, and if we find that to be an unacceptable outcome or
at least recognize that we have some unfinished business left,
then it would seem to follow that the "cure", to use a pun,
is to be found in the opposite direction. This coin-flipping
approach to change, however, would trap us in the same
dichotomous style of thought that brought us to this very point.

The cure is not to be found in going back, for this would deny our accumulated knowledge, but in establishing those criteria we wish to employ as we go forward.

These criteria can be found, I would argue, if one assesses some of the central tendencies inherent in the development of our technology, medical technology included, over this past century. Somewhere we have made a wrong turn.

Firstly, in quest of so-called economies of scale, there has been a trend for everything to become bigger and bigger. The second tendency is that things are becoming and indeed are made more complex. Now some things by their nature are complex. But should we not assess things in light of the question of whether they need to be so complex? The third tendency flows from the first two. Things have become so capital costly that you have to either be rich and powerful to do anything or be backed by the full force of government. The result is that more and more people are excluded from the system. Physicians are the most recent example of a group who are excluded from determinations of the health care system. Patients, of course, were excluded long ago. The fourth tendency is inhumanity, the design of systems as if humans were not part of them, be that the workplace, the educational system, the health care system or what have you.

Although the time for this presentation does not allow for a thorough exploration of these tendencies, they do yield, I believe, an agenda of questions for you, as advisers to society, to consider in a reformulation of medicine in light of familial principles. What then are these questions: They fall into four categories.

Scale

It is possible to do things within a human scale. In fact many of our technological breakthroughs if used properly allow us to do this. In what areas of family practice is it possible to reduce the scale of operations to meet basic human require-ments?

Simplicity

Any third rate engineer can make a complicated apparatus more complicated. It takes a creative mind to draw oneself to basic principles, which are usually simple. Can you distinguish between what is essential in medical practice and what is unnecessary growth?

Cost

If one recognizes that immense capital
requirements reflect a principle of
exclusion, incompatible with the principles
of justice and equity, then it is possible
to see cheaper ways of doing things. Can
you create cheaper ways of accomplishing
the goals of medicine?

Humanism

No preface is required here for my
address has focused on it. Can you find
ways to rebuild human exchange and
familial principles back into medical
practice?

These four questions, and the guidelines they
reflect, may seem to be rather simple in their nature.
I would agree; they are, and that is their virtue.

FOOTNOTES

1. Sylvia Wargon, <u>The Family In Canada</u> (Ottawa: Statistics Canada, 1979).

2. See D. Yankelovitch, <u>New Rules</u> (NY: Harper-Row, 1981).

3. See Carl N. Degler, <u>At Odds: Women and The Family In America From The Revolution To The Present</u> (NY: Oxford University Press, 1980).

4. Yankelovitch, op. cit. p. 25.

5. See <u>Communications, Technology and The Human Process</u>, (Ottawa, Vanier Institute of the Family, 1978).

6. P. Morris, <u>Loss and Change</u> (NY: Anchor, 1975), p. 20.

7. Elise Boulding, <u>The Place of The Family In Times of Transition</u> (Ottawa, Vanier Institute of the Family, 1981).

8. James Lynch, <u>The Broken Heart: Medical Consequences of Loneliness</u> (NY: Harper, 1979).

9. See Joseph Chilton Pearce, <u>The Bond of Power</u> (NY: E.P. Dutton, 1981).